**MATHEMATICA**
Policy Research, Inc.

# FACES 2006
**Experiences in Head Start**

## Head Start and Kindergarten Parent Interview

*Spring 2008 - 2009*

SampleInfo: PRELOAD FROM SMS AS INTERVIEWER NOTES

IF FALL 2006, SPRING 2007 AND SPRING 2008 INTERVIEWS WERE CONDUCTED WITH SAME RESPONDENT THEN DISPLAY:
FALL 2006, SPRING 2007 AND SPRING 2008: Respondent was (RESPONDENT NAME), (RELATIONSHIP TO CHILD/CHILDREN) to (CHILD)/(FIRST CHILD) AND (SECOND CHILD), conducted on (FALL 2006 DATE OF INTERVIEW), (SPRING 2007 DATE OF INTERVIEW), AND (SPRING 2008 DATE OF INTERVIEW).

IF FALL 2006, SPRING 2007, AND SPRING 2008 RESPONDENTS NE, AND IF FALL 2006 INTERVIEW WAS CONDUCTED THEN DISPLAY:
FALL 2006: (RESPONDENT NAME), (RELATIONSHIP TO CHILD/CHILDREN) to (CHILD)/(FIRST CHILD) AND (SECOND CHILD), conducted on (FALL 2006 DATE OF INTERVIEW).

IF FALL 2006, SPRING 2007, AND SPRING 2008 RESPONDENTS NE, AND IF SPRING 2007 INTERVIEW WAS CONDUCTED THEN DISPLAY:
SPRING 2007: (RESPONDENT NAME), (RELATIONSHIP TO CHILD/CHILDREN) to (CHILD)/(FIRST CHILD) AND (SECOND CHILD), conducted on (SPRING 2007 DATE OF INTERVIEW).

IF FALL 2006, SPRING 2007, AND SPRING 2008 RESPONDENTS NE, AND IF SPRING 2008 INTERVIEW WAS CONDUCTED, THEN DISPLAY:
SPRING 2008: (RESPONDENT NAME), (RELATIONSHIP TO CHILD/CHILDREN) to (CHILD/FIRST CHILD) and (SECOND CHILD), conducted on (SPRING 2008 DATE OF INTERVIEW).

MakeDialPhone

| | | |
|---|---|---|
| AUTO DIAL | 01 | |
| MANUAL DIAL | 02 | → FOLLOW CATI MODULE |
| QUICK EXIT | 03 | |
| RESPONDENT CALLING IN/CAPI | 04 | → GO TO Hello |

{MakeDialPhone = 4}
Hello.
IF CATI THEN READ:  **My name is _____ at Mathematica Policy Research. Thank you for calling in to complete the survey.**

IF CAPI THEN READ:  **Hello.  My name is _____ from Mathematica Policy Research. May I please speak with [NAME]/Are you [NAME]?**

[NAME] AVAILABLE ............................................. 1 ➜ GO TO SampMemb

[NAME] COMES TO THE PHONE/DOOR ........... 2 ➜ GO TO SampMemb

[NAME] ASKS WHAT THE CALL/VISIT IS
ABOUT ............................................................... 3 ➜ GO TO WHATABOUT

[NAME] NOT AVAILABLE .................................. 4 ➜ GO TO PREVIOUS
                                                            INTERVIEW BOX

[NAME] HAS MOVED ......................................... 5 ➜ GO TO KNOWWHERE

[NAME] DOES NOT SPEAK ENGLISH................ 6 ➜ GO TO LANG

NEVER HEARD OF [NAME]/WRONG NUMBER/
DIFFERENT RESPONDENT ............................... 7 ➜ GO TO THANKS

HUNG UP DURING INTRODUCTION ................. 8 ➜ GO TO THANKS


SampMemb.  DISPLAY IF CATI:  **I'm calling about [Child] and her/his experiences with Head Start.  We would like to interview you about your child's experiences in Head Start and other things related to his/her Head Start experience.**

CONTINUE .......................................................... 1 ➜ GO TO PREVIOUS
                                                            INTERVIEW BOX

NOT A GOOD TIME .......................................... 2 ➜ MAKE APPOINTMENT

HUNG UP DURING INTRODUCTION ................. 3 ➜ TERMINATE INTERVIEW

SUPERVISOR REVIEW ..................................... 4 ➜ TERMINATE INTERVIEW

REFUSED........................................................... r ➜ GO TO REFUSAL REASON,
                                                            THEN TERMINATE
                                                            INTERVIEW


+-----------------------------------------------+
|              **CATI SCHEDULE MODULE**         |
+-----------------------------------------------+


+-----------------------------------------------+
|            **PREVIOUS INTERVIEW BOX**         |
|                                               |
|   **NO PREVIOUS INTERVIEW WITH THIS RESPONDENT:** |
|              **CONTINUE AT SC1**              |
|                                               |
|   **PREVIOUS INTERVIEW WITH RESPONDENT:  CONTINUE AT** |
|                    **SC0.**                   |
+-----------------------------------------------+

WhatAbout_CATI:  **I'm calling about a study we are conducting to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. May I speak with [NAME]?**

WhatAbout_CAPI:  **We are conducting a study to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families.**

KnowWhere:  **Do you or anyone there know how we can reach [NAME]?**  GET CONTACT INFO THEN END INTERVIEW

Lang:  CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF POSSIBLE THEN END INTERVIEW

Thanks:  **Thank you for your time.**  END OF INTERVIEW

RESPONDENT CHECK

SC0.  **In (FALL 2006)/(SPRING 2007)/(SPRING 2008) we completed an interview with [PRE-FILL WITH NAME OF LAST RESPONDENT]. Is that you?**

YES, SAME RESPONDENT ................................ 1 → GO TO SC2

NO, DIFFERENT RESPONDENT ........................ 0 → GO TO Box SC2_1

SPRING CATI:  IF NO PREVIOUS PARENT INTERVIEW, ASK SC1:

{IF TEL. INT = 0}
SC1.  **I would like to talk with the person most responsible for [CHILD]'s care.  Are you that person?**

YES .................................................................. 1 → GO TO SC2b

NO ................................................................... 0 ┐

DON'T KNOW..................................................... d ├→ GO TO BOX SC2_1

REFUSED........................................................... r ┘

SPRING CATI:  IF INTERVIEWED PERSON BEFORE, ASK:

{IF TEL. INT1 = 1, SC0=1}
SC2.  **In (FALL 2006)/(SPRING 2007)/(SPRING 2008) we interviewed you as the person who is most responsible for [CHILD]'s care.  Are you still the person who is most responsible for [CHILD]'s care?**

YES ..................................................................1 ➤ GO TO SC2b

NO ......................................................................0 ┐

DON'T KNOW....................................................d ├➤ GO TO BOX SC2_1

REFUSED..........................................................r ┘

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**BOX SC2_1**

**IF FALL 2006, SPRING 2007, AND SPRING 2008 INTERVIEWS WERE CONDUCTED WITH DIFFERENT RESPONDENTS, THEN ASK SC2_0.**

**IF FALL 2006, SPRING 2007, AND SPRING 2008 INTERVIEWS WERE CONDUCTED WITH SAME RESPONDENT, THEN GO TO SC2a.**

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SC2_0. **In (SPRING 2008/SPRING 2007) we interviewed (NAME OF RESPONDENT FROM SPRING 2008/SPRING 2007).  May I speak with (NAME OF RESPONDENT FROM SPRING 2008/SPRING 2007)?**

(RESPONDENT FROM SPRING 2008/SPRING 2007)
    COMES TO THE PHONE/DOOR.............................1 ➤ GO TO SC2_2

(RESPONDENT FROM SPRING 2008/SPRING 2007)
    UNAVAILABLE .......................................................2 ➤ GO TO SC2_1

NEVER HEARD OF (RESPONDENT FROM
    SPRING 2008/SPRING 2007)/WRONG NUMBER....3 ➤ GO TO SC2_1

DON'T KNOW...............................................................d ➤ GO TO SC2_1

REFUSED ....................................................................r ➤ GO TO SC2_1

{SC2_0=2,3,D,R}

SC2_1. **In (FALL 2006) we interviewed (NAME OF RESPONDENT FROM FALL 2006).  May I speak with (NAME OF RESPONDENT FROM FALL 2006)?**

> (RESPONDENT FROM FALL 2006) COMES
>   TO THE PHONE/DOOR ................................... 1
>
> (RESPONDENT FROM FALL 2006)
>   UNAVAILABLE ........................................... 2
>
> NEVER HEARD OF (RESPONDENT FROM
>   FALL 2006)/WRONG NUMBER ........................ 3
>
> DON'T KNOW.................................................. d
>
> REFUSED........................................................ r

PROGRAMMER:  GO TO "PHONE CHECK" ONLY IF :
SC2_0 AND SC2_1=3 OR
SC2_0 OR SC2_1=0,D,R

PROGRAMMER:  GO TO "MAKE APPOINTMENT" ONLY IF:
SC2_0=2 AND SC2_1=3 OR D OR R


{SC2_0=1, SC2_1=1}

SC2_2. **Hello.  My name is _____, from Mathematica Policy Research.  I am calling to talk about (CHILD) and (CHILD)'s experiences in (Head Start/Kindergarten).  Is now a good time?**

> CONTINUE.......................................... 1
>
> NOT A GOOD TIME ........................................ 2 ➜ MAKE APPOINTMENT
>
> SUPERVISOR REVIEW .................................... 3 ➜ TERMINATE INTERVIEW
>
> REFUSED........................................................ r ➜ GO TO REFUSAL REASON,
>                                                                    THEN TERMINATE
>                                                                    INTERVIEW


{SC2_2=1}

SC2_3. **In (IF SPEAKING TO FALL 2006 RESPONDENT SAY: Fall 2006/IF SPEAKING TO SPRING 2007 RESPONDENT SAY: Spring 2007 IF SPEAKING TO SPRING 2008 RESPONDENT SAY: Spring 2008], we interviewed (RESPONDENT NAME FROM SPRING 2008/SPRING 2007/FALL 2006).  Is that you?**

> YES ................................................................ 1 ➜ GO TO SC2_5
>
> NO, DIFFERENT RESPONDENT ........................ 2
>
> DON'T KNOW.................................................. d
>
> REFUSED........................................................ r

{SC2_3=2,D,R}

SC2_4. **I would like to talk with the person most responsible for [CHILD]'s care.  Are you that person?**

YES .................................................................1 ➔ GO TO SC2b

NO .................................................................0 ⎤

DON'T KNOW.................................................d ⎬➔ GO TO SC2A

REFUSED.........................................................r ⎦

SC2_5. **In (FALL 2006/SPRING 2007/SPRING 2008) we interviewed you as the person who is most responsible for [CHILD]'s care.  Are you still the person who is most responsible for [CHILD]'s care?**

YES .................................................................1 ➔ GO TO SC2b

NO .................................................................0

DON'T KNOW...................................................d

REFUSED.........................................................r

{IF SC1 OR SC2 = 0, d, r OR SC2_4=0, d, r  OR SC2_5=0, d, r }

SC2a. **Who is most responsible for [CHILD]'s care?**

NAME _____

ADDRESS_____

CITY_____

STATE:  |___|___|

|___|___|___| - |___|___|___| - |___|___|___|___| TELEPHONE
(AREA CODE)

DON'T KNOW.......................................................d

REFUSED............................................................r

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**BOX SC2a**
**TELEPHONE CATI SCRIPT:  ASK TO SPEAK TO THAT PERSON, FOLLOW CATI CONTACT MODULE**

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SC2d. **Hello. My name is _____from Mathematica Policy Research. I'm calling about a study we are conducting to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. I was told you are the person who is most responsible [CHILD]'s care and I would like to talk to you to learn more about the program [CHILD] attends.**

    CONTINUE ............................................................ 1

    NOT A GOOD TIME/CALL BACK ........................ 2 ➤ FOLLOW CATI CONTACT
                                                                                     MODULE


PRELOAD WHETHER CHILD IS A HEAD START CASE OR KINDERGARTEN CASE FROM SMS. IF SMS DESIGNATION FOR CHILD IS 'UNKNOWN', THEN GO TO SC2c_2/SC2c.

{SECOND CHILD}
SC2b_2/SC2b. **According to our records [CHILD] is still attending (IF HEAD START CASE: Head Start)/[CHILD] is now attending (IF KINDERGARTEN CASE: Kindergarten). Is that correct?**

    INTERVIEWER NOTE: KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5 YEAR-OLDS PRIOR TO FIRST GRADE.

    YES ...................................................................... 1 ➤ GO TO INT2

    NO ....................................................................... 0

    DON'T KNOW...................................................... d

    REFUSED............................................................ r

{SECOND CHILD}{SC2b=0,d,r}  {SMS DESIGNATION FOR CHILD=UNKNOWN}

SC2c_2/SC2c.  **Please tell me whether [CHILD] is currently attending Head Start or Kindergarten.**

        INTERVIEWER NOTE:  KINDERGARTEN:  TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5 YEAR-OLDS PRIOR TO FIRST GRADE.

        INTERVIEWER NOTE:  UNIVERSAL PRE-K:  A STATE FUNDED, EARLY CHILDHOOD PROGRAM THAT MAY BE PART OF A SCHOOL OR A COMMUNITY PROGRAM, PROVIDING SERVICES TO ALL 4 YEAR-OLD CHILDREN OR ALL 4 YEAR-OLD CHILDREN THAT MEET CERTAIN FINANCIAL REQUIREMENTS.

HEAD START ....................................................... 1 → IF SPRING 2009 TERMINATE INTERVIEW, ELSE CHANGE PRELOAD VARIABLE TO HEAD START, THEN GO TO INT2

KINDERGARTEN ................................................ 2 → CHANGE PRELOAD VARIABLE TO KINDERGARTEN THEN GO TO INT2

NEITHER/ATTENDING UNIVERSAL PRE-K ....... 3 ⎤
DON'T KNOW ...................................................... d  ⎬→ TERMINATE INTERVIEW
REFUSED ............................................................ r ⎦
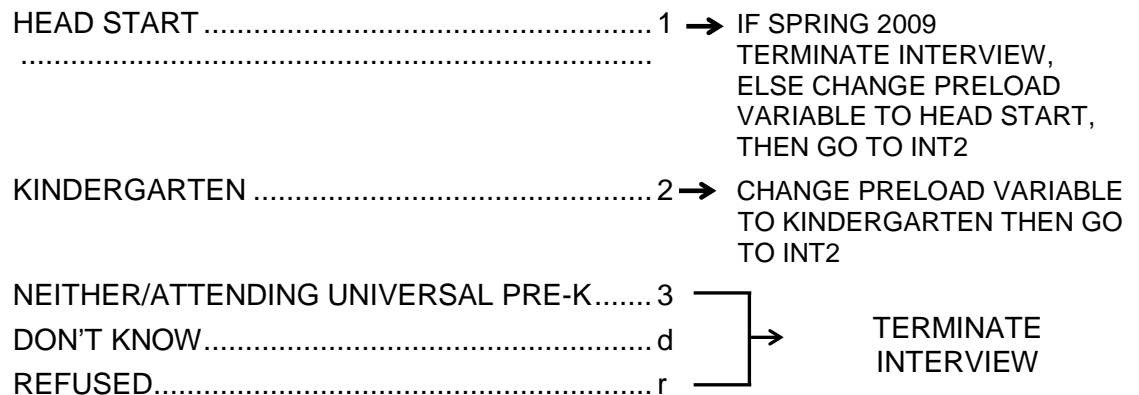
PROGRAMMER:  IF SC2c_2/SC2c=3,D,R (OR 1 IF SPRING 2009), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE _____ [FILL CASE ID NUMBER] CHILD IS NOT ATTENDING (IF NOT SPRING 2009 HEAD START) OR KINDERGARTEN."  SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

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**BOX SC2b**
**TELEPHONE CAPI/CATI SCRIPT:**

**IF PERSON NOT AVAILABLE, MAKE APPOINTMENT**

**IF PERSON NOT IN SAME HOUSEHOLD, OBTAIN ADDRESS**

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INT2. **Thank you for agreeing to talk with me.** (IF PREVIOUS INTERVIEW: **As you may remember,) The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. (**IF NO PREVIOUS INTERVIEW: **When we visited [CHILD]'s Head Start program last spring we were unable to interview you.)** (IF KINDERGARTEN CASE: **At this point we want to learn more about how your child is doing after Head Start).**

IF PARENT ASKS FOR MORE INFORMATION: **We also want to learn more about the program your child attends. I want to talk with you so we can understand (Head Start/Kindergarten) from a parent's point of view, including some information about your child's home environment. Information from this study will be used to help Head Start better serve all children and their families.**

**Everything we talk about today is completely confidential. Neither your name nor [CHILD]'s name will be attached to any of the information you give us. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question. And if you have any questions at any time during this interview, please feel free to ask them.**

<div style="border:1px solid #000; padding:1em; background:#e0e0e0; text-align:center;">

**HEAD START CASES: GO TO C2**

**KINDERGARTEN CASES: GO TO INT2A**

</div>

<div style="border:1px solid #000; padding:1em; background:#e0e0e0; text-align:center;">

**VER – 1**

**VERIFY STATUS**

</div>

{VERIFY STATUS MODULE}{SECOND CHILD}{Head Start Cases}

C2. **Is [CHILD] still enrolled in the same Head Start program as of [MONTH AND YEAR OF LAST INTERVIEW], or has (he/she) stopped going to that program?**

```
STILL GOING TO THE SAME
HEAD START PROGRAM ................................... 1  ➔ GO TO INT2A

STOPPED GOING TO THAT
HEAD START PROGRAM ................................... 2 ┐
DON'T KNOW ...................................................... d ├➔  GO TO C9A
REFUSED ............................................................ r ┘
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{SECOND CHILD}{Head Start Cases}{IF C2 = 2,d, r}

C9A. **As [CHILD] is not in [PROGRAM], I only have a few questions I would like to ask you. It will only take about 10 minutes, and after we complete the short interview we will send you $35 to thank you for your help. As always, your participation is voluntary and confidential. No one from the Head Start program will know that you spoke with us.**

**Do you have any questions before we start?**

{Head Start Cases}

C9B. **When did [CHILD] stop going to [PROGRAM]?**

|___|___| / |___|___| / |___|___|___|___|
MONTH       DAY          YEAR

DON'T KNOW......................................................d

REFUSED..........................................................r

{SECOND CHILD}{Head Start Cases}

{IF C2 = 2,d, r}

C10. **Why did [CHILD] stop going to [PROGRAM]? What was the most important reason?**

<u>CODE ONLY ONE</u>

FAMILY MOVED...................................................1

ILLNESS (CHILD).................................................2

ILLNESS (FAMILY MEMBER) ..............................3

CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE .....................................4

LACK OF TRANSPORTATION............................5

BAD WEATHER...................................................6

CHILD DID NOT WANT TO GO...........................7

PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE.....................8

OTHER (SPECIFY)..............................................9

_____

DON'T KNOW......................................................d

REFUSED..........................................................r

{SECOND CHILD}{Head Start Cases}
{IF C2 = 2, d, r}
C11.   **After (he/she) stopped going to [PROGRAM], did you enroll [CHILD] in another preschool, child care center or child development program or Head Start program?**

YES ...............................................................1

NO ..................................................................0

DON'T KNOW...............................................d    → GO TO FA1

REFUSED.........................................................r


{SECOND CHILD}{Head Start Cases}
{IF C11 = 1}
C12.   **Is [CHILD] still attending this program?**

YES ...............................................................1

NO ..................................................................0

DON'T KNOW...............................................d    → GO TO FA1

REFUSED.........................................................r


{SECOND CHILD}{Head Start Cases}
{IF C12 = 1}
C13.   **What kind of program is it?  Is it . . .**

NOTE:  IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM.

INTERVIEWER NOTE:  PUBLIC SCHOOL PRE-KINDERGARTEN:  PROGRAM THAT OFFERS CLASSES IN PUBLIC SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 4 YEAR-OLD CHILDREN.

INTERVIEWER NOTE:  PRIVATE SCHOOL PRE-KINDERGARTEN/NURSERY: PROGRAM THAT OFFERS CLASSES IN PRIVATE SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN.

**a public school pre-kindergarten,**.......................1

**a private school pre-kindergarten or nursery school,** ....................................................2

**a child care center or child development program,** .......................................3

**another Head Start program, or** ..........................4

**some other program?**  (SPECIFY).......................5

_____

DON'T KNOW....................................................d

REFUSED.........................................................r

{SECOND CHILD}{Head Start Cases}
{IF C13 = 4}
C14.   **Please tell me the name of that Head Start program and the city it is in.**

> NAME:_____

> CITY:_____

> DON'T KNOW.......................................................d
> REFUSED..........................................................r


{SECOND CHILD}{Head Start Cases}
{IF C12 = 1}
C15.   **How many days each week does [CHILD] go to this program?**

> |__|__|  NUMBER

> DON'T KNOW.......................................................d
> REFUSED..........................................................r


{SECOND CHILD}{Head Start Cases}
{IF C12 = 1}
C16.   **How many hours each week does [CHILD] go to [PROGRAM NAME]?**

> |__|__|  NUMBER

> DON'T KNOW.......................................................d
> REFUSED..........................................................r


{SECOND CHILD}{Head Start Cases}
{IF C12 = 1} {IF C13 = 1, 2, 3, 5, d, r}  {IF C13 = 4, GO TO FA1}
C17.   **As far as helping [CHILD] learn and get ready for school, do you think the program is . . .**

> **not as good as Head Start,**................................1
> **just as good as Head Start, or**............................2
> **better than Head Start?** ......................................3
> DON'T KNOW.......................................................d
> REFUSED..........................................................r

(SECOND CHILD}

FA1.　　IF FATHER'S BIRTHDAY FLAGGED AS MISSING AND C2 = 2, d, r, ASK:
**When we interviewed you in the fall, we neglected to ask you about [CHILD]'s father's date of birth. Could you please tell me what it is?**

|___|___|  /  |___|___|  /  |___|___|___|___|
MONTH　　　DAY　　　　YEAR

DON'T KNOW......................................................d

REFUSED...........................................................r

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**BOX FA1**

**TERMINATE THE INTERVIEW IF C2=2,d,r**

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INT2A.　　**I will ask you questions and type in your answers. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from the (Head Start/Kindergarten) Program will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or 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 (Head Start/Kindergarten) Programs. 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 may seem sensitive in nature. If that happens, just tell me and I will move on to the next question.**

**Do you have any questions before we begin?**

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**GO TO MODE-1**

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**IN PERSON SCHEDULER**

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MODE-1.  **This spring we can complete the Parent/Guardian Interview by telephone or in person, (HEAD START CASES ONLY: during the week of (FILL WEEK), when our team is at (CENTER) assessing the children).  After completing the interview, either by telephone or in person, you will receive $35 to thank you for your help.  Would you like to . . .**

**continue with the interview now?
(It will take about 45 minutes)** ..............................1 ➔ GO TO BOX SC

**schedule an appointment for the
interview by telephone,** .......................................2 ➔ GO TO CATI SCHEDULER

(HEAD START CASES ONLY): **schedule an
appointment to complete the
interview at (CENTER),** .........................................3 ┐

(KINDERGARTEN CASES ONLY): **schedule an
appointment to complete the
interview in-person?**...............................................4 ┘ ➔ GO TO MODE 2A

DON'T KNOW.......................................................... d

REFUSED................................................................ r

INTERVIEWER:  IF CAPI:  DO NOT READ.  PRESS 1 TO CONTINUE.


{MODE –1= 3}
MODE – 2A.  **What day of the week between Monday (WEEK START) and Friday (END OF WEEK), would be best for you?**

MONDAY ........................................................... 1
TUESDAY.......................................................... 2
WEDNESDAY.................................................... 3
THURSDAY ....................................................... 4
FRIDAY ............................................................. 5
DON'T KNOW.................................................... d
REFUSED.......................................................... r


MODE – 2B.  **And what time on (DAY) is the best for you?  You can choose more than one time.  Would you prefer . . .**

**7 to 8 a.m.,** ...................................................... 1
**11 to 12,** .......................................................... 2
**12 to 1,** ............................................................ 3
**3 to 4,** .............................................................. 4
**4 to 5,** .............................................................. 5
**5 to 6, or**.......................................................... 6
**after 6 p.m.?**..................................................... 7
DON'T KNOW.................................................... d

REFUSED...........................................................r

MODE – 3A.  **And what other day during the week between Monday (WEEK START) and Friday (END OF WEEK), would also be good for you?**

MONDAY ............................................................ 1

TUESDAY.......................................................... 2

WEDNESDAY.................................................... 3

THURSDAY ....................................................... 4

FRIDAY ............................................................. 5

DON'T KNOW.................................................... d

REFUSED.......................................................... r


MODE – 3B.  **And what time on (DAY) is the best for you?  You can choose more than one time.  Would you prefer . . .**

**7 to 8 a.m.,** ..................................................... 1

**11 to 12,** ......................................................... 2

**12 to 1,** ........................................................... 3

**3 to 4,** ............................................................. 4

**4 to 5,** ............................................................. 5

**5 to 6, or**......................................................... 6

**after 6 p.m.?** ................................................... 7

DON'T KNOW.................................................... d

REFUSED.......................................................... r


MODE – 4.  **A member of our team will call you on Saturday or Sunday (DATE OR DATE) to set a final time for the interview.**

**Thank you for your help.**


| BOX SC |
| :---: |
| **IF FIRST TIME AN INTERVIEW IS CONDUCTED WITH THIS RESPONDENT, ASK SC3 TO SC11.  ELSE, GO TO Box SC8-V** |

SC3.  **Before we get started, I would like to make sure we have your name recorded correctly.**

<div style="border:1px solid black; text-align:center">

**BOX SC3a**
**PRELOAD RESPONDENT FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME FROM DATABASE; IF NEW RESPONDENT, ASK FOR NAME**

</div>

NOTE:  READ NAME TO RESPONDENT AND VERIFY SPELLING

    NAME CORRECT................................................1 ➔ GO TO SC4

    NAME INCORRECT ...........................................2

{IF SC3 = 2}
SC3a.  **May I have the correct spelling of your name?**

    FIRST NAME:  _____

    MIDDLE INITIAL:  _____

    LAST NAME:  _____
    DON'T KNOW......................................................d
    REFUSED...........................................................r

SC4.  **Do you go by any other name besides [NAME OF RESPONDENT]?**

    YES ...................................................................1
    NO .....................................................................0
    DON'T KNOW......................................................d  ➔  GO TO SC7
    REFUSED...........................................................r

{IF SC4 = 1}
SC5.  **Can you give me that name?**

    YES ...................................................................1
    NO .....................................................................0
    DON'T KNOW......................................................d
    REFUSED...........................................................r

{IF SC5 = 1}
SC6.   ENTER NAME

> FIRST NAME: _____

> MIDDLE INITIAL: _____

> LAST NAME: _____


SC7.   **What is your birth date?**

> |___|___| / |___|___| / |___|___|___|___|
> MONTH    DAY        YEAR

> DON'T KNOW.......................................................d

> REFUSED...........................................................r


SC8 & SC9 ONLY FOR FAMILY WITH ONE CHILD IN STUDY}  {SC8 THROUGH BOX SC8-V
ONLY IF NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}
{ONE CHILD ONLY}:
SC8.   **Now, I would like to make sure we have [CHILD]'s name recorded correctly.**

<div style="border:1px solid black; background:#e0e0e0; text-align:center">

**BOX SC8a**
**PRELOAD CHILD'S FIRST NAME, MIDDLE NAME/INITIAL,**
**LAST NAME FROM DATABASE**

</div>

NOTE:  READ NAME TO RESPONDENT AND VERIFY SPELLING

> NAME CORRECT.................................................1 → GO TO SC9

> NAME INCORRECT ...........................................2


{IF SC8 = 2}
SC8a.  **May I have the correct spelling of [CHILD]'s name?**

> FIRST NAME: _____

> MIDDLE INITIAL: _____

> LAST NAME: _____

> DON'T KNOW.......................................................d

> REFUSED...........................................................r

SC9.  **What is your relationship to [CHILD]?**

<div align="right">CODE ONLY ONE</div>

BIOLOGICAL MOTHER......................................11

BIOLOGICAL FATHER ......................................12

ADOPTIVE MOTHER ........................................13

ADOPTIVE FATHER .........................................14

STEPMOTHER..................................................15

STEPFATHER ..................................................16

GRANDMOTHER. .............................................17

GRANDFATHER................................................18

GREAT GRANDMOTHER ..................................19

GREAT GRANDFATHER ...................................20

SISTER/STEPSISTER........................................21

BROTHER/STEPBROTHER................................22

OTHER RELATIVE OR IN-LAW (FEMALE) .........23

OTHER RELATIVE OR IN-LAW (MALE) ............24

FOSTER PARENT (FEMALE) ............................25

FOSTER PARENT (MALE)..................................26

OTHER NON-RELATIVE (FEMALE)...................27

OTHER NON-RELATIVE (MALE) .......................28

PARENT'S PARTNER (FEMALE).......................29

PARENT'S PARTNER (MALE) ...........................30

DON'T KNOW...................................................d

REFUSED........................................................r

{IF SC9 = 12, 14-30, d, r}
SC9a.  **What is the first name of [CHILD]'s biological mother?**

FIRST NAME  _____

DON'T KNOW...................................................d

REFUSED........................................................r

{IF SC9 = 11, 13, 15-30, d, r}
SC9b.  **What is the first name of [CHILD]'s biological father?**
Note: Display list of adult males from household roster

FIRST NAME  _____

DON'T KNOW...................................................d

REFUSED.......................................................... r

Programmer: Hide SC9b if already answered in any previous interview.

{IF SC9 = 17-30, d, r}
SC10. **Are you [CHILD]'s legal guardian?**

YES ...................................................1➜ GO TO BOX SC8-V

NO .....................................................0

DON'T KNOW......................................d

REFUSED............................................r


{IF SC10 = 0, d, r}
SC11. **Who is [CHILD]'s legal guardian?**

NAME_____

ADDRESS_____

CITY_____

STATE:  |___|___|

|___|___|___| - |___|___|___| - |___|___|___|___|  TELEPHONE
(AREA CODE)

DON'T KNOW......................................................d

REFUSED...........................................................r


| BOX SC11a |
| :---: |
| **IF TELEPHONE, AND GUARDIAN IS IN HOUSEHOLD, ASK TO SPEAK TO PERSON.  OTHERWISE TERMINATE INTERVIEW** |


| BOX SC8-V |
| :---: |
| **ALL INTERVIEWS: IF TWO SAMPLED CHILDREN FROM SAME HOUSEHOLD ASK SC8-V THROUGH Z4. ELSE, HEAD START CASES: GO TO VERSION BOX A** |
| **KINDERGARTEN CASES: GO TO VERSION BOX AA1** |


{SC8-V – Z4 IF TWO SAMPLED CHILDREN FROM SAME HOUSEHOLD}
SC8-V.     **According to our records you are the parent or guardian of two children in our study, (FIRST NAME) and (SECOND NAME).  Is this correct?**

YES ...................................................1

NO .....................................................0

DON'T KNOW......................................d

REFUSED............................................r

{SC8-V = 0, d, r}
SC8-VN.   **Which child are you the parent or guardian of, (FIRST) or (SECOND)?**

<div style="margin-left:2em">

(FIRST)..............................................................1

(SECOND)..........................................................2

DON'T KNOW....................................................d

REFUSED...........................................................r

</div>

{SC8-V=1 OR SC8-VN=1}
SC8-V1a.   **I would like to make sure we have [FIRST CHILD]'s name recorded correctly.**
READ NAME AND VERIFY SPELLING

<div style="margin-left:2em">

CORRECT NAME................................................1 ➡ GO TO SC8-V2A

INCORRECT NAME ...........................................2

</div>

{SC8-V1a=2}
SC8-V1b.   **May I have the correct spelling of [FIRST CHILD]'s name?**

<div style="margin-left:2em">

FIRST NAME:  _____

MIDDLE INITIAL:  _____

LAST NAME:  _____

DON'T KNOW....................................................d

REFUSED...........................................................r

</div>

{SC8-V=1 OR SC8-VN=2}
SC8-V2a.   **I would like to make sure we have [SECOND CHILD]'s name recorded correctly.**  READ NAME AND VERIFY SPELLING

<div style="margin-left:2em">

CORRECT NAME................................................1 ➡ GO TO SC9-V1

INCORRECT NAME ...........................................2

</div>

{SC8-V2a=2}
SC8-V2b.   **May I have the correct spelling of [SECOND CHILD]'s name?**

<div style="margin-left:2em">

FIRST NAME:  _____

MIDDLE INITIAL:  _____

LAST NAME:  _____

</div>

{SC8-V=1,0,D,R OR SC8-VN=1,2,D,R}
SC9-V1. **What is your relationship to [FIRST CHILD]?**

CODE ONLY ONE

BIOLOGICAL MOTHER....................................11 ⌐
BIOLOGICAL FATHER ....................................12 │
ADOPTIVE MOTHER .....................................13 │
ADOPTIVE FATHER ......................................14 ├──→ GO TO SC9-V2
STEPMOTHER ...............................................15 │
STEPFATHER ................................................16 ⌐
GRANDMOTHER ...........................................17
GRANDFATHER..............................................18
GREAT GRANDMOTHER .............................19
GREAT GRANDFATHER ...............................20
SISTER/STEPSISTER.....................................21
BROTHER/STEPBROTHER............................22
OTHER RELATIVE OR IN-LAW (FEMALE) .....23
OTHER RELATIVE OR IN-LAW (MALE) .........24
FOSTER PARENT (FEMALE) ........................25
FOSTER PARENT (MALE).............................26
OTHER NON-RELATIVE (FEMALE)...............27
OTHER NON-RELATIVE (MALE) ...................28
PARENT'S PARTNER (FEMALE)...................29
PARENT'S PARTNER (MALE) .......................30
DON'T KNOW.................................................d
REFUSED.......................................................r

{SC8-V=1 OR SC8-VN=2} AND (SC9V1=17..30, d, r)
SC10-V1. **Are you [FIRST CHILD]'s legal guardian?**

YES ..............................................................1 ➜ GO TO SC9-V2
NO ................................................................0
DON'T KNOW.................................................d
REFUSED.......................................................r

{SC10-V1= 0, d, r}
SC11-V1.  **Who is [FIRST CHILD]'s legal guardian?**

NAME_____

ADDRESS_____

CITY_____

STATE:  |___|___|

|___|___|___| - |___|___|___| - |___|___|___|___|  TELEPHONE
(AREA CODE)

DON'T KNOW.......................................................d

REFUSED...........................................................r


SC8-V=1,0,D,R OR SC8-VN=1,2,D,R OR SC9-V1=11…16}
SC9-V2.  **What is your relationship to [SECOND CHILD]?**

<u>CODE ONLY ONE</u>

BIOLOGICAL MOTHER........................................11
BIOLOGICAL FATHER.........................................12
ADOPTIVE MOTHER. ..........................................13
ADOPTIVE FATHER. ...........................................14
STEPMOTHER....................................................15
STEPFATHER .....................................................16
GRANDMOTHER. ...............................................17
GRANDFATHER...................................................18
GREAT GRANDMOTHER ....................................19
GREAT GRANDFATHER .....................................20
SISTER/STEPSISTER.........................................21
BROTHER/STEPBROTHER..................................22
OTHER RELATIVE OR IN-LAW (FEMALE)...........23
OTHER RELATIVE OR IN-LAW (MALE) ...............24
FOSTER PARENT (FEMALE) ..............................25
FOSTER PARENT (MALE)...................................26
OTHER NON-RELATIVE (FEMALE).....................27
OTHER NON-RELATIVE (MALE) .........................28
PARENT'S PARTNER (FEMALE)........................29
PARENT'S PARTNER (MALE) .............................30
DON'T KNOW.....................................................d
REFUSED...........................................................r

GO TO Z1

{SC8-V=1 OR SC8-VN=1} AND (SC9-V2=17..30, d, r}
SC10-V2.  **Are you [SECOND CHILD]'s legal guardian?**

        YES ........................................................1 ➔ GO TO Z1

        NO ..........................................................0

        DON'T KNOW............................................d

        REFUSED................................................r


{SC10-V2=0,d,r}
SC11-V2.  **Who is [SECOND CHILD]'s legal guardian?**

        NAME:_____

        ADDRESS:_____

        CITY:_____

        STATE:  |___|___|

        |___|___|___| - |___|___|___| - |___|___|___|___|  TELEPHONE
        (AREA CODE)

        DON'T KNOW......................................................d

        REFUSED..........................................................r

{SC8V=1} {PROGRAMMER NOTE:  ONLY ASK IF WE DON'T KNOW THIS FROM ANY PREVIOUS INTERVIEW, ELSE HIDE}

Z1.    **How is (FIRST CHILD) related to (SECOND CHILD)?**

        TWIN BROTHER OR SISTER .............................1

        OTHER MULTIPLE BIRTH
        RELATIONSHIP (TRIPLETS, ETC.) ....................2

        HALF BROTHER OR SISTER ............................3 ➔ GO TO Z3

        STEP BROTHER OR SISTER............................4 ➔ GO TO Z3

        ADOPTIVE OR FOSTER BROTHER
        OR SISTER ......................................................5 ➔ GO TO Z3

        NO FAMILY RELATIONSHIP,
        JUST LIVE TOGETHER ....................................6 ➔ GO TO VERSION BOX A

        BROTHER OR SISTER .....................................7 ➔ GO TO Z3

        OTHER RELATIONSHIP (SPECIFY)...................8 ➔ GO TO VERSION BOX A

        _____

        DON'T KNOW....................................................d
        REFUSED.............................................r


{Z1=1,2} {PROGRAMMER NOTE:  HIDE IF Z1 SKIPPED}

Z2.    **Are (FIRST CHILD) and (SECOND CHILD) identical twins or fraternal twins?**

        NOTE:  IF MULTIPLE RELATIONSHIP THAT ARE NOT IDENTICAL, CODE 2

        IDENTICAL.......................................................1

        FRATERNAL ....................................................2

        DON'T KNOW....................................................d

        REFUSED........................................................r


{Z1=3,4,5,7 AND SC9-V1 not equal to 11, OR SC9-V2 NE 11}

Z3.    **Do (FIRST CHILD) AND (SECOND CHILD) have the same biological mother?**

        YES ................................................................1

        NO ..................................................................0

        DON'T KNOW....................................................d

        REFUSED........................................................r

Z4.    **Do (FIRST CHILD) AND (SECOND CHILD) have the same biological father?**

        YES .....................................................................1

        NO ......................................................................0

        DON'T KNOW.....................................................d

        REFUSED..........................................................r


Z5.    **I would first like to ask you questions about your household and [FIRST CHILD] and then I will ask you questions about [SECOND CHILD].**


<div style="border:1px solid black; padding:10px; text-align:center;">

**HEAD START CASES: GO TO VERSION BOX A**

**KINDERGARTEN CASES: GO TO VERSION BOX AA1**

</div>

**Version Box AA1**

**KINDERGARTEN CASES ONLY**

**CONTINUE**

**IF SC8-VN=1, THEN ASK QUESTIONS WHERE THE UNIVERSE STATEMENT INCLUDES "{SECOND CHILD}" ONLY ABOUT (FIRST CHILD). IF SC8-VN=2, THEN ASK QUESTIONS WHERE THE UNIVERSE STATEMENT INCLUDES "{SECOND CHILD}" ONLY ABOUT (SECOND CHILD). PLEASE APPLY THIS INSTRUCTION TO ALL SECTIONS THROUGHOUT THE SURVEY.**

{Kindergarten Cases}{SECOND CHILD}

AA1.   **Now let's talk about [CHILD's] experience in Head Start last year.**

**Last year, in (2007-2008/2008-2009), 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 VERSION BOX A

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

OTHER (SPECIFY)...........................................3　→　GO TO AA4

_____

DON'T KNOW.....................................................d

REFUSED...........................................................r

{Kindergarten Cases}{SECOND CHILD}

AA2.   **When did [CHILD] stop going to Head Start?**

|___|___| MONTH    |___|___| YEAR

DON'T KNOW.....................................................d

REFUSED...........................................................r

AA3.   **Why did [CHILD] stop going to Head Start?**

PROBE:  **What was the most important reason?**

<u>CIRCLE ONLY ONE</u>
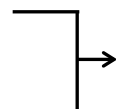
FAMILY MOVED...................................................1

ILLNESS OF CHILD ...........................................2

ILLNESS OF FAMILY MEMBER .........................3

CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE ..................................4

LACK OF TRANSPORTATION............................5

BAD WEATHER...................................................6

CHILD DID NOT WANT TO GO...........................7

PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE....................8

NEEDED FULL-DAY CHILD CARE .....................9

OTHER (PLEASE SPECIFY)..............................10

_____

DON'T KNOW......................................................d

REFUSED............................................................r

AA4.   **Not including any summer program, 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 on a regular basis?**

YES .....................................................................1

NO ........................................................................0

DON'T KNOW.......................................................d

REFUSED.............................................................r

GO TO VERSION
BOX A

AA5.   NO AA5 THIS VERSION.

{Kindergarten Cases}{SECOND CHILD}
AA6.   **Let's talk about the program where [CHILD] spent the most time.  Would you call it . . .**

INTERVIEWER NOTE:  PUBLIC SCHOOL PRE-KINDERGARTEN:  PROGRAM THAT OFFERS CLASSES IN PUBLIC SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 4 YEAR-OLD CHILDREN.

INTERVIEWER NOTE:  PRIVATE SCHOOL PRE-KINDERGARTEN/NURSERY: PROGRAM THAT OFFERS CLASSES IN PRIVATE SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN.

**a public school pre-kindergarten,**.....................1

**a private school pre-kindergarten or nursery school,**................................................2

**a child care center or child development program,**..............................................................3

**another Head Start program, or** ........................4

**somewhere else?**  (SPECIFY)...........................5

_____

DON'T KNOW.....................................................d
REFUSED...........................................................r


{Kindergarten Cases}{SECOND CHILD}
AA7.   **For how many days a week did [CHILD] go to that program?**

|__|__| NUMBER {SOFT EDIT:  NUMBER<=7}

DON'T KNOW.....................................................d
REFUSED...........................................................r


{Kindergarten Cases}
AA8.   **How many hours a week was [CHILD] at that program?**

|__|__| NUMBER {SOFT EDIT:  NUMBER<=56}

DON'T KNOW.....................................................d
REFUSED...........................................................r


**BOX AA8**

**IF AA6 NE 4, THEN TERMINATE INTERVIEW, ELSE SWITCH TO HEAD START INTERVIEW STARTING AT VERSION BOX A**

{SC2c=3,d,r} {SPRING 2009 SC2c=1}

AA9.   **This spring we are only looking at children attending (IF SPRING 2008, SAY: Head Start or) Kindergarten.  I do not have any more questions for you now, but thank you for your time.**

CAPI:  GIVE PARENT INCENTIVE PAYMENT OF $35.

CATI:  ASK FOR CONTACT INFORMATION TO SEND THE INCENTIVE PAYMENT OF $35.

## A. ABOUT YOUR CHILD

> **VERSION BOX A**
> **ASK A1-A10 THE FIRST TIME THE FAMILY IS INTERVIEWED. IF PREVIOUS INTERVIEW, CHECK MISSING FLAGS:**
>
> **IF GENDER IS MISSING, ASK A1, THEN HEAD START CASES GO TO VERSION BOX B, KINDERGARTEN CASES GO TO VERSION BOX BB1.**
>
> **IF BIRTH DATE IS MISSING OR CONFLICTS, ASK A2, THEN GO TO VERSION BOX B**
>
> **IF SC8-VN=1, THEN ASK QUESTIONS WHERE THE UNIVERSE STATEMENT INCLUDES "{SECOND CHILD}" ONLY ABOUT (FIRST CHILD). IF SC8-VN=2, THEN ASK QUESTIONS WHERE THE UNIVERSE STATEMENT INCLUDES "{SECOND CHILD}" ONLY ABOUT (SECOND CHILD). PLEASE APPLY THIS INSTRUCTION TO ALL SECTIONS THROUGHOUT THE SURVEY.**

{GENDER = MISSING}
{SECOND CHILD}
A1.
CONFIRM OR ASK:  **Is [CHILD] a boy or a girl?**

GIRL.. ............................................................... 1

BOY ................................................................. 2

DON'T KNOW...................................................... d

REFUSED........................................................... r

{BIRTHDAY = MISSING}
{SECOND CHILD}
A2.    **What is [CHILD]'s birth date?**

|__|__| / |__|__| / |__|__|__|__|
MONTH      DAY          YEAR

DON'T KNOW...................................................... d

REFUSED........................................................... r

{NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO VERSION BOX B}
{SECOND CHILD}
A3.    **Is [CHILD] of Spanish, Hispanic, or Latino origin?**

YES ................................................................. 1

NO .................................................................... 0

DON'T KNOW.................................................... d

REFUSED.......................................................... r

GO TO A5

{SECOND CHILD}
{IF A3 = 1}
A4.    **Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin? Would you say . . .**

NOTE:  IF MORE THAN ONE, CODE AS OTHER

**Mexican, Mexican American, Chicano,**............. 1

**Puerto Rican,**...................................................... 2

**Cuban, or** ............................................................ 3

**Some other Spanish/Hispanic/
Latino group?**  (SPECIFY) ................................ 4

_____

DON'T KNOW.................................................... d

REFUSED.......................................................... r

{SECOND CHILD}
A5.    **What is [CHILD]'s race?  You may name more than one if you like.**

<u>CODE ALL THAT APPLY</u>

WHITE ............................................................ 11
BLACK OR AFRICAN AMERICAN ..................... 12
AMERICAN INDIAN OR ALASKA NATIVE ......... 13
ASIAN INDIAN................................................. 14
CHINESE........................................................ 15
FILIPINO......................................................... 16
JAPANESE ..................................................... 17
KOREAN ........................................................ 18
VIETNAMESE................................................. 19
ASIAN (NOT FURTHER SPECIFIED)................. 20
NATIVE HAWAIIAN ......................................... 21
GUAMANIAN OR CHAMORRO......................... 22
SAMOAN ........................................................ 23
OTHER PACIFIC ISLANDER (SPECIFY) ........... 24

_____

ANOTHER RACE (SPECIFY) ............................ 25

_____

DON'T KNOW................................................... d
REFUSED........................................................ r


{SECOND CHILD}
A6.    **Please tell me what country [CHILD] was born in.**

USA ............................................................... 305  ➡ GO TO A8
MEXICO ......................................................... 303
ANOTHER COUNTRY (SPECIFY) ..................... 600

_____

DON'T KNOW................................................... d
REFUSED........................................................ r


{SECOND CHILD}
{IF A6 = 303, 600, d, r}
A7.    **How many years has [CHILD] lived in the United States?**

|__|__| NUMBER

DON'T KNOW................................................... d
REFUSED........................................................ r

{SECOND CHILD}
A8.    **Did [CHILD] participate in Early Head Start?**

      PROBE:    **Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.**

             YES ....................................................................... 1

             NO ......................................................................... 0

             DON'T KNOW ...................................................... d   → GO TO A10

             REFUSED ............................................................. r

{SECOND CHILD}
{IF A8 = 1}
A9.    **How long was (he/she) in Early Head Start?**

        |__|__| YEARS       |__|__| MONTHS

        DON'T KNOW ...................................................... d

        REFUSED ............................................................. r

{SECOND CHILD}
A10.    **(Other than Early Head Start,) was [CHILD] in any other Head Start Program before this one?**

             YES ....................................................................... 1

             NO ......................................................................... 0

             DON'T KNOW ...................................................... d

             REFUSED ............................................................. r

          **HEAD START CASES: GO TO VERSION BOX B**

          **KINDERGARTEN CASES: GO TO VERSION BOX BB1**

## BB. CURRENT EXPERIENCES

---

**VERSION BOX BB1**
**KINDERGARTEN CASES ONLY**
**CONTINUE**

---

{Kindergarten Cases}{SECOND CHILD}
BB1.  **Now I'd like to talk with you about [CHILD]'s current school experiences.  Is [CHILD] attending or enrolled in school?**

INTERVIEWER NOTE:  HOME SCHOOLED:  THE EDUCATION OF CHILDREN AT HOME, TYPICALLY BY PARENTS OR GUARDIANS, RATHER THAN IN A PUBLIC OR PRIVATE SCHOOL.

YES ...........................................................1

NO ...........................................................0 → GO TO BB4

HOME SCHOOLED ...........................................2 → GO TO BB3

HEAD START .....................................................3 → STOP.  IF SPRING 2008,GO TO HEAD START CATI-VERSION BOX B/IF SPRING 2009, GO TO BB4

DON'T KNOW.....................................................d

REFUSED...........................................................r

BB2.    **What grade or year is [CHILD] attending?**

HEAD START ....................................................1 → (IF SPRING 2009, STOP GO TO HEAD START CATI-VERSION BOX B/IF SPRING 2009) CONTINUE

NURSERY/PRESCHOOL/
PRE-KINDERGARTEN......................................2 → GO TO BB4

TRANSITIONAL KINDERGARTEN......................3 → GO TO BB4

KINDERGARTEN ..............................................4 → GO TO VERSION BOX B

PRE-FIRST GRADE (AFTER K).........................5 → GO TO VERSION BOX B

FIRST GRADE...................................................6 → GO TO BB5

UN-GRADED .....................................................7

OTHER (SPECIFY)............................................8 → GO TO BB4

_____

DON'T KNOW.....................................................d

REFUSED..........................................................r

PROGRAMMER:  CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN:  PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

TRANSITIONAL (OR READINESS) KINDERGARTEN:  EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

KINDERGARTEN:  TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K):  EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

UN-GRADED:  A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

{Kindergarten Cases}{SECOND CHILD}

BB3. **What grade would [CHILD] be in if (he/she) were attending a school with regular grades?**

HEAD START .....................................................1 → (IF SPRING 2008, STOP GO TO HEAD START CATI-VERSION BOX B/IF SPRING 2009) CONTINUE

NURSERY/PRESCHOOL/
PRE-KINDERGARTEN .......................................2

TRANSITIONAL KINDERGARTEN......................3

KINDERGARTEN ..............................................4 → GO TO VERSION BOX B

PRE-FIRST GRADE (AFTER K) .........................5 → GO TO VERSION BOX B

FIRST GRADE...................................................6 → GO TO BB5

UN-GRADED .....................................................7

OTHER (SPECIFY)............................................8

_____

DON'T KNOW.....................................................d

REFUSED...........................................................r

PROGRAMMER: CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN: PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

TRANSITIONAL (OR READINESS) KINDERGARTEN: EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K): EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

UN-GRADED: A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

{Kindergarten Cases}{SECOND CHILD}
**BB4.** **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 (SPECIFY)............................................4

_____

DON'T KNOW....................................................d

REFUSED...........................................................r


{Kindergarten Cases}{SECOND CHILD}
**BB5.** **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.**

<div style="border:1px solid black; text-align:center;">

**BOX B5a**

**UPDATE CONTACT INFORMATION ON THE TRACKING INFO SHEET.**

**GIVE PARENT INCENTIVE PAYMENT OF $35**.

</div>

<div style="border:1px solid black; text-align:center;">

**GO TO VERSION BOX B**

</div>

## B. ABOUT HOUSEHOLD

### VERSION BOX B
### IF FALL 2006, SPRING 2007, SPRING 2008, OR
### KINDERGARTEN SURVEY, CONTINUE.

B1.    **My next questions are about the people who live in the same household as you and [CHILD].**

**Including yourself, how many <u>adults</u> age 18 and older live in your household?**

|__|__|  NUMBER

DON'T KNOW......................................................d

REFUSED............................................................r

B2.    **Including [CHILD], how many <u>children</u> age 17 and younger live in your household?**

|__|__|  NUMBER

DON'T KNOW......................................................d

REFUSED............................................................r

B2_1:  **Here is the list of household members that were reported last time.  Are you on the list?**

YES ...................................................................01

NO ...................................................................00 → ENTER HH GRID FOR EDITING

DON'T KNOW......................................................d

REFUSED............................................................r

INTERVIEWER NOTE:
CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD]/[CHILDREN] WITH RESPONDENT.  BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS.  IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD]/[CHILDREN], PRESS 0 TO CONTINUE.  CORRECT ANY MISTAKES OR UPDATE NAMES ON THE NEXT SCREENS.

{FOLLOW-UP INTERVIEW:  LOAD NAMES, RELATIONSHIPS, AND AGES OF PERSONS LISTED IN ROSTER, AND VERIFY.  IF PERSON LEFT HOUSEHOLD, CODE AS LEFT HOUSEHOLD.}

{RECORD ALL NEW HOUSEHOLD MEMBERS.  IN ADDITION TO INFORMATION BELOW,

RECORD DATE JOINED HOUSEHOLD.}

{IF RESPONDENT DIFFERENT FROM FALL 2006}
B3CONFIRM: **Here is the list of household members and their relationships to [child]/[children] that were reported in [fall/spring]. Are the household members and the relationships still the same?**

INTERVIEWER NOTE:
CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD]/[CHILDREN] WITH RESPONDENT. BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS. IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD]/[CHILDREN], PRESS 0 TO CONTINUE. CORRECT ANY MISTAKES OR UPDATE NAMES ON THE NEXT SCREENS.

PROGRAMMER: WHEN CONFIRMING HOUSEHOLD ROSTER, ALLOW INTERVIEWER TO CORRECT RELATIONSHIP CODES. DO NOT ALLOW CHANGES TO NAME OR AGE FIELDS.

B3a.    **Are you/Is [Name] still in the household?**

> YES ............................................................... 01
>
> NO ................................................................ 00
>
> DON'T KNOW .................................................... d
>
> REFUSED.......................................................... r

{IF B3a = 0}
B3b.    **When did you/[name] leave the household?**

> |__|__| MONTH    |__|__| YEAR
>
> DON'T KNOW .................................................... d
>
> REFUSED.......................................................... r

{SOFT EDIT:YEAR THAT HOUSEHOLD MEMBER LEFT THE HOUSEHOLD SHOULD BE GREATER THAN OR EQUAL TO 2000 AND LESS THAN OR EQUAL TO [(CURRENT YEAR) 2006/2007/2008/2009].

[DO FOR ALL MEMBERS IN HOUSEHOLD]
   **Is there anyone else in your household?**

> YES ............................................................... 01
>
> NO ................................................................ 00
>
> DON'T KNOW .................................................... d
>
> REFUSED.......................................................... r

{IF B3=1}

**Please tell me the first names and ages of all the other people who normally live in your household. Please do not include anyone staying there temporarily who usually lives somewhere else.**

PROBE: **Is there anyone else in your household?** RECORD ALL NAMES

B4.    **How old is [NAME FROM B3]?**

> **BOX B4a**
>
> **IF B4 = CHILD, FILL CHILD'S NAME FROM SC8, CALCULATE AND FILL AGE FROM A2, FOR FALL 2006 SET B7 TO YES;**
>
> **IF B4 = RESPONDENT, CALCULATE AND FILL AGE FROM SC7, FILL RELATIONSHIP FROM SC9**

{SECOND CHILD}

B5.    **What is [NAME]'s relationship to [CHILD]?**

> **BOX B5a**
> **RELATIONSHIP CODES:**
>
> | | |
> |---|---|
> | 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 | d=DON'T KNOW/DIDN'T RESPOND |
> | 10=BROTHER/STEPBROTHER | r=REFUSED |

> **BOX B6**
> **IF PERSON IN B3 IS NEW IN HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS 3 OR MORE AND LESS THAN 44, ASK B6, ELSE GO TO BOX B6a.**

B6.    **Did (you/[FIRST NAME]) ever attend Head Start?**

> **BOX B6a**
> **IF PERSON IN B3 IS NEW IN HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS 3 OR MORE AND LESS THAN 6, AND B6 = 1, THEN CONTINUE.**
>
> **OTHERWISE, GO TO BOX B7a.**

B7.    **Is [FIRST NAME] currently in Head Start?**

> **BOX B7a**
> **IF PERSON IN B3 IS NEW TO HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS LESS THAN 15, THEN CONTINUE.**
>
> **OTHERWISE, GO TO B9.**

**B8.** **Did [FIRST NAME] ever attend Early Head Start?**

FOR SECOND CHILD IF Z1=1 OR 2, OR Z3=1 AND Z4=1 DO NOT ASK THE HOUSEHOLD ROSTER.  IF Z3=0 AND/OR Z4=0 SHOW THE NAMES IN B3 AND ASK THE RELATIONSHIP OF THE PERSON TO CHILD  **"How is person related to [SECOND CHILD]?"**

NOTE:  IF CHILD IS LESS THAN ONE YEAR OLD, RECORD AS 0.

| B3. FIRST NAME | B4. AGE | B5. RELATIONSHIP | B6. EVER HEAD START | | | | B7. CURRENTLY IN HEAD START | | | | B8. EARLY HEAD START | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Y | N | D | R | Y | N | D | R | Y | N | D | R |
| a. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| b. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| c. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| d. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| e. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| f. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| g. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| h. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| i. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| j. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| k. _____ | \|__\|__\| | \|__\|__\| | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |

{IF PRE-LOADED RELATIONSHIP TO CHILD IS ONE OF THESE: BIO/ADOPTIVE MOTHER, BIO/ADOPTIVE FATHER, STEP-MOTHER/FATHER OR IF SC9, SC9-V1, OR SC9-V2 = 11, 12, 13, 14, 15, 16 AND B5 a-k CONTAINS (01 AND [02 AND/OR 04]), OR (03 AND [02 AND/OR 04])}

**B9.** **Are you and [INSERT (FATHER/MOTHER) NAME] . . .**

<u>CODE ONE ONLY</u>

**married**, ............................................................ 1 → HEAD START CASES: GO TO VERSION BOX C1. KINDERGARTEN CASES: GO TO VERSION BOX CC1

**divorced,** .......................................................... 2

**separated, or** .................................................... 3

**not married?** ..................................................... 4

DON'T KNOW ...................................................... d

REFUSED ............................................................ r

{IF SC9, SC9-V1, OR SC9-V2 = 11, 12, 13, 14, 15, 16 AND B5 a-k CONTAINS 01, 02, 03, 04}
{IF B9 = 2, 3, 4, D, R}

B10.   **Which of the following statements best describes your current relationship with [INSERT (FATHER/MOTHER) NAME]?  Would you say . . .**

> **we are romantically involved on a steady basis,** ...................................................... 1
>
> **we are involved in an on-again and off-again relationship,** ........................................ 2
>
> **we are just friends, or** ........................................ 3
>
> **we are not in any kind of relationship?** ............ 4
>
> DON'T KNOW ...................................................... d
>
> REFUSED ............................................................. r

---

**VERSION BOX B10**

**HEAD START CASES:  GO TO VERSION BOX C1**

**KINDERGARTEN CASES:  GO TO VERSION BOX CC1**

---

{NUMBER OF ADULTS AND CHILDREN FROM B1 AND B2 NE B3 OR B3 CONFIRM }

{NUMBER OF ADULTS FROM B1 NE B3: DISPLAY SOFT EDIT THAT COMPARES THE TWO NUMBERS AND ALLOWS INTERVIEWER TO UPDATE COUNT.}

{NUMBER OF CHILDREN FROM B2 NE B3: DISPLAY SOFT EDIT THAT COMPARES THE TWO NUMBERS AND ALLOWS INTERVIEWER TO UPDATE COUNT.}

PROGRAMMER: HIDE TEXT BELOW

B11.   **The number of adults and children does not match the number from the previous question, which was [FILL FROM B1 AND B2], did I enter the correct number?**

INTERVIEWER:  TO CORRECT PRESS THE UP ARROW AND RETURN TO THE PREVIOUS QUESTIONS, OTHERWISE CONTINUE.

## CC.  KINDERGARTEN SCHOOL CHARACTERISTICS

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**VERSION BOX CC1**
**KINDERGARTEN CASES ONLY**
**CONTINUE**

---

{Kindergarten Cases}{SECOND CHILD}
CC1.  **Now, I'd like to talk with you about [CHILD]'s school experiences.  Does [CHILD] go to a full-day or part-day kindergarten?**

        FULL DAY..........................................................1
        PART DAY.........................................................2
        DON'T KNOW....................................................d
        REFUSED...........................................................r


{Kindergarten Cases}{SECOND CHILD}
CC2.  **How many hours each day does (he/she) spend in kindergarten?**

        |__|__| HOURS EACH DAY {SOFT EDIT: HOURS EACH DAY<=  10}
                              {ACCEPT 1 DECIMAL}

        DON'T KNOW....................................................d
        REFUSED...........................................................r


{Kindergarten Cases}{SECOND CHILD}
CC3.  **How many days each week does (he/she) spend in kindergarten?**

        |__|__|  DAYS EACH WEEK {SOFT EDIT: DAYS  EACH WEEK<=7}

        DON'T KNOW....................................................d
        REFUSED...........................................................r


{Kindergarten Cases}{SECOND CHILD}
CC4.  **Approximately how many days has [CHILD] been absent since the beginning of the school year, that is, since last September?**

        |__|__|  DAYS {SOFT EDIT: DAYS<=300}

        DON'T KNOW....................................................d         
        REFUSED...........................................................r     → GO TO CC4a

{CC4 not equal to 0} {Kindergarten Cases}{SECOND CHILD}
CC4a. **I just need a range.  Would you say . . .**

**never,**............................................................1 → GO TO CC6

**15 or less,**....................................................2

**or 16 or more?**.............................................3 → GO TO CC4c

DON'T KNOW.................................................d ┐
REFUSED.........................................................r ┘ → GO TO CC5


{CC4 not equal to 0} {KINDERGARTEN CASES}{SECOND CHILD}
CC4b. **Would you say . . .**

**1 to 5,**...........................................................1 → GO TO CC6

**6 to 10, or**....................................................2 ┐

**11 to 15?**.....................................................3

DON'T KNOW.................................................d   → GO TO CC5

REFUSED.........................................................r ┘


{CC4 not equal to 0} {KINDERGARTEN CASES}{SECOND CHILD}
CC4c. **Would you say . . .**

**16 to 20,**.......................................................1

**21 to 30,**.......................................................2

**31 to 40,**.......................................................3

**41 to 50, or**...................................................4

**more than 50?**...............................................5

DON'T KNOW.................................................d

REFUSED.........................................................r

{CC4 not equal to 0} {KINDERGARTEN CASES}{SECOND CHILD}
**CC5. What is the most frequent reason for [CHILD]'s missing school?**

PROBE IF MORE THAN ONE: **What is the most frequent reason?**

<u>CIRCLE ONLY ONE</u>

ILLNESS OF CHILD ............................................1

ILLNESS OF FAMILY MEMBER..........................2

CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE ..................................3

LACK OF TRANSPORTATION...........................4

BAD WEATHER..................................................5

CHILD DID NOT WANT TO GO..........................6

PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE....................7

OTHER (PLEASE SPECIFY) ..............................8

_____

DON'T KNOW.....................................................d

REFUSED..........................................................r

{KINDERGARTEN CASES}{SECOND CHILD}
**CC6. Now, let's talk about the school [CHILD] goes to now. Does [CHILD] go to a public or private school?**

PUBLIC...............................................................1

PRIVATE ............................................................2

HOME SCHOOLED ...........................................3 → GO TO VERSION BOX D

DON'T KNOW.....................................................d

REFUSED..........................................................r

{KINDERGARTEN CASES} {CC6=1,2,D,R}{SECOND CHILD}{SCHOOL NAME NE BLANK IN SMS}

CC6a_1.  (IF SCHOOL NAME IN SMS, THEN READ) **According to our records, [CHILD] is now attending (PRELOAD FROM SMS).  Is that correct?**

PROBE:  **We need this information to contact [CHILD]'s teacher.**

INTERVIEWER NOTE:  USE DROP DOWN LIST TO SEARCH FOR THE SCHOOL.  IF SCHOOL IS NOT LISTED ENTER "99" AND RECORD THE SCHOOL NAME AND ADDRESS IN THE SUBSEQUENT FIELDS.

PROGRAMMER:  PRELOAD KINDERGARTEN SCHOOL NAMES.  UPLOAD CCD AND PSS. USE THE SAME DB MODEL AS USED IN EHS, WHERE INTERVIEWER OPENS BLAISE DB FOR STATE/REGION.  IF SCHOOL NAME IN SMS IS BLANK, THEN GO TO CC6a.  IF CC6a_1=99,d,r, THEN CREATE AN ALERT MESSAGE AS FOLLOWS "THE UPDATED KINDERGARTEN SCHOOL NAME IS _____ [FILL FROM CC6a] AND THE ADDRESS IS _____ [FILL FROM CC6b AND CC6c]."  SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

YES ............................................................1 → GO TO CC7

NO .............................................................0

DON'T KNOW......................................................d

REFUSED..........................................................r

{KINDERGARTEN CASES} {CC6A_1=99, 0,D,R}{SECOND CHILD}{ SCHOOL NAME IN SMS IS BLANK}

CC6a.  **What is the name of the school that [CHILD] is attending or enrolled in now?**

PROBE:  **We need this information to contact [CHILD]'s teacher.**

INTERVIEWER NOTE: USE DROP DOWN LIST TO SEARCH FOR THE SCHOOL. IF SCHOOL IS NOT LISTED ENTER "99" THEN RECORD THE SCHOOL NAME AND ADDRESS IN THE SUBSEQUENT FIELDS.

PROGRAMMER:  CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN SCHOOL NAME HAS BEEN UPDATED FOR CASE _____ [FILL CASE ID NUMBER].  THE UPDATED KINDERGARTEN SCHOOL NAME IS _____ [FILL FROM CC6a.]"  SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

_____

{KINDERGARTEN CASES} {CC6A=99,O,D,R}{SECOND CHILD}
CC6b.  **What city and state is the elementary school in?**

_____
CITY

|__|__| STATE

DON'T KNOW......................................................d

REFUSED...........................................................r

{KINDERGARTEN CASES} {CC6A=99,O,D,R}{SECOND CHILD}
CC6c. **What is the street address?**

_____
STREET

DON'T KNOW......................................................d
REFUSED..........................................................r


{KINDERGARTEN CASES} {CC6=2, D, R}{SECOND CHILD}
CC7. **Is the school faith-based?**

YES ................................................................1
NO .................................................................0
DON'T KNOW......................................................d
REFUSED..........................................................r

GO TO CC9


{Kindergarten Cases} {CC6=2, d, r} {SECOND CHILD}
CC8. **What faith is the school connected with?**

CATHOLIC.........................................................1
PROTESTANT....................................................2
CHRISTIAN .......................................................3
JEWISH ............................................................4
MOSLEM ..........................................................5
OTHER (SPECIFY)............................................6

_____

NON-DENOMINATIONAL...................................7
DON'T KNOW......................................................d
REFUSED..........................................................r


{Kindergarten Cases} {CC7=0, d, r} {SECOND CHILD}
CC9. **Approximately how many students are in [CHILD]'s class?**

|__|__| STUDENTS

DON'T KNOW......................................................d
REFUSED..........................................................r

{Kindergarten Cases}{SECOND CHILD}
CC10. **How many teachers are in [CHILD]'s class?**

|__|__| TEACHERS

DON'T KNOW......................................................d
REFUSED..........................................................r


{Kindergarten Cases}{SECOND CHILD}
CC10a. **According to our records, [CHILD]'s lead teacher is _____**
(PRELOAD FROM SMS). **Is that correct?**

PROGRAMMER: IF CC10a_1=99,d,r, THEN CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN TEACHER NAME HAS CHANGED FOR CASE _____ [FILL CASE ID NUMBER]." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

YES .......................................................1
NO .........................................................0
DON'T KNOW......................................................d
REFUSED..........................................................r


{Kindergarten Cases}{SECOND CHILD}{CC10a=0,d,r, }{LEAD TEACHER NAME IS BLANK IN SMS}
CC10b. **Please give me the correct name of the lead teacher.**

_____

PROGRAMMER: CREATE FIELDS FOR FIRST AND LAST NAMES FOR 1 LEAD TEACHER ONLY. CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN TEACHER NAME HAS BEEN UPDATED FOR CASE \_\_\_\_ [FILL CASE ID NUMBER]. THE UPDATED KINDERGARTEN TEACHER NAME IS \_\_\_\_\_ [FILL FROM CC10b." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

DON'T KNOW......................................................d
REFUSED..........................................................r


{Kindergarten Cases}{SECOND CHILD}
CC11. **Since the beginning of this school year, has [CHILD] been in the same school?**

YES .......................................................1
NO .........................................................0
DON'T KNOW......................................................d
REFUSED..........................................................r

{Kindergarten Cases}{SECOND CHILD}

CC12. **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):**

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

| | DOES IT VERY WELL | JUST OKAY | DOESN'T DO IT AT ALL | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. **Lets you know (between report cards) how [CHILD] is doing in school.** ............................................ | 1 | 2 | 3 | d | r |
| b. **Helps you understand what children at [CHILD]'s age are like.** ................. | 1 | 2 | 3 | d | r |
| c. **Makes you aware of chances to volunteer at the school.** ................... | 1 | 2 | 3 | d | r |
| d. **Provides workshops, materials, or advice about how to help [CHILD] learn at home.**.................................... | 1 | 2 | 3 | d | r |
| e. **Provides information on community services to help [CHILD] or your family.**............................................... | 1 | 2 | 3 | d | r |
| f. **Understands the needs of families who don't speak English.** ................. | 1 | 2 | 3 | d | r |

**GO TO D1**

## C. HEAD START ENROLLMENT

<div style="border:1px solid #000; padding:10px;">

**VERSION BOX C1**

**HEAD START CASES ONLY: IF FIRST TIME AN INTERVIEW IS CONDUCTED, ASK C1.**

**ELSE GO TO VERSION BOX C2**

</div>

**My next questions are about [PROGRAM NAME].**

{Head Start Cases}
C1.     **How did you first find out about [PROGRAM NAME]?**

   PROBE, IF MORE THAN ONE NAMED:  **How did you <u>first</u> find out?**

                                                                    <u>CODE ONE ONLY</u>

   FAMILY/FRIEND.....................................................1
   REFERRAL FROM ANOTHER AGENCY ............2
   WORD OF MOUTH ...........................................3
   HEAD START CAME TO VISIT AT OUR HOME . 4
   PREVIOUS CHILDREN IN HEAD START ...........5
   FLYER/MAILING/SAW SIGN..............................6
   OTHER (SPECIFY)...........................................7

   _____

   WENT TO HEAD START AS CHILD....................8
   DON'T KNOW......................................................d
   REFUSED...........................................................r

<div style="border:1px solid #000; padding:10px;">

**VERSION BOX C2**

**IF FALL 2006, GO TO C3, ELSE CONTINUE.**

</div>

{SECOND CHILD} {Head Start Cases}
{IF C2 =1}
C3.    **How many days each week does [CHILD] go to [PROGRAM NAME]?**

|__|__| NUMBER

DON'T KNOW.......................................................d

REFUSED.............................................................r


{SECOND CHILD} {Head Start Cases}
{IF C2 =1}
C4.    **How many hours each week does [CHILD] go to [PROGRAM NAME]?**

PROBE:  **Your best estimate is fine.**

|__|__| NUMBER

DON'T KNOW.......................................................d

REFUSED.............................................................r

---

**VERSION BOX C3**

**IF FALL 2006, GO TO D1, ELSE CONTINUE**

---

{SECOND CHILD} {Head Start Cases}
C5.    **Approximately how many days has [CHILD] been absent since the beginning of the program year, that is, since last September?**

|__|__| DAYS

DON'T KNOW.......................................................d  ⎤
REFUSED.............................................................r  ⎦ → GO TO C5a


{SECOND CHILD} {Head Start Cases}
{IF C5 = d, r}
C5a.   **Would you say it was . . .**

**never,**...............................................................0 → GO TO D1

**15 days or less, or**..............................................1

**16 days or more?** ...............................................2 → GO TO C7

DON'T KNOW.......................................................d  ⎤
REFUSED.............................................................r  ⎦ → GO TO C8

{SECOND CHILD} {Head Start Cases}
{IF C5a = 1}
C6.     **Would you say . . .**

       **1 to 5 days,** ...................................................1

       **6 to 10 days, or**...............................................2

       **11 to 15 days?** ................................................3

       DON'T KNOW....................................................d

       REFUSED..........................................................r

| **BOX C6**<br>**GO TO C8** |
| --- |

{SECOND CHILD} {Head Start Cases}
{IF C5a = 2}
C7.     **Would you say it was . . .**

       **16 - 20 days,** .................................................4

       **21 - 30 days,** .................................................5

       **31 - 40 days,** .................................................6

       **41 - 50 days, or** ............................................7

       **more than 50 days?** .......................................8

       DON'T KNOW....................................................d

       REFUSED..........................................................r

{SECOND CHILD} {Head Start Cases}
{IF C5 ≠ 0, C6 = 1,2,3, d, r OR C7 = 4, 5, 6, 7, 8, d, r}
C8.    **What is the most frequent reason for [CHILD]'s missing Head Start classes during the year?**

<div align="right">CODE ONLY ONE</div>

ILLNESS (CHILD) .................................................1

ILLNESS (FAMILY MEMBER) .............................2

CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE ...................................3

LACK OF TRANSPORTATION.............................4

BAD WEATHER.....................................................5

CHILD DID NOT WANT TO GO...........................6

PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE......................7

OTHER (SPECIFY)...............................................8

_____

DON'T KNOW.......................................................d

REFUSED.............................................................r

{Head Start Cases}{SECOND CHILD}
C9.    **How many teachers are in [CHILD]'s class?**

|__|__|  TEACHERS

DON'T KNOW.......................................................d

REFUSED.............................................................r

{Head Start Cases}{SECOND CHILD}

C9a. **According to our records, [CHILD]'s lead teacher is _____** (PRELOAD FROM SMS)**. Is that correct?**

YES ....................................................................1

NO ......................................................................0

DON'T KNOW.......................................................d

REFUSED.............................................................r

{Head Start Cases}{SECOND CHILD}{CC9a=0,d,r}
C9b. **Please give me the correct name of the lead teacher.**

_____

PROGRAMMER: CREATE FIELDS FOR FIRST AND LAST NAMES FOR 1 LEAD TEACHER
ONLY

DON'T KNOW..........................................................d

REFUSED.............................................................r

<div style="border:1px solid black; text-align:center">

**GO TO D1**

</div>

## D. ACTIVITIES WITH YOUR CHILD

{SECOND CHILD}

D1.   **Now I have some questions about you and [CHILD] at home.**

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

<div align="right"><u>CODE ONLY ONE</u></div>

   **not at all,**...........................................................1

   **once or twice,**...................................................2

   **three or more times, but not every day, or**.......3

   **every day?** ........................................................4

   DON'T KNOW.....................................................d

   REFUSED...........................................................r


{SECOND CHILD}

D2.   **On the days someone reads to [CHILD], about how many minutes per day is (she/he) read to?**

   NOTE:  IF VARIES, PROBE:  **"On average, about how many minutes?"**

   NOTE:  ENTER "0" IF NEVER READS TO CHILD.

   |__|__|__|  MINUTES

   DO NOT READ TO CHILD .................................0

   DON'T KNOW.....................................................d

   REFUSED...........................................................r

{SECOND CHILD}

D3. **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 | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a. **told (him/her) a story?** ................................. | 1 | 0 | d | r |
| b. **taught (him/her) letters, words, or numbers?**.................................................... | 1 | 0 | d | r |
| c. **taught (him/her) songs or music?**.............. | 1 | 0 | d | r |
| d. **worked on arts and crafts with (him/her)?**.. | 1 | 0 | d | r |
| e. **played with toys or games indoors?**.......... | 1 | 0 | d | r |
| f. **played a game, sport, or exercised together?** ........................................................ | 1 | 0 | d | r |
| g. **took (him/her) along while doing errands like going to the post office, the bank, or the store?**................................................. | 1 | 0 | d | r |
| h. **involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?** ............................................ | 1 | 0 | d | r |
| i. **talked about what happened in (Head Start/Kindergarten)?** .................................... | 1 | 0 | d | r |
| j. **talked about TV programs or videos?** ........ | 1 | 0 | d | r |
| k. **played counting games like singing songs with numbers or reading books with numbers?**................................................... | 1 | 0 | d | r |

{SECOND CHILD}

D4.   **The next questions are about activities people in your family may have done with [CHILD] in the past month.  In the past month, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?**

|  | | YES | NO | DON'T KNOW | REFUSED |
|---|---|:---:|:---:|:---:|:---:|
| a. | **Visited a library?** | 1 | 0 | d | r |
| b. | **Gone to a movie?** | 1 | 0 | d | r |
| c. | **Gone to a play, concert, or other live show?** | 1 | 0 | d | r |
| d. | **Gone to a mall?** | 1 | 0 | d | r |
| e. | **Visited an art gallery, museum, or historical site?** | 1 | 0 | d | r |
| f. | **Visited a playground, park, or gone on a picnic?** | 1 | 0 | d | r |
| g. | **Visited a zoo or aquarium?** | 1 | 0 | d | r |
| h. | **Talked with [CHILD] about (his/her) family history or ethnic heritage?** | 1 | 0 | d | r |
| i. | **Attended an event sponsored by a community, ethnic, or religious group?** | 1 | 0 | d | r |
| j. | **Attended an athletic or sporting event in which [CHILD] was not a player?** | 1 | 0 | d | r |
| k. | **Attended a church activity or church school?** | 1 | 0 | d | r |

D5.   **About how many children's books does [CHILD] have in your home now, including library books?  Please only include books that are for children.**

PROBE:  **Your best estimate is fine.**

|__|__|__|  NUMBER

DON'T KNOW........................................................d
REFUSED............................................................r

D6. **Now I have a question about your own reading habits. 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, but not every day, or**.......3

**every day?**.........................................................4

DON'T KNOW......................................................d

REFUSED...........................................................r

---

**VERSION BOX D1**
**KINDERGARTEN CASES: GO TO VERSION BOX FF1**

**HEAD START CASES: IF NO PREVIOUS INTERVIEW WITH THIS RESPONDENT GO TO CONTINUE, ELSE GO TO VERSION BOX E**

---

{Head Start Cases}
D7. **Is any language other than English spoken in your home?**

YES ....................................................................1

NO ......................................................................0

DON'T KNOW......................................................d

REFUSED...........................................................r

GO TO VERSION BOX E

{IF D7 = 1}{Head Start Cases}
D8.    **What other languages are spoken in your home?**

PROBE:  **Any other languages?**

<u>CODE ALL THAT APPLY</u>

FRENCH............................................................11

SPANISH..........................................................12

CAMBODIAN (KHMER) ......................................13

CHINESE..........................................................14

HAITIAN CREOLE .............................................15

HMONG............................................................16

JAPANESE .......................................................17

KOREAN ..........................................................18

VIETNAMESE....................................................19

ARABIC ...........................................................20

OTHER (SPECIFY)............................................21

_____

DON'T KNOW....................................................d

REFUSED.........................................................r


{IF D7 = 1} {Head Start Cases}
D9.    **What is <u>your</u> first language?**

<u>CODE ONLY ONE</u>

FRENCH............................................................11

SPANISH..........................................................12

CAMBODIAN (KHMER) ......................................13

CHINESE..........................................................14

HAITIAN CREOLE .............................................15

HMONG............................................................16

JAPANESE .......................................................17

KOREAN ..........................................................18

VIETNAMESE....................................................19

ARABIC ...........................................................20

OTHER (SPECIFY)............................................21

_____

ENGLISH..........................................................25

DON'T KNOW....................................................d

REFUSED.........................................................r

{IF D7 = 1} {Head Start Cases}
**D10.** **What language do you usually speak to [CHILD] in at home?**

<u>CODE ONLY ONE</u>

FRENCH......................................................11

SPANISH.....................................................12

CAMBODIAN (KHMER)..................................13

CHINESE.....................................................14

HAITIAN CREOLE .........................................15

HMONG ......................................................16

JAPANESE ..................................................17

KOREAN .....................................................18

VIETNAMESE ..............................................19

ARABIC ......................................................20

OTHER (SPECIFY)........................................21

_____

ENGLISH......................................................25 → GO TO VERSION BOX E

DON'T KNOW................................................d

REFUSED.....................................................r


{SECOND CHILD} {Head Start Cases}

{IF D7 = 1 AND D10 = 11-21, d, r}
**D12.** **What was the first language [CHILD] learned to speak?**

<u>CODE ONLY ONE</u>

ENGLISH......................................................1

SPANISH......................................................2

ENGLISH AND SPANISH EQUALLY..................3

ENGLISH AND ANOTHER
LANGUAGE EQUALLY (SPECIFY) ....................4

_____

ANOTHER LANGUAGE (SPECIFY) ....................5

_____

_____

DON'T KNOW..................................................d

REFUSED.......................................................r

{SECOND CHILD—NEED TO TAKE D8 RESPONSE FROM FIRST CHILD} {Head Start Cases}
{IF D12 = 4 OR 5 AND D8 = ONE OF THE FOLLOWING (11,13-21), FILL OTHER SPECIFY W/ CODE INDICATED AT D8.}

{IF D12 = 4 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:
D12a. **Which of the languages you told me about did [CHILD] <u>first</u> learn to speak along with English?  Was it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

FRENCH............................................................11
SPANISH...........................................................12
CAMBODIAN (KHMER) ......................................13
CHINESE...........................................................14
HAITIAN CREOLE ..............................................15
HMONG.............................................................16
JAPANESE ........................................................17
KOREAN ...........................................................18
VIETNAMESE....................................................19
ARABIC .............................................................20
OTHER (SPECIFY)............................................21

_____

DON'T KNOW.....................................................d
REFUSED...........................................................r

{SECOND CHILD—NEED TO TAKE D8 RESPONSE FROM FIRST CHILD} {Head Start Cases}
{IF D12 = 5 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:
D12b.  **Which of the languages you told me about did [CHILD] <u>first</u> learn to speak? Was it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

<u>CODE ONLY ONE</u>

FRENCH......................................................11
SPANISH.....................................................12
CAMBODIAN (KHMER) ......................................13
CHINESE.....................................................14
HAITIAN CREOLE ............................................15
HMONG.......................................................16
JAPANESE ...................................................17
KOREAN .....................................................18
VIETNAMESE.................................................19
ARABIC ......................................................20
OTHER (SPECIFY)............................................21

DON'T KNOW.................................................d
REFUSED.....................................................r

{SECOND CHILD} {Head Start Cases}
D13.  **What language does (he/she) speak most at home now?**

<u>CODE ONLY ONE</u>

ENGLISH......................................................1
SPANISH.....................................................2
ENGLISH AND SPANISH EQUALLY..................3
ENGLISH AND ANOTHER
LANGUAGE EQUALLY.......................................4
ANOTHER LANGUAGE (SPECIFY) ...................5

DON'T KNOW.................................................d
REFUSED.....................................................r

{SECOND CHILD} {Head Start Cases}
{IF D13 = 4 OR 5 AND D8 = ONE OF THE FOLLOWING (11,13-21), FILL OTHER SPECIFY W/ CODE INDICATED AT D8.}

{IF D13 = 4 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:
D13a. **Which of the languages you told me about does [CHILD] speak <u>most</u> at home along with English?  Is it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

<u>CODE ONLY ONE</u>

| | |
|---|---|
| FRENCH | 11 |
| SPANISH | 12 |
| CAMBODIAN (KHMER) | 13 |
| CHINESE | 14 |
| HAITIAN CREOLE | 15 |
| HMONG | 16 |
| JAPANESE | 17 |
| KOREAN | 18 |
| VIETNAMESE | 19 |
| ARABIC | 20 |
| OTHER (SPECIFY) | 21 |

_____

| | |
|---|---|
| DON'T KNOW | d |
| REFUSED | r |

{SECOND CHILD} {Head Start Cases}
{IF D13 = 5 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:
D13b.  **Which of the languages you told me about does [CHILD] speak <u>most</u> at home?
Is it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

<div align="center">

<u>CODE ONLY ONE</u>

</div>

| | |
|---|---|
| FRENCH | 11 |
| SPANISH | 12 |
| CAMBODIAN (KHMER) | 13 |
| CHINESE | 14 |
| HAITIAN CREOLE | 15 |
| HMONG | 16 |
| JAPANESE | 17 |
| KOREAN | 18 |
| VIETNAMESE | 19 |
| ARABIC | 20 |
| OTHER (SPECIFY) | 21 |
| | |
| DON'T KNOW | d |
| REFUSED | r |

{IF D7 = 1} {Head Start Cases}
D14.  **If you read to your children, what language do you usually use now?**

<div align="center">

<u>CODE ONLY ONE</u>

</div>

| | |
|---|---|
| ENGLISH | 1 |
| {FILL FROM D10} | 2 |
| BOTH ENGLISH AND {FILL FROM D10} | 3 |
| DOESN'T READ TO CHILD | 0 |
| DON'T KNOW | d |
| REFUSED | r |

{IF D9 = 11-21} {Head Start Cases}
D15.  **How well do you [INSERT ITEM]?  Would you say . . .**

| | **Not at All** | **Not Well** | **Well** | **Very Well** | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|
| a.  **understand English?** | 1 | 2 | 3 | 4 | d | r |
| b.  **speak English?** | 1 | 2 | 3 | 4 | d | r |

| c. **read English?** ...................... | 1 | 2 | 3 | 4 | d | r |
| --- | --- | --- | --- | --- | --- | --- |

{IF D9 = 11-21} {Head Start Cases}
**D16. How well do you [INSERT ITEM]? Would you say . . .**

|  | **Not at All** | **Not Well** | **Well** | **Very Well** | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|
| a. **read your first language?** ....... | 1 | 2 | 3 | 4 | d | r |
| b. **write your first language?**....... | 1 | 2 | 3 | 4 | d | r |

{IF D9 = 11-21} {Head Start Cases}
**D17. Is someone from Head Start available to speak to you in [FILL FROM D9]?**

YES ................................................................... 1
NO ..................................................................... 0
DON'T KNOW...................................................... d
REFUSED........................................................... r

{SECOND CHILD} {Head Start Cases}
{IF D13 = 2, 5 OR D13a = 11-21 OR D13b = 11-21}
**D18. Does [CHILD] ever need or want a member of the Head Start teaching staff to speak in [FILL FROM D13a OR D13b]?**

YES ................................................................... 1
NO ..................................................................... 0 ┐
DON'T KNOW...................................................... d ├→ GO TO VERSION BOX E
REFUSED........................................................... r ┘

{SECOND CHILD} {Head Start Cases}
{IF D18 = 1}
**D19. Is there someone in [CHILD]'s Head Start classroom available to talk to (him/her) in [FILL FROM D13a OR D13b]?**

YES ................................................................... 1
NO ..................................................................... 0
DON'T KNOW...................................................... d
REFUSED........................................................... r

---

**HEAD START CASES: GO TO VERSION BOX E**

**KINDERGARTEN CASES: GO TO VERSION BOX FF1**

---

# E. CHILD'S ACTIVITIES

---

**VERSION BOX E**
**HEAD START CASES ONLY**
**CONTINUE**

---

**My next questions are about some of [CHILD]'s activities.**

{Head Start Cases}
**E1.** **Is there a TV in your household?**

YES ..................................................................1
NO ....................................................................0
DON'T KNOW......................................................d
REFUSED............................................................r

{Head Start Cases}
**E2.** **Is there a computer in the household that [CHILD] can use?**

YES ..................................................................1
NO ....................................................................0
DON'T KNOW......................................................d
REFUSED............................................................r

{SECOND CHILD} {Head Start Cases}
**E3.** **We're interested in what kinds of things [CHILD] did on the <u>last</u> day you followed your regular routine. Did your child spend any time . . .**

|  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| {IF E1 = 1} <br> a. **watching TV?** | 1 | 0 | d | r |
| {IF E1 = 1 OR E2=1} <br> b. **watching a video or DVD?** | 1 | 0 | d | r |
| c. **playing outside?** | 1 | 0 | d | r |
| d. **reading or being read to?** | 1 | 0 | d | r |
| e. **playing video games like X-Box, PlayStation, or GameBoy?** | 1 | 0 | d | r |
| f. **playing inside with toys?** | 1 | 0 | d | r |
| {IF E2 = 1} <br> g. **playing computer games?** | 1 | 0 | d | r |
| {IF E2 = 1} <br> h. **using a computer for something other than games?** | 1 | 0 | d | r |

---

{SECOND CHILD} {Head Start Cases}
E4. **We are interested in how much time [CHILD] spends doing these activities. About how much time does [CHILD] spend [INSERT ITEM]on a typical weekday? Would you say more than 2 hours, 1 to 2 hours or less than one hour?**

| | MORE THAN TWO HOURS | ONE TO TWO HOURS | LESS THAN ONE HOUR | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| {IF E3a=1} <br> a. **Watching TV?** | 1 | 2 | 3 | d | r |
| {IF E3b=1} <br> b. **Watching a video or DVD?** | 1 | 2 | 3 | d | r |
| {IF E3c=1} <br> c. **Playing outside?** | 1 | 2 | 3 | d | r |
| {IF E3d=1} <br> d. **Reading or being read to?** | 1 | 2 | 3 | d | r |
| {IF E3e=1} <br> e. **Playing video games like X-Box, PlayStation, or GameBoy?** | 1 | 2 | 3 | d | r |
| {IF E3f=1} <br> f. **Playing inside with toys?** | 1 | 2 | 3 | d | r |
| {IF E3g=1} <br> g. **Playing computer games?** | 1 | 2 | 3 | d | r |
| {IF E3h=1} <br> h. **Using a computer for something other than games?** | 1 | 2 | 3 | d | r |

{SECOND CHILD} {Head Start Cases}
{IF E1 = 1}
E5. **Does [CHILD] watch TV or videos in the room where (he/she) sleeps?**

YES ...................................................................... 1
NO ........................................................................ 0
DON'T KNOW ....................................................... d
REFUSED.............................................................. r

> **VERSION BOX E1**
>
> **IF SPRING 2007 OR SPRING 2008, CONTINUE. ELSE GO TO VERSION BOX F**

{Head Start Cases}
E6.    **Is there a yard, either your own or someone else's around your home, where [CHILD] can play?**

                    YES ................................................................... 1
                    NO ..................................................................... 0
                    DON'T KNOW ..................................................... d
                    REFUSED ........................................................... r

{Head Start Cases}
E7.    **Is there a park or playground within walking distance of your home where [CHILD] can play?**

                    YES ................................................................... 1
                    NO ..................................................................... 0
                    DON'T KNOW ..................................................... d
                    REFUSED ........................................................... r


                        **GO TO VERSION BOX F**

---

**VERSION BOX FF1**

**KINDERGARTEN CASES ONLY**

**CONTINUE**

---

{Kindergarten Cases}

FF1. **Now I'd like to ask you about (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: your/ IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: [CHILD]'S mother's) involvement with [CHILD]'s current school. Since the beginning of this school year, (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: has [CHILD]'s mother) . . .**

|  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| 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 | 0 | d | r |
| b. **gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher?** | 1 | 0 | d | r |
| c. **attended a school or class event, such as a play, (or) sports event because of [CHILD]?** | 1 | 0 | d | r |
| d. **acted as a volunteer at the school or served on a committee?** | 1 | 0 | d | r |

---

**BOX FF1a**

**IF FF1 a - d ARE ALL NO, GO TO FF3.**

---

{Kindergarten Cases}

FF2. **During this school year, about how many times have (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: has [CHILD]'s mother) gone to meetings or participated in activities at [CHILD]'s school?**

|__|__| NUMBER

DON'T KNOW......................................................d

---

REFUSED..............................................................r

FF3. **Since the beginning of this school year, (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: has [CHILD]'s father) . . .**

|  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| 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 | 0 | d | r |
| b. **gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?** ................................................. | 1 | 0 | d | r |
| c. **attended a school or class event, such as a sports event because of [CHILD]?** .. | 1 | 0 | d | r |
| d. **acted as a volunteer at the school or served on a committee?** .......................... | 1 | 0 | d | r |

---

**BOX FF3 a-d**
**IF FF3 a - d ARE ALL NO, GO TO FF5**

---

{Kindergarten Cases}
FF4. **During this school year, about how many times have (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: has [CHILD]'s father) gone to meetings or participated in activities at [CHILD]'s school?**

|__|__| NUMBER

DON'T KNOW........................................................d
REFUSED.............................................................r

{Kindergarten Cases}
FF5. **As far as you know, is [CHILD] going to be promoted to first grade this coming fall, will (he/she) spend another year in kindergarten, or will (he/she) go into a transitional class?**

PROMOTED TO FIRST GRADE ........................1
SPEND ANOTHER YEAR IN KINDERGARTEN..2
WILL GO INTO A TRANSITIONAL CLASS..........3
DON'T KNOW.......................................................d

REFUSED...........................................................r

{Kindergarten Cases}

FF6. **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

DON'T KNOW......................................................d

REFUSED............................................................r

GO TO VERSION BOX G

## F.  YOUR CHILD'S ACCOMPLISHMENTS

---

**VERSION BOX F**
**HEAD START CASES ONLY**
**CONTINUE**

---

{SECOND CHILD} {Head Start Cases}
F1.　**These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].**

　　　**Can [CHILD] recognize . . .**

　　　　　　**all of the letters of the alphabet,** ........................1
　　　　　　**most of them,** .....................................................2
　　　　　　**some of them, or** ...............................................3
　　　　　　**none of them?** ...................................................4
　　　　　　DON'T KNOW.......................................................d
　　　　　　REFUSED..............................................................r

{SECOND CHILD} {Head Start Cases}
F2.　**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
　　　　　　DON'T KNOW.......................................................d
　　　　　　REFUSED..............................................................r

{SECOND CHILD} {Head Start Cases}
F3.    **How often does [CHILD] like to write or pretend to write?  Would you say . . .**

**never,** ..................................................................1 ➜ GO TO F6

**has done it once or twice,** ...............................2

**sometimes, or** ..................................................3

**often?** ...............................................................4

DON'T KNOW ......................................................d

REFUSED ............................................................r


{SECOND CHILD} {Head Start Cases}
{IF F3 = 2, 3, 4, d, r}
F4.    **Does [CHILD] mostly write and draw rather than scribble?**

YES ......................................................................1

NO ........................................................................0

DON'T KNOW ......................................................d

REFUSED ............................................................r


{SECOND CHILD} {Head Start Cases}
{IF F3 = 2, 3, 4, d, r}
F5.    **Can [CHILD] write (his/her) first name even if some of the letters are backward?**

YES ......................................................................1

NO ........................................................................0

DON'T KNOW ......................................................d

REFUSED ............................................................r


{SECOND CHILD} {Head Start Cases}
F6.    **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

CHILD IS COLOR BLIND ....................................4

DON'T KNOW ......................................................d

REFUSED ............................................................r

{SECOND CHILD} {Head Start Cases}
**F7.    When [CHILD] speaks, is (he/she) understandable to a stranger?**

YES ...................................................................1
NO ....................................................................0
DON'T KNOW.....................................................d
REFUSED...........................................................r

{SECOND CHILD} {Head Start Cases}
**F8.    Did [CHILD] start speaking later than other children you know?**

NOTE:  REFERS TO PRIMARY LANGUAGE

YES ...................................................................1
NO ....................................................................0
DON'T KNOW.....................................................d
REFUSED...........................................................r

{SECOND CHILD} {Head Start Cases}
**F9.    Does [CHILD] stutter or stammer?**

YES ...................................................................1
NO ....................................................................0
DON'T KNOW.....................................................d
REFUSED...........................................................r

NOTE:   A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR 'STUTTER OR
STAMMER'.

HELP SCREEN:
Stuttering or stammering when speaking is a speech disorder involving
hesitations and involuntary repetitions of certain sounds.

## G. YOUR CHILD'S BEHAVIOR

All instruments used in the ECLS-K are available on the web site with the exception of instruments that include items that are copyrighted. The social rating scale used in the study is an adaptation of the Social Skills Rating Scale by Gresham and Elliot 1990, published by American Guidance Service. Permission to adapt the scale was obtained from the copyright license owner (AGS). The agreement reached between Mathematica and NCS Pearson, Inc. prohibit us from distributing the actual rating scales used in the ECLS-K to the public. Permission to use or adapt the SSRS for your specific needs must be obtained from NCS Pearson, Inc.

## H.  HOUSEHOLD ROUTINES

**My next questions are about some of the typical routines in your household.**

H1.  **In a typical week, please tell me the number of days at least some of the family eats the evening meal together.**

PROBE:  IF VARIES, '**On average, how many days**'?

|__| NUMBER

DON'T KNOW.......................................................d
REFUSED.........................................................r

{SECOND CHILD}
H2.  **Now, I'd like to ask you about [CHILD]'s eating habits.  I want to know about the food [CHILD] ate or drank during the past 7 days.  Think about all the meals and snacks [CHILD] had from the time (he/she) got up until (he/she) went to bed.  Be sure to include food [CHILD] ate at home, (Head Start/Kindergarten), restaurants, play dates, anywhere else, and over the weekend.**

**[PRESS 1 to continue]**

H2a.  **Let's start with the kinds of milk [CHILD] drinks.  Include all types of milk, including cow's milk, soy milk, or any other kind of milk.  Include the milk (he/she) drank in a glass or cup, from a carton, or with cereal.**

**During the past 7 days, how many times did [CHILD] drink milk?   Was it . . .**

{USE SHOW CARD IF IN PERSON INTERVIEW}

**four or more times a day,** ...................................1
**two to three times a day,** ..................................2
**once a day,** ..........................................................3
**almost every day,** ................................................4
**1 to 3 times during the past 7 days, or** .............5
**(he/she) does not drink milk?** ...........................6 ⎤
DON'T KNOW.....................................................d ⎥ → GO TO H4
REFUSED.........................................................r ⎦
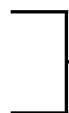
{SECOND CHILD}
{IF H2 = 1, 2, 3, 4, 5}
H3.    **What kind of milk did [CHILD] usually drink during the past 7 days?**

NOTE:  IF RESPONDENT MENTIONS 'CHOCOLATE MILK', PROBE TO FIND OUT
        TYPE OF MILK USED.

READ CATEGORIES IF NECESSARY.

WHOLE MILK ....................................................1

2% MILK .........................................................2

SKIM MILK.......................................................3

LOW FAT OR 1% MILK .....................................4

SOY MILK........................................................5

BOTH REGULAR COW'S MILK AND SOY MILK. 6

SOME OTHER KIND OF MILK (SPECIFY)..........7

_____

LACTAID .........................................................8

DON'T KNOW...................................................d

REFUSED........................................................r


{SECOND CHILD}
H4.    **During the past 7 days, how many times did [CHILD] drink Soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?**

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

**four or more times a day,** .................................1

**two to three times a day,** .................................2

**once a day,** .....................................................3

**almost every day,**.............................................4

**1 to 3 times during the past 7 days, or** .............5

**(he/she) did not drink these beverages?**..........6

DON'T KNOW...................................................d

REFUSED........................................................r

{SECOND CHILD}
H5.  **During the past 7 days, how many times did [CHILD] eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on?  Consider eating in, carry out, and delivery of meals to your residence.**

{USE SHOW CARD IF IN PERSON INTERVIEW}

    READ CATEGORIES IF NECESSARY

        **four or more times a day,** ................................. 1
        **two to three times a day,** ................................. 2
        **once a day,** ...................................................... 3
        **almost every day,** ............................................. 4
        **1 to 3 times during the past 7 days, or** ............ 5
        **(he/she) did not eat fast food?** ......................... 6
        DON'T KNOW ...................................................... d
        REFUSED ........................................................... r

{SECOND CHILD}
H6.  **During the past 7 days, how many times did [CHILD] eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?**

{USE SHOW CARD IF IN PERSON INTERVIEW}

    READ CATEGORIES IF NECESSARY

        **four or more times a day,** ................................. 1
        **two to three times a day,** ................................. 2
        **once a day,** ...................................................... 3
        **almost every day,** ............................................. 4
        **1 to 3 times during the past 7 days, or** ............ 5
        **(he/she) did not eat candy?** .............................. 6
        DON'T KNOW ...................................................... d
        REFUSED ........................................................... r

H7.    **During the past 7 days, how many times did [CHILD] eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?  Was it . . .**

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

**four or more times a day,** ..................................1

**two to three times a day,** ..................................2

**once a day,** ........................................................3

**almost every day,** ..............................................4

**1 to 3 times during the past 7 days, or** .............5

**(he/she) did not eat salty snack foods?** ...........6

DON'T KNOW.......................................................d

REFUSED..............................................................r

```
VERSION BOX H1

IF FALL 2006, SPRING 2007, SPRING 2008,
KINDERGARTEN SURVEY CONTINUE
```

{SECOND CHILD}
H8.    **When is [CHILD]'s regular bedtime?**

PROBE:    **We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.**

NOTE:    ENTER "98" FOR NO USUAL TIME"

NOTE:    IF VARIES, PROBE:  **On an average night?**

NOTE:    IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

|__|__|:|__|__|  P.M.

NO USUAL TIME .................................................98 ➜ GO TO H10

DON'T KNOW.......................................................d

REFUSED..............................................................r

H9.  **How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?**

|___| NUMBER

DON'T KNOW......................................................d
REFUSED..........................................................r

H10.  **About what time does [CHILD] usually wake up on a weekday?**

NOTE:  ENTER "98" FOR NO USUAL TIME

NOTE:  IF VARIES, PROBE:  **On average?**

|___|___|:|___|___|  A.M.

NO USUAL TIME ................................................98
DON'T KNOW......................................................d
REFUSED..........................................................r

H11.  **During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?**

|___| NUMBER

DON'T KNOW......................................................d
REFUSED..........................................................r

H12.  **Sometimes children mind pretty well and sometimes they don't.  In the past week, have you spanked [CHILD] for not minding?**

PROBE:  **By "mind" we mean "behave."**

YES ...................................................................1
NO .....................................................................0
DON'T KNOW......................................................d     →  GO TO H14
REFUSED..........................................................r

{SECOND CHILD}
{IF H12 = 1}
H13.  **About how many times did you do this in the past week?**

PROBE:  **Your best estimate is fine.**

|__|__| NUMBER

DON'T KNOW......................................................d
REFUSED..........................................................r


{SECOND CHILD}
H14.  **In the past week, have you used "time out" or sent [CHILD] to (his/her) room for not minding?**

YES ...................................................................1
NO ....................................................................0
DON'T KNOW......................................................d
REFUSED..........................................................r


{SECOND CHILD}
{IF H14 = 1]
H15.  **About how many times did you do this in the past week?**

PROBE:  **Your best estimate is fine.**

|__|__| NUMBER

DON'T KNOW......................................................d
REFUSED..........................................................r


> **BOX H16**
>
> **HEAD START CASES: GO TO H16**
>
> **KINDERGARTEN CASES: GO TO VERSION BOX J**

H16.  **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 how much like you that is:  exactly, very much, somewhat, not much or not at all.**

| SHOW CARD | | EXACTLY | VERY MUCH | SOMEWHAT | NOT MUCH | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|---|
| a. | **I control my child by warning (him/her) about the bad things that can happen to (him/her)** | 1 | 2 | 3 | 4 | d | r |
| b. | **There are times I just don't have the energy to make my child behave as (he/ she) should** | 1 | 2 | 3 | 4 | d | r |
| c. | **My child and I have warm intimate moments together** | 1 | 2 | 3 | 4 | d | r |
| d. | **I teach my child that misbehavior or breaking the rules will always be punished one way or another** | 1 | 2 | 3 | 4 | d | r |
| e. | **I encourage my child to be curious, to explore, and to question things** | 1 | 2 | 3 | 4 | d | r |
| f. | **I do not allow my child to get angry with me** | 1 | 2 | 3 | 4 | d | r |
| g. | **I am easygoing and relaxed with my child** | 1 | 2 | 3 | 4 | d | r |
| h. | **I believe that a child should be seen and not heard** | 1 | 2 | 3 | 4 | d | r |
| i. | **I make sure my child knows that I appreciate what (he/she) tries to accomplish** | 1 | 2 | 3 | 4 | d | r |
| j. | **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 | d | r |
| k. | **I encourage my child to be independent of me** | 1 | 2 | 3 | 4 | d | r |
| l. | **Once I decide how to deal with a misbehavior of my child, I follow through on it** | 1 | 2 | 3 | 4 | d | r |
| m. | **I believe physical punishment to be the best way of disciplining** | 1 | 2 | 3 | 4 | d | r |

**BOX H16A**

**HEAD START CASES: GO TO VERSION BOX I1**

**KINDERGARTEN CASES: GO TO VERSION BOX J**

## I. PARENT INVOLVEMENT AND SATISFACTION WITH HEAD START

```
┌─────────────────────────────────────┐
│            VERSION BOX I1            │
│       HEAD START CASES ONLY          │
│              CONTINUE                │
└─────────────────────────────────────┘
```

{SECOND CHILD}

I1.     **Please indicate how often you have participated in the following activities at [CHILD]'s Head Start center since the beginning of this Head Start year.**

**For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .**

| SHOW CARD | NOT YET | ONCE OR TWICE | SEVERAL TIMES | ABOUT ONCE A MONTH | AT LEAST ONCE A WEEK | DON'T KNOW | REFUSED | |
|---|---|---|---|---|---|---|---|---|
| a. **volunteered or helped out in [CHILD]'s classroom?**..................... | 1 | 2 | 3 | 4 | 5 | d | r | |
| b. **observed in [CHILD]'s classroom for at least 30 minutes?** .................................................. | 1 | 2 | 3 | 4 | 5 | d | r | |
| c. **prepared food or materials for special events such as a holiday celebration or special cultural event?** ...................................................... | 1 | 2 | 3 | 4 | 5 | d | r | |
| d. **helped with field trips or other special events?** . | 1 | 2 | 3 | 4 | 5 | d | r | |
| e. **attended Head Start social events such as bazaars or fairs for children and families?** ........ | 1 | 2 | 3 | 4 | 5 | d | r | |
| f. **attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?** ........................................ | 1 | 2 | 3 | 4 | 5 | d | r | |
| g. **attended parent-teacher conferences?**.............. | 1 | 2 | 3 | 4 | 5 | d | r | |
| h. **visited with a Head Start staff member in your home?** ................................................................ | 1 | 2 | 3 | 4 | 5 | d | r | |
| i. **attended a Head Start event with spouse or partner?** ................................................................ MARK "NA" IF NO SPOUSE OR PARTNER PROGRAMMER: ALLOW NA AS A RESPONSE HERE | 1 | 2 | 3 | 4 | 5 | d | r | NA |
| j. **attended a Head Start event with another adult?** ................................................................ | 1 | 2 | 3 | 4 | 5 | d | r | |
| k. **participated in Policy Council, monitoring-related activities, or other Head Start planning groups?** ................................................................ | 1 | 2 | 3 | 4 | 5 | d | r | |
| l. **called or visited another Head Start parent on a matter related to Head Start?**.............................. | 1 | 2 | 3 | 4 | 5 | d | r | |
| m. **prepared or distributed newsletters, fliers, or Head Start materials?** ........................................... | 1 | 2 | 3 | 4 | 5 | d | r | |
| n. **participated in fundraising activities?** ............... | 1 | 2 | 3 | 4 | 5 | d | r | |
| o. **participated in any other Head Start activities?** . | 1 | 2 | 3 | 4 | 5 | d | r | |

{IF I1o = 2,3,4 OR 5}

I1p.     **What other activities?**

(SPECIFY) _____

I2. **Some parents have a hard time participating in their child's Head Start program. Please tell me if any of the following things have kept you from participating as much as you would like in [CHILD]'s Head Start program this past year?**

|  | YES | NO | N/A | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| {SECOND CHILD} | | | | | |
| a. **Your need for child care?** ......................... | 1 | 0 | n/a | d | r |
| {SECOND CHILD} | | | | | |
| b. **Your work schedule interferes?** ............... | 1 | 0 | n/a | d | r |
| c. **Your school or training schedule interferes?** ................................................ | 1 | 0 | n/a | d | r |
| d. **You need transportation?** ......................... | 1 | 0 | n/a | d | r |
| e. **You don't know others at Head Start?** ..... | 1 | 0 | n/a | d | r |
| f. **You feel uncomfortable at Head Start?** .... | 1 | 0 | n/a | d | r |
| g. **You have health problems that interfere?** ................................................ | 1 | 0 | n/a | d | r |
| {SECOND CHILD} | | | | | |
| h. **[CHILD]'s teacher is uncomfortable with parents in the classroom?** ................ | 1 | 0 | n/a | d | r |
| i. **Head Start doesn't provide enough opportunities for you to participate?** ....... | 1 | 0 | n/a | d | r |
| j. **You have had bad experiences with Head Start in the past?** ............................. | 1 | 0 | n/a | d | r |
| k. **You are uncomfortable because of language or cultural differences?** ........... | 1 | 0 | n/a | d | r |
| l. **You have concern for your safety while getting to Head Start?** ............................. | 1 | 0 | n/a | d | r |
| m. **You need more support from your spouse or partner?** ...................................... | 1 | 0 | n/a | d | r |
| n. **Has anything else kept you from participating in Head Start activities?** ...... | 1 | 0 | n/a | d | r |

{IF I2n = 1}
I2o. **What kept you from participating in Head Start activities?**

(SPECIFY) _____

## J.  ABOUT CHILD'S MOTHER

### VERSION BOX J

**IF FALL 2006, SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, CONTINUE**

### SECOND CHILD BOX J1

**IF SECOND CHILD AND THE BIOLOGICAL OR ADOPTIVE MOTHER ARE THE SAME, GO TO VERSION BOX K**

### VERSION BOX J2

**IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD (B5a-k = 1}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER (SC9 OR SC9-V1 or SC9-V2 = 11 OR 13) AND FALL 2006, OR NO PREVIOUS INTERVIEW, GO TO BOX J9, ELSE GO TO BOX J16a**

**IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD (B5a-k = 1}, AND RESPONDENT IS <u>NOT</u> BIOLOGICAL OR ADOPTIVE MOTHER (SC9 OR SC9-V1 or SC9-V2 = 12, 14…30) AND FALL 2006, OR NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16a**

**FALL 2006 OR NO PREVIOUS INTERVIEW:  IF [CHILD]'s MOTHER NOT IN HOUSEHOLD AND {B5a_k =2_18,d,r}, ASK J1**
**SPRING 2007, SPRING 2008, AND SPRING 2009:  IF MOTHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD IN DIFFERENT HOUSEHOLD, ASK J1**

**IF BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO J3**

---

**HEAD START CASES: IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J14a.**

**KINDERGARTEN CASES: IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J16a.**

{SECOND CHILD}
{IF B5a-k = 2-18, d, r}

J1.   **My next questions are about (you/[CHILD]'s mother).  There are many reasons for children not living with their parents.  Please tell me why [CHILD] is not living with (her/his) mother.**

PROBE:  **Are there any other reasons?**

<u>CODE ALL THAT APPLY</u>

[CHILD]'S MOTHER IS DECEASED ................... 11

[CHILD]'S MOTHER DID NOT HAVE
ENOUGH MONEY TO RAISE (HER/HIM) ........... 12

(HER/HIS) MOTHER GOT TOO SICK
TO TAKE CARE OF [CHILD] ............................. 13

(HER/HIS) MOTHER HAD A DRINKING
PROBLEM AND COULD NOT
TAKE CARE OF [CHILD] ................................... 14

(HER/HIS) MOTHER HAD A DRUG PROBLEM
AND COULD NOT TAKE CARE OF [CHILD] ....... 15

(HER/HIS) MOTHER HAD A MENTAL
OR EMOTIONAL PROBLEM AND
COULD NOT TAKE CARE OF [CHILD]. ............. 16

(HER/HIS) MOTHER WAS IN TROUBLE WITH
THE LAW OR HAD TO GO TO JAIL ................... 17

[CHILD] WAS NEGLECTED OR ABUSED
WHILE LIVING WITH (HER/HIS) MOTHER ......... 18

SOMEONE AT THE CHILD WELFARE
OFFICE SAID [CHILD] COULD NOT
LIVE WITH (HIS/HER) MOTHER ANY MORE. .... 19

NO EXPLANATION GIVEN ............................... 20

SOMETHING ELSE (SPECIFY) .......................... 21

_____

DIVORCED/SEPARATED ................................. 22

DON'T KNOW .................................................... d

REFUSED .......................................................... r

| BOX J2A |
| --- |
| IF J1 = 11, GO TO J8 |
| **ASK J2 ONLY IF MOTHER WAS NOT ON ANY PREVIOUS HOUSEHOLD ROSTERS OR FALL 2006, ELSE GO TO J3** |

{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J2.     **Did [CHILD]'s mother ever live in the same household with [CHILD]?**

YES .................................................................1

NO ..................................................................0

DON'T KNOW...................................................d

REFUSED.........................................................r


{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J3.     **Does [CHILD]'s mother currently live in the same city or county as [CHILD]?**

YES .................................................................1

NO ..................................................................0

DON'T KNOW...................................................d

REFUSED.........................................................r


{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J4.     **[(IF FALL 2006)In the past <u>year</u>/(ELSE)Since [MONTH AND YEAR OF PREVIOUS INTERVIEW]], about how many days has [CHILD] seen (his/her) mother?**

|__|__|__| NUMBER

DON'T KNOW...................................................d

REFUSED.........................................................r


{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J5.     **How long has it been since [CHILD] last had contact with (his/her) mother?**

CHILD NEVER HAD CONTACT ..........................0

DON'T KNOW...................................................d

REFUSED.........................................................r

|__|__|__| NUMBER     |__|__| CODE

DAYS AGO.......................................................1

WEEKS AGO.....................................................2

MONTHS AGO ..................................................3

YEARS AGO......................................................4

{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J6.     **[(IF FALL 2006)In the past <u>year</u>/(ELSE)Since [MONTH AND YEAR MOTHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?**

              YES ................................................................1

              NO .................................................................0

              DON'T KNOW.....................................................d

              REFUSED.........................................................r


{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J7.     **[(IF FALL 2006)In the past <u>year</u>/(ELSE)Since <u>[MONTH AND YEAR MOTHER LEFT]</u>, <u>[MONTH AND YEAR OF LAST INTERVIEW]</u>], (have you/has your family) received any other financial support for [CHILD] from (his/her) mother?**

        PROBE:  **Other than child support payments.**

              YES ................................................................1

              NO .................................................................0

              DON'T KNOW.....................................................d

              REFUSED.........................................................r


{SECOND CHILD}
{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}
J7a.    **Is there anyone else who is like a mother to [CHILD]?**

              YES ................................................................1

              NO .................................................................0 ┐

              DON'T KNOW.....................................................d ├─→ GO TO BOX J3

              REFUSED.........................................................r ┘

{SECOND CHILD}
{IF J7a = 1}
J7b.    **Who is this person?  Is she . . .**

        [IF R IS FEMALE, READ] **you,** ........................... 1 ⎤
        **your spouse or partner,** ..................................... 2 ⎦ → GO TO VERSION BOX J3

        **a relative of** [CHILD]**, or** ...................................... 3 ⎤
        **a friend of the family?** ...................................... 4 ⎦ → GO TO J7c

        DON'T KNOW .................................................... d ⎤
        REFUSED ......................................................... r ⎦ → GO TO J8

{SECOND CHILD}
{IF J7b = 3, 4}
J7c.    **Does this (relative/friend of the family) live in your household?**

        YES ................................................................. 1
        NO ................................................................... 0
        DON'T KNOW .................................................... d
        REFUSED ......................................................... r

---

**VERSION BOX J3**

**IF FIRST INTERVIEW, GO TO J8**

**IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, SKIP TO J15,**

**ELSE GO TO BOX J16a**

---

{SECOND CHILD}
{IF J1 = 11}

J8.    **I am sorry to hear about [CHILD]'s mother passing. I would like to ask you a few questions about her.**

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG OR SC9-V2 =12, 14…30}
       **Now I'm going to ask you some questions about [CHILD]'s mother.**

       **What (is/was) her birth date?**

       |___|___| / |___|___| / |___|___|___|___|
       MONTH    DAY         YEAR

       DON'T KNOW.....................................................d
       REFUSED..........................................................r

<div style="border:1px solid black; padding:10px; background:#e8e8e8;">

**BOX J9**

**IF THE RESPONDENT [CHILD]'s BIRTH MOTHER {SC9 OR SC9-V1 OR SC9-V2 = 11}, FILL "you."**

**IF SOMEONE ELSE {SC9 OR SC9-V1 OR SC9-V2 = 12-30, d, r}, FILL '[CHILD]'s mother."**

</div>

{SECOND CHILD}

J9.    **How old (were you/was she) when (you/she) gave birth for the first time?**

       PROBE:  **Your best estimate is fine.**

       |___|___|  NUMBER

       DON'T KNOW.....................................................d
       REFUSED..........................................................r

{SECOND CHILD}

J10.   **(Are you/Is she/Was she) of Spanish, Hispanic, or Latino origin?**

       YES .......................................................................1
       NO ........................................................................0 ┐
       DON'T KNOW.....................................................d ├─→ GO TO J12
       REFUSED..........................................................r ┘

{SECOND CHILD}
{IF J10=1}
J11.   **Which one of these best describe(s/d) (your/her) Spanish, Hispanic, or Latino origin?  Would you say . . .**

NOTE:  IF MORE THAN ONE, CODE AS OTHER

**Mexican, Mexican American, Chicano,**............. 1

**Puerto Rican,**..................................................... 2

**Cuban, or** ......................................................... 3

**another Spanish/Hispanic/
Latino group?**  (SPECIFY) ................................. 4

_____

DON'T KNOW..................................................... d

REFUSED.......................................................... r


{SECOND CHILD}
J12.   **What (is/was) (your/her) race?  You may name more than one if you like.**

                                            <u>CODE ALL THAT APPLY</u>

WHITE ...................................................... 11

BLACK OR AFRICAN AMERICAN ..................... 12

AMERICAN INDIAN OR ALASKA NATIVE .......... 13

ASIAN INDIAN................................................. 14

CHINESE...................................................... 15

FILIPINO....................................................... 16

JAPANESE ................................................... 17

KOREAN ...................................................... 18

VIETNAMESE................................................ 19

ASIAN (NOT FURTHER SPECIFIED)................. 20

NATIVE HAWAIIAN ......................................... 21

GUAMANIAN OR CHAMORRO......................... 22

SAMOAN ...................................................... 23

OTHER PACIFIC ISLANDER (SPECIFY) ............ 24

_____

ANOTHER RACE (SPECIFY)............................ 25

_____

DON'T KNOW................................................. d

REFUSED..................................................... r

{SECOND CHILD}
J13. **In what country (were you/was she) born?**

<u>CODE ONLY ONE</u>

USA ........................................................059 ➜ GO TO BOX J14a

MEXICO ..................................................303

GUATEMALA...........................................313

CUBA.......................................................327

DOMINICAN REPUBLIC............................329

INDIA .......................................................210

CHINA .....................................................207

PHILIPPINES...........................................233

JAPAN .....................................................215

KOREA ....................................................217

VIETNAM.................................................247

GUAM......................................................066

SAMOA....................................................527

OTHER (SPECIFY)...................................600

_____

DON'T KNOW...........................................d

REFUSED.................................................r

---

**BOX J13a**

**IF RESPONDENT IS BIRTH OR ADOPTIVE MOTHER
{SC9 OR SC9-V1 OR SC9-V2 = 11, 13}, CONTINUE.**

**IF NOT BIRTH OR ADOPTIVE MOTHER AND BIRTH MOTHER IS
ALIVE {SC9 OR SC9-V1 OR SC9-V2 = 12, 14-30, d, r AND
J1 = 12-22, d, r}, CONTINUE.**

**IF SOMEONE ELSE AND BIRTH MOTHER IS
DECEASED {J1 = 11},
GO TO VERSION BOX K.**

{SECOND CHILD}
{J1 = 12-22, d, r AND J13 = 066-600, d, r}
J14.   **How many years (have you/has she/did she) live(d) in the United States?**

|__|__| NUMBER

DON'T KNOW....................................................d
REFUSED..........................................................r

<div style="border:1px solid black; text-align:center;">

**BOX J14a**

**IF RESPONDENT IS NOT EQUAL TO 01 (NOT BIOLOGICAL MOTHER) AND
02 (NOT BIOLOGICAL FATHER), CONTINUE.
OTHERWISE, GO TO BOX J16a.**

</div>

{SECOND CHILD}
{IF SC9, SC9-V1, OR SC9-V2 = 11, 12, 13, 14, 15, 16 and B5 a-k CONTAINS 01, 02, 03,04}
{IF SC9 OR SC9-V1 OR RESPONDENT FLAG OR SC9-V2 = 13-30, d, r)
J15.   **The next questions are about [CHILD]'s biological mother and biological father.**

**Are they . . .**

**married,** ........................................................1 ➔ GO TO BOX J16a

**divorced,**.......................................................2

**separated, or** ..............................................3

**not married?**...............................................4

DON'T KNOW.................................................d

REFUSED..........................................................r

{SECOND CHILD}
{IF SC9, SC9-V1, OR SC9-V2 = 11, 12, 13, 14, 15, 16 and B5 a-k CONTAINS 01, 02, 03,04}
{IF J15 = 2, 3, 4, d, r}
J16.   **Which of the following statements best describes their current relationship?**

**they are romantically involved
on a steady basis,**.............................................1

**they are involved in an on-again
and off-again relationship,** ..............................2

**they are just friends, or** ...................................3

**they are not in any kind of relationship?**..........4

DON'T KNOW.....................................................d

REFUSED..........................................................r

{SECOND CHILD}
{IF B5a-k = 1 AND J1 = 12-22, d, r}
J17.    **During the past week, did (you/[CHILD]'s mother) work at a job for pay or income, including self employment?**

YES ...................................................................1 ➔ GO TO J21
NO ....................................................................0
RETIRED............................................................2 ┐
DISABLED/UNABLE TO WORK .........................3 ├─➔ GO TO J24
DON'T KNOW....................................................d │
REFUSED...........................................................r ┘

{SECOND CHILD}
{IF J17 = 0}
J18.    **(Were you/Was she) on leave or vacation from a job for the past week?**

NOTE:  PAST WEEK:  PAST 7 DAYS.

YES ...................................................................1
NO ....................................................................0
DON'T KNOW....................................................d
REFUSED...........................................................r

{SECOND CHILD}
{IF J17 = 0}
J19.    **(Have you/Has she) actively been looking for work in the past four weeks?**

YES ...................................................................1
NO ....................................................................0
DON'T KNOW....................................................d
REFUSED...........................................................r

{SECOND CHILD}
{IF J17 = 0}
J20.	**Did (you/[CHILD]'s mother) work at a job for pay or income, including self-employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

	YES .................................................................1
	NO ...................................................................0
	DON'T KNOW....................................................d		→ GO TO VERSION BOX J1
	REFUSED..........................................................r

{SECOND CHILD}
{IF J17 = 1 OR J20 = 1}
J21.	**About how many total hours per week (do you/did you/does she/did she) usually work for pay or income, counting all jobs?**

	IF HOURS VARY, AVERAGE HOURS PER WEEK.

	PROBE:	**Your best estimate is fine.**

	|__|__|	NUMBER

	DON'T KNOW....................................................d
	REFUSED..........................................................r

{SECOND CHILD}
{IF J17 = 1 OR J20 = 1}
J22.	**Where (did you/did she) work for the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}.**

	PROBE, IF MORE THAN ONE JOB:  **The job where you worked the most hours.**

	PROBE:  **What is the name of the company?**

	NOTE:	IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER 'SELF-EMPLOYED'.

	NAME OF COMPANY _____

	DID NOT WORK IN PAST 12 MONTHS ..............0
	DON'T KNOW....................................................d
	REFUSED..........................................................r

{J22 < > 0, d, r}
J22a.  **What type of business is that?  What do they do or make?**

TYPE OF BUSINESS_____

DON'T KNOW......................................................d
REFUSED...........................................................r


{SECOND CHILD}
{IF J17 = 1 OR J20 = 1}
NOTE:  CODING WILL BE DONE IN THE OFFICE NOT BY INTERVIEWER
J23.    **What kind of work ((**J17=1: **are you/is she/(**J17=0: **were you/was she)) doing?**

PROBE:    **What is your job title?**

_____

|\_\_|\_\_| CODE

DON'T KNOW......................................................d
REFUSED...........................................................r

J23a.  **What** [J17 = 1:  **are**/(J17 = 0 **were**) (**your/her**)] **most important activities or duties?**

PROBE:  **What are (your/her) main duties, for example, typing, keeping account books, filing, waiting on tables?**

IMPORTANT DUTIES _____

DON'T KNOW......................................................d
REFUSED.........................................................r

| BOX J23a |
|---|
| 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, DIETITIANS, 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 OCCUPATIONS .................................................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 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS.................................18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS..............................19 |
| MISCELLANEOUS OCCUPATIONS.......................................................20 |
| NEVER WORKED/HOMEMAKERS.........................................................21 |

{SECOND CHILD}

J24.   **The next questions are about the kinds of educational activities (you/she) may take part in.  We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

**What is the highest grade or year of school that (you/she) completed?**

NOTE:  If 'high school', PROBE:  **What is the last grade you completed?**

NOTE:  If 'college', PROBE:  **Did you receive a degree?  What type of degree?**

<div align="right">CODE ONLY ONE</div>

| | |
|---|---|
| UP TO 8TH GRADE | 1 |
| 9TH TO 11TH GRADE | 2 |
| 12TH GRADE BUT NO DIPLOMA | 3 |
| HIGH SCHOOL DIPLOMA/EQUIVALENT | 4 |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA | 5 |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 6 |
| SOME COLLEGE BUT NO DEGREE | 7 |
| ASSOCIATE'S DEGREE | 8 |
| BACHELOR'S DEGREE | 9 |
| 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 | d |
| REFUSED | r |

{SECOND CHILD}
{IF J24 = 4, 5, 6, 7}
J25.    **Which (do you/does she) have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA....................................1

GED.................................................................0

DON'T KNOW....................................................d

REFUSED..........................................................r


{SECOND CHILD}
J26.    **(IF NO PREVIOUS INTERVIEW(Are you/Is she) now attending or enrolled)/ELSE(Since [MONTH AND YEAR OF LAST INTERVIEW] (did you/she)) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest?  Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

YES .................................................................1

NO ..................................................................0

DON'T KNOW....................................................d

REFUSED..........................................................r


{SECOND CHILD}
{IF J26 = 1}
J27.    **(Are you/Is she) currently taking courses full-time or part-time?**

FULL-TIME .......................................................1

PART-TIME ......................................................2

NO ..................................................................0

DON'T KNOW....................................................d

REFUSED..........................................................r


{SECOND CHILD} {J26=0,d,r}
J28.    **(Are you/Is she) currently participating in a job-training or on-the-job-training program?**

YES .................................................................1

NO ..................................................................0

DON'T KNOW....................................................d

REFUSED..........................................................r

{SECOND CHILD}

J29. **(Have you/Has she) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

> YES ..............................................................1
>
> NO ................................................................0
>
> DON'T KNOW....................................................d
>
> REFUSED.........................................................r

{SECOND CHILD}
{IF J29 = 1}

J30. **What kind of certificate, diploma, or degree (did you/did she) receive?**

<u>CODE ONLY ONE</u>

> TRADE LICENSE OR CERTIFICATE..................1
>
> GED CERTIFICATE OR EQUIVALENT..............2
>
> HIGH SCHOOL DIPLOMA.................................3
>
> ASSOCIATE'S DEGREE ...................................4
>
> CHILD DEVELOPMENT ASSOCIATE (CDA) ......5
>
> BACHELOR'S DEGREE ....................................6
>
> GRADUATE DEGREE........................................7
>
> OTHER (SPECIFY)............................................8
>
> _____
>
> DON'T KNOW....................................................d
>
> REFUSED.........................................................r

{SECOND CHILD} {Head Start Cases}
{IF J26 = 1}
J31. **Did Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you are/she is) taking?**

YES ...............................................................1

NO .................................................................0

DON'T KNOW....................................................d

REFUSED...........................................................r

---

**BOX J31A**
**IF J26 IS NOT EQUAL TO 1 (IS NOT TAKING COURSES) AND J28 IS NOT EQUAL TO 1 (IS NOT PARTICIPATING IN JOB-TRAINING), ASK J32.**
**OTHERWISE, GO TO VERSION BOX K**

---

{SECOND CHILD} {Head Start Cases}
{IF J26 = 0,d,r AND J28 = 0,d,r}
J32. **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/she) did not take any programs, courses, classes, or workshops?**

PROBE: **Which was the main reason?**

CODE ONLY ONE

ADMISSION REQUIREMENT/QUALIFICATION.. 1

TOO OLD TO TAKE ANY COURSES.................2

HEALTH PROBLEM/DISABILITY ........................3

DON'T LIKE LEARNING .....................................4

LACK OF CONFIDENCE/LANGUAGE BARRIER 5

NO INFORMATION ABOUT OFFERING ............6

LACK OF CHILD CARE ......................................7

TIME CONSTRAINTS (HOME OR WORK)..........8

COST................................................................9

INCONVENIENT LOCATION/
TRANSPORTATION NOT AVAILABLE ..............10

DID NOT NEED MORE......................................11

OTHER (SPECIFY)...........................................12

_____

DID NOT WANT TO/NO INTEREST ...................13

CHILD RELATED REASONS (PREGNANT/
STAY AT HOME TO CARE FOR CHILD) ...........14

DON'T KNOW....................................................d

REFUSED...........................................................r

## K. ABOUT CHILD'S FATHER

<div style="text-align:center">

**VERSION BOX K**

**IF FALL 2006, SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, CONTINUE**

</div>

{IF FATHER'S BIRTH DATE FLAGGED AS MISSING FROM PREVIOUS ROUNDS, AND C2 = 1. DO NOT ASK FA2 IF NO PREVIOUS INTERVIEW.}

FA2. **When we interviewed you in the fall, we neglected to ask you about [CHILD]'s father's date of birth. Could you please tell me what it is?**

|__|__| / |__|__| / |__|__|__|__|
MONTH    DAY       YEAR

DON'T KNOW......................................................d

REFUSED............................................................r

<div style="text-align:center">

**VERSION BOX K1**

**IF SECOND CHILD AND THE BIOLOGICAL OR ADOPTIVE FATHER ARE THE SAME, GO TO VERSION BOX L**

</div>

<div style="text-align:center">

**VERSION BOX K2**

**IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER (SC9 OR SC9-V1 or SC9-V2 = 12 OR 14) AND FALL 2006 OR NO PREVIOUS INTERVIEW, GO TO BOX K9, ELSE GO TO BOX K16a**

**IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE FATHER**

**(SC9 OR SC9-V1 or SC9-V2 = 11, 13, 15…30)) AND FALL 2006 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16a**

**FALL 2006 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s BIRTH OR ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,d,r}, ASK K1.**

**SPRING 2007, SPRING 2008, AND SPRING 2009: IF FATHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD, ASK K1**

**SPRING 2007: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO K3**

**IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX K16a.**

</div>

{SECOND CHILD}
{IF B5a – k = 1, 3 – 18, d, r}
K1.    **My next questions are about [CHILD]'s father.**

**There are many reasons for children not living with their fathers.  Please tell me why [CHILD] is not living with (her/his) father.**

PROBE:  **Are there any other reasons?**

<u>CODE ALL THAT APPLY</u>

[CHILD]'S FATHER IS DECEASED ....................11

[CHILD]'S FATHER DID NOT HAVE
ENOUGH MONEY TO RAISE (HER/HIM) ..........12

(HER/HIS) FATHER GOT TOO SICK
TO TAKE CARE OF [CHILD] .............................13

(HER/HIS) FATHER HAD A DRINKING
PROBLEM AND COULD NOT
TAKE CARE OF [CHILD] ...................................14

(HER/HIS) FATHER HAD A DRUG
PROBLEM AND COULD NOT
TAKE CARE OF [CHILD] ...................................15

(HER/HIS) FATHER HAD A MENTAL
OR EMOTIONAL PROBLEM AND
COULD NOT TAKE CARE OF [CHILD] ..............16

(HER/HIS) FATHER WAS IN TROUBLE WITH
THE LAW OR HAD TO GO TO JAIL...................17

[CHILD] WAS NEGLECTED OR ABUSED
WHILE LIVING WITH (HER/HIS) FATHER ..........18

SOMEONE AT THE CHILD WELFARE
OFFICE SAID [CHILD] COULD NOT LIVE
WITH (HIS/HER) FATHER ANY MORE...............19

NO EXPLANATION GIVEN ...............................20

SOMETHING ELSE (SPECIFY).........................21

_____

DIVORCED/SEPARATED .................................22

FATHER LEFT/DID NOT WANT CHILD .............23

DON'T KNOW....................................................d

REFUSED..........................................................r

{SECOND CHILD}
{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}
K2.     **Did [CHILD]'s father ever live in the same household with [CHILD]?**

> YES ...................................................................1
>
> NO .....................................................................0
>
> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

{SECOND CHILD}
{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}
K3.     **Does [CHILD]'s father currently live in the same city or county as [CHILD]?**

> YES ...................................................................1
>
> NO .....................................................................0
>
> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

{SECOND CHILD}
{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}
K4.     **[(IF FALL 2006) In the past <u>year</u>/(ELSE) Since [MONTH AND YEAR OF PREVIOUS INTERVIEW]], about how many days has [CHILD] seen (his/her) father?**

> |__|__|__| NUMBER
>
> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

{SECOND CHILD}
{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}
K5.    **How long has it been since [CHILD] last had contact with (his/her) father?**

CHILD NEVER HAD CONTACT ..........................0

DON'T KNOW......................................................d

REFUSED..........................................................r

|__|__| NUMBER       |__| CODE

DAYS AGO.........................................................1

WEEKS AGO......................................................2

MONTHS AGO ...................................................3

YEARS AGO.......................................................4

{SECOND CHILD}
{IF B5a – k = 1, 3 – 18, d, r AND K1 = 12-23, d, r}
K6.    **[(IF FALL 2006) In the past year/(ELSE) Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any child support payments for [CHILD] from (his/her) father?**

YES ..................................................................1

NO ....................................................................0

DON'T KNOW......................................................d

REFUSED..........................................................r

{SECOND CHILD}
{IF B5a – k = 1, 3 – 18, d, r AND K1 = 12-23, d, r}
K7.    **[(IF FALL 2006) In the past year/(ELSE) Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any other financial support for [CHILD] from (his/her) father?**

YES ..................................................................1

NO ....................................................................0

DON'T KNOW......................................................d

REFUSED..........................................................r

{SECOND CHILD}
K7a.  **Is there anyone else who is like a father to [CHILD]?**

                 YES ....................................................................1

                 NO .....................................................................0

                 DON'T KNOW....................................................d

                 REFUSED...........................................................r


{SECOND CHILD}
{IF K7a = 1}
K7b.  **Who is this person?  Is he . . .**

                 [IF R IS MALE, READ] **you,**................................1

                 **your spouse or partner,**......................................2

                 **a relative of** [CHILD]**, or**......................................3

                 **a friend of the family?**........................................4

                 DON'T KNOW....................................................d

                 REFUSED...........................................................r


{SECOND CHILD}
{IF K7b = 3, 4}
K7c.  **Does this (relative/friend of the family) live in your household?**

                 YES ....................................................................1

                 NO .....................................................................0

                 DON'T KNOW....................................................d

                 REFUSED...........................................................r


+-------------------------------------------------------------+
| VERSION BOX K2                                              |
| IF ANY PREVIOUS INTERVIEW AND K1 ≠ 11, SKIP TO BOX K16a,    |
| ELSE CONTINUE                                               |
+-------------------------------------------------------------+

{IF K8 MISSING IN FALL 2007, ASK K8}
{SECOND CHILD}
{IF K1 = 11}
K8.  **(I am sorry to hear about [CHILD]'s father passing.  I would like to ask you a few questions about him.)**

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG OR SC9-V2 = 11, 13, 15 - 30, d, r}
**Now I'm going to ask you some questions about [CHILD]'s father.**

**What (is/was) (your/his) birth date?**

|__|__| / |__|__| / |__|__|__|__|
MONTH    DAY        YEAR

DON'T KNOW......................................................d
REFUSED..........................................................r

NO K9 THIS VERSION

```
                         BOX K9

   IF THE RESPONDENT [CHILD]'s BIOLOGICAL OR ADOPTIVE
     FATHER {SC9 OR SC9-V1 OR SC9-V2 = 12,14}, FILL "you".

   IF SOMEONE ELSE {SC9 OR SC9-V1 OR SC9-V2 = 11, 13, 15-30,
              d, r}, FILL "[CHILD]'s FATHER".
```

{SECOND CHILD}
K10.  **(Are you/Is he/Was he) of Spanish, Hispanic, or Latino origin?**

YES .......................................................1
NO ........................................................0
DON'T KNOW......................................................d     GO TO K12
REFUSED..........................................................r

{SECOND CHILD}
{IF K10 = 1}
K11. **Which one of these best describe(s/d) (your/his) Spanish, Hispanic, or Latino origin?  Would you say . . .**

NOTE:  IF MORE THAN ONE, CODE AS OTHER

**Mexican, Mexican American, Chicano,**.............1

**Puerto Rican,**....................................................2

**Cuban, or**.........................................................3

**another Spanish/Hispanic/Latino group?**  (SPECIFY)...........................................4

_____

DON'T KNOW.....................................................d

REFUSED..........................................................r

{SECOND CHILD}
K12. **What (is/was) (your/his) race?  You may name more than one if you like.**

<u>CODE ALL THAT APPLY</u>

WHITE ...............................................................11

BLACK OR AFRICAN AMERICAN ......................12

AMERICAN INDIAN OR ALASKA
NATIVE (SPECIFY) ............................................13

_____

ASIAN INDIAN....................................................14

CHINESE...........................................................15

FILIPINO............................................................16

JAPANESE ........................................................17

KOREAN ...........................................................18

VIETNAMESE....................................................19

ASIAN (NOT FURTHER SPECIFIED)..................20

NATIVE HAWAIIAN ...........................................21

GUAMANIAN OR CHAMORRO..........................22

SAMOAN ...........................................................23

OTHER PACIFIC ISLANDER (SPECIFY) ............24

_____

ANOTHER RACE (SPECIFY).............................25

_____

DON'T KNOW.....................................................d

REFUSED..........................................................r

{SECOND CHILD}
K13. **In what country (were you/was he) born?**

<u>CODE ONLY ONE</u>

USA ....................................................................059 ➜ GO TO BOX K13a

MEXICO .............................................................303

GUATEMALA......................................................313

CUBA..................................................................327

DOMINICAN REPUBLIC.....................................329

INDIA ..................................................................210

CHINA ................................................................207

PHILIPPINES......................................................233

JAPAN ................................................................215

KOREA ...............................................................217

VIETNAM.............................................................247

GUAM.................................................................066

SAMOA...............................................................527

OTHER (SPECIFY).............................................600

_____

DON'T KNOW......................................................d

REFUSED...........................................................r

---

**BOX K13a**

**IF RESPONDENT IS BIRTH OR ADOPTIVE FATHER {SC9 OR
SC9-V1 OR SC9-V2 = 12, 14}, CONTINUE.**

**IF NOT BIRTH FATHER AND BIRTH FATHER IS ALIVE, {SC9 OR
SC9-V1 OR SC9-V2 = 11, 13, 15 - 30, d, r AND K1 = 12-23, d, r}
CONTINUE.**

**IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED,
{K1 = 11}, GO TO SECTION L.**

{SECOND CHILD}
{K1 = 12-23, d, r AND K13 = 066-600, d, r}
K14.   **How many years (have you/has he/did he) live(d) in the United States?**

PROBE:  **Your best estimate is fine.**

|__|__|  NUMBER

DON'T KNOW......................................................d
REFUSED.........................................................r

---

**BOX K16a**

**IF THE RESPONDENT IS [CHILD]'s FATHER {SC9 OR SC9-V1 OR SC9-V2 = 12, 14}, FILL 'you'.**

**IF SOMEONE ELSE {SC9 OR SC9-V1 OR SC9-V2 = 11, 13, 15-30} AND FATHER IS LIVING IN HOUSEHOLD {B5a-k = 2}, FILL "[CHILD]'s father."**

**IF FATHER IS NOT LIVING IN HOUSEHOLD {B5a-k =1, 3-18, d, r}, GO TO VERSION BOX L.**

---

NO K15 AND K16

{SECOND CHILD}
{IF B5 a–k = 2 and K1 = 12-23, d, r}
K17.   **During the past week, did (you/[CHILD]'s father) work at a job for pay or income, including self employment?**

NOTE:  PAST WEEK = PAST 7 DAYS.

YES ...............................................................1 ➜ GO TO K21
NO .................................................................0
RETIRED..........................................................2
DISABLED/UNABLE TO WORK .........................3      GO TO K24
DON'T KNOW....................................................d
REFUSED.........................................................r

{SECOND CHILD}
{IF K17 = 0}
K18.    **(Were you/Was he) on leave or vacation from a job for the past week?**

        NOTE:  PAST WEEK:  PAST 7 DAYS

        YES ...............................................................1
        NO .................................................................0
        DON'T KNOW...................................................d
        REFUSED.........................................................r


{SECOND CHILD}
{IF K17 = 0}
K19.    **(Have you/Has he) actively been looking for work in the past four weeks?**

        YES ...............................................................1
        NO .................................................................0
        DON'T KNOW...................................................d
        REFUSED.........................................................r


{SECOND CHILD}
{IF K17 = 0}
K20.    **Did (you/[CHILD]'s father) work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

        YES ...............................................................1
        NO .................................................................0
        DON'T KNOW...................................................d    → GO TO VERSION
        REFUSED.........................................................r    BOX K3

{SECOND CHILD}
{IF K17 = 1 OR K20 = 1}
K21.  **About how many total hours per week (do you/did you/does he/did he) usually work for pay or income, counting all jobs?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE:  **Your best estimate is fine.**

|__|__|  NUMBER

DON'T KNOW.....................................................d
REFUSED..........................................................r


{SECOND CHILD}
{IF K17 = 1 OR K20 = 1}
K22.  **Where (did you/did he) work the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

PROBE, IF MORE THAN ONE JOB:  **The job where (you/he) worked the most hours.**

PROBE:  **What is the name of the company?**

NOTE:  IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER "SELF-EMPLOYED".

NAME OF COMPANY _____

DID NOT WORK IN PAST 12 MONTHS ..............0
DON'T KNOW.....................................................d
REFUSED..........................................................r


{K22 < > 0, d, r}
K22a.  **What type of business is that?  What do they do or make?**

TYPE OF BUSINESS_____

DON'T KNOW.....................................................d
REFUSED..........................................................r

{SECOND CHILD}
{IF K17 = 1 OR K20 = 1}
K23.  **What kind of work** ((K17=1: (**are you/is he**))/(K17=0: (**were you/was she**)) **doing?**

PROBE:  **What is your job title?**

|__|__| CODE

DON'T KNOW......................................................d
REFUSED............................................................r

K23a.  **What (**K17=1: **are**/K17=0: **were) (your/his) most important activities or duties?**

PROBE:  **What are your main duties?  For example, typing, keeping account books, filing, waiting on tables.**

IMPORTANT DUTIES _____

DON'T KNOW......................................................d
REFUSED............................................................r

| **BOX K23a** |
| --- |
| 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, DIETITIANS, 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 OCCUPATIONS.............................................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 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS ..........18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS .....19 |
| MISCELLANEOUS OCCUPATIONS .......................................................20 |
| NEVER WORKED/HOMEMAKERS .........................................................21 |

{SECOND CHILD}

K24.　**The next questions are about the kinds of educational activities (you/he) may take part in.  We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest and other ways of learning new information or skills.**

**What is the highest grade or year of school that (you/he) completed?**

NOTE:  If 'high school', PROBE:  **What is the last grade (you/he) completed?**

NOTE:  If 'college', PROBE:　　**Did (you/he) receive a degree?  If yes, what type of degree?**

<u>CODE ONLY ONE</u>

UP TO 8TH GRADE .............................................1

9TH TO 11TH GRADE..........................................2

12TH GRADE BUT NO DIPLOMA .......................3

HIGH SCHOOL DIPLOMA/
EQUIVALENT ......................................................4

VOC/TECH PROGRAM AFTER HIGH
SCHOOL BUT NO VOC/TECH DIPLOMA ...........5

VOC/TECH DIPLOMA AFTER
HIGH SCHOOL....................................................6

SOME COLLEGE BUT NO DEGREE .................7

ASSOCIATE'S DEGREE ....................................8

BACHELOR'S DEGREE .....................................9

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......................................................d

REFUSED...........................................................r

{SECOND CHILD}
{IF K24 = 4, 5, 6, 7}
K25.   **Which (do you/does he) have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA...................................1

GED...........................................................0

DON'T KNOW.............................................d

REFUSED....................................................r


{SECOND CHILD}
K26.   (IF NO PREVIOUS INTERVIEW**(Are you/Is he)now attending or enrolled)/**ELSE**(Since [MONTH OF LAST INTERVIEW] (did you/he)) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest?  Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

YES .................................................................1

NO ...................................................................0

DON'T KNOW.............................................d

REFUSED....................................................r


{SECOND CHILD}
{IF K26 = 1}
K27.   **(Are you/Is he) currently taking courses full-time or part-time?**

FULL-TIME .......................................................1

PART-TIME .......................................................2

NO ...................................................................0

DON'T KNOW.............................................d

REFUSED....................................................r


{SECOND CHILD} {K26=0,d,r}
K28.   **(Are you/Is he) currently participating in a job-training or on-the-job-training program?**

YES .................................................................1

NO ...................................................................0

DON'T KNOW.............................................d

REFUSED....................................................r

{SECOND CHILD}
K29.	**(Have you/Has he) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH OF LAST INTERVIEW]}?**

YES ....................................................................... 1

NO ........................................................................ 0

DON'T KNOW...................................................... d

REFUSED............................................................. r

{SECOND CHILD}
{IF K29 = 1}
K30.	**What kind of certificate, diploma, or degree (did you/did he) receive?**

<u>CODE ONLY ONE</u>

TRADE LICENSE OR CERTIFICATE .................. 1

GED CERTIFICATE OR EQUIVALENT .............. 2

HIGH SCHOOL DIPLOMA.................................. 3

ASSOCIATE'S DEGREE .................................... 4

CHILD DEVELOPMENT
ASSOCIATE (CDA) ........................................... 5

BACHELOR'S DEGREE .................................... 6

GRADUATE DEGREE........................................ 7

OTHER (SPECIFY)............................................ 8

_____

DON'T KNOW...................................................... d

REFUSED............................................................. r

{SECOND CHILD} {Head Start Cases}

{IF K26 = 1}

K31. **Did Head Start help (you/him) to take or locate the programs, courses, classes, or workshops that (you are/he is) taking?**

YES ...................................................................1
NO .....................................................................0
DON'T KNOW......................................................d
REFUSED...........................................................r

> **BOX K31a**
> **IF K26 IS NOT EQUAL TO 1 (IS NOT TAKING COURSES)**
> **AND K28 IS NOT EQUAL TO 1 (IS NOT PARTICIPATING**
> **IN JOB-TRAINING) ASK K32.**
>
> **OTHERWISE, GO TO SECTION L**

{SECOND CHILD} {Head Start Cases}
{IF K26 = 0, d, r AND K28 = 0, d, r}

K32.    **Adults sometimes find it hard to take part in educational activities, even if they want to.  What was the main reason (you/he) did not take any programs, courses, classes, or workshops?**

PROBE:  **Which was the main reason?**

<u>CODE ONLY ONE</u>

ADMISSION REQUIREMENT/
QUALIFICATION ................................................1

TOO OLD TO TAKE ANY COURSES.................2

HEALTH PROBLEM/DISABILITY .......................3

DON'T LIKE LEARNING ....................................4

LACK OF CONFIDENCE/LANGUAGE
BARRIER............................................................5

NO INFORMATION ABOUT OFFERING .............6

LACK OF CHILD CARE ......................................7

TIME CONSTRAINTS (HOME OR WORK)..........8

COST.................................................................9

INCONVENIENT LOCATION/
TRANSPORTATION NOT AVAILABLE ..............10

DID NOT NEED MORE......................................11

OTHER (SPECIFY).............................................12

_____

DID NOT WANT TO/NO INTEREST ...................13

CHILD RELATED REASONS (STAY AT HOME
TO CARE FOR CHILD).......................................14

DON'T KNOW...................................................d

REFUSED..........................................................r

## L.  ABOUT RESPONDENT

---

**VERSION BOX L**

**IF RESPONDENT IS [CHILD]'S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9 OR SC9-V1 OR SC9-V2 = 11-14}, GO TO SECTION M.**

**IF RESPONDENT WAS NOT INTERVIEWED IN FALL 2006 OR SPRING 2007 OR SPRING 2009 CONTINUE, ELSE GO TO L17.**

**IF FALL 2006 AND RESPONDENT IS NOT BIRTH MOTHER OR FATHER, CONTINUE.**

---

NO L1 TO L9


**My next questions are about you.**


{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 15-30, d, r}
L10.    **Are you of Spanish, Hispanic, or Latino origin?**

> YES ...................................................................1
> NO ....................................................................0 ⎤
> DON'T KNOW.....................................................d ⎥→ GO TO L12
> REFUSED..........................................................r ⎦

{IF L10 = 1}
L11.    **Which one of these best describes your Spanish, Hispanic, or Latino origin? Would you say . . .**

>    NOTE:  IF MORE THEN ONE, CODE AS OTHER

> **Mexican, Mexican American, Chicano,**.............1
> **Puerto Rican,**.....................................................2
> **Cuban, or** .........................................................3
> **another Spanish/Hispanic/Latino group?** ........4
> DON'T KNOW.....................................................d
> REFUSED..........................................................r

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 15-30, d, r}
L12.   **What is your race?  You may name more than one if you like.**

<u>CODE ALL THAT APPLY</u>

WHITE ................................................................ 11

BLACK OR AFRICAN AMERICAN ...................... 12

AMERICAN INDIAN OR ALASKA
NATIVE (SPECIFY) ............................................. 13

_____

ASIAN INDIAN ................................................... 14

CHINESE ........................................................... 15

FILIPINO ............................................................ 16

JAPANESE ......................................................... 17

KOREAN ............................................................ 18

VIETNAMESE ..................................................... 19

ASIAN (NOT FURTHER SPECIFIED) .................. 20

NATIVE HAWAIIAN ............................................ 21

GUAMANIAN OR CHAMORRO .......................... 22

SAMOAN ............................................................ 23

OTHER PACIFIC ISLANDER (SPECIFY) ............ 24

_____

ANOTHER RACE (SPECIFY) .............................. 25

_____

DON'T KNOW ..................................................... d

REFUSED ........................................................... r

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 15-30, d, r}
**L13.** **In what country were you born?**

<u>CODE ONLY ONE</u>

USA ............................................................059➜ GO TO L17

MEXICO .........................................................303

GUATEMALA...................................................313

CUBA..............................................................327

DOMINICAN REPUBLIC...................................329

INDIA ..............................................................210

CHINA .............................................................207

PHILIPPINES...................................................233

JAPAN .............................................................215

KOREA ............................................................217

VIETNAM.........................................................247

GUAM..............................................................066

SAMOA............................................................527

OTHER (SPECIFY)...........................................600

_____

DON'T KNOW....................................................d

REFUSED.........................................................r

{IF L13 = 066, 527 or 600, d, r}
**L14.** **How many years have you lived in the United States?**

|__|__| NUMBER

DON'T KNOW....................................................d

REFUSED.........................................................r

NO L15 OR L16

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 15-30, d, r}
IF RESPONDENT WAS NOT INTERVIEWED IN FALL 2006, SAY: **My next questions are about you.**

L17.  **During the past week, did you work at a job for pay or income, including self-employment?**

YES ...................................................................1 → GO TO L21

NO ....................................................................0

RETIRED ...........................................................2 ┐

DISABLED/UNABLE TO WORK .........................3 │

DON'T KNOW...................................................d ├→ GO TO L24

REFUSED..........................................................r ┘

{IF L17 = 0}
L18.  **Were you on leave or vacation from a job for the past week?**

YES ...................................................................1

NO ....................................................................0

DON'T KNOW....................................................d

REFUSED...........................................................r

{IF L17 = 0}
L19.  **Have you actively been looking for work in the past four weeks?**

YES ...................................................................1

NO ....................................................................0

DON'T KNOW....................................................d

REFUSED...........................................................r

{IF L17 = 0}
L20.  **Did you work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

YES ...................................................................1

NO ....................................................................0 ┐

DON'T KNOW....................................................d ├→ GO TO L24

REFUSED...........................................................r ┘

{IF L17 = 1 OR L20 = 1}

L21. **About how many total hours per week (do you/did you) usually work for pay or income, counting all jobs?**

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

|__|__| NUMBER

DON'T KNOW.....................................................d
REFUSED..........................................................r


{IF L17 = 1 OR L20 = 1}

L22. **Where did you work the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

PROBE, IF MORE THAN ONE JOB: **The job where you worked the most hours.**

PROBE FOR: **Name of the company.**

NOTE: IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER 'SELF-EMPLOYED'.

NAME OF COMPANY _____

DID NOT WORK IN PAST 12 MONTHS ................0
DON'T KNOW.....................................................d
REFUSED..........................................................r


{L22 < > 0, d, r}

L22a. **What type of business is that? What do they do or make?**

TYPE OF BUSINESS_____

DON'T KNOW.....................................................d
REFUSED..........................................................r

{IF L17 = 1 OR L20 = 1}
L23.   **What kind of work (are you/is he) doing?**

PROBE:   **What is your job title?**

|__|__| CODE

DON'T KNOW.......................................................d
REFUSED...........................................................r

L23a.   **What are (your/his) most important activities or duties?**

PROBE:   **What are your main duties, for example, typing, keeping account books, filing, waiting on tables?**

IMPORTANT DUTIES _____

DON'T KNOW.......................................................d
REFUSED...........................................................r

| **BOX L23a** |
|---|
| 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, DIETITIANS, 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 OCCUPATIONS.................................................. 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 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS ............... 18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS ......... 19 |
| MISCELLANEOUS OCCUPATIONS ........................................................... 20 |
| NEVER WORKED/HOMEMAKERS ............................................................ 21 |

{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 13-30, d, r}

L24. **The next questions are about the kinds of educational activities you may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest and other ways of learning new information or skills.**

**What is the highest grade or year of school that you completed?**

NOTE: If 'high school', PROBE: **What is the last grade (you/he) completed?**

NOTE: If 'college', PROBE: **Did (you/he) receive a degree? If yes, what type of degree?**

<u>CODE ONLY ONE</u>

UP TO 8TH GRADE ............................................. 1

9TH TO 11TH GRADE......................................... 2

12TH GRADE BUT NO DIPLOMA ...................... 3

HIGH SCHOOL DIPLOMA/EQUIVALENT............ 4

VOC/TECH PROGRAM AFTER HIGH
SCHOOL BUT NO VOC/TECH DIPLOMA ........... 5

VOC/TECH DIPLOMA AFTER HIGH SCHOOL ... 6

SOME COLLEGE BUT NO DEGREE ................. 7

ASSOCIATE'S DEGREE .................................... 8

BACHELOR'S DEGREE ..................................... 9

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..................................................... d

REFUSED........................................................... r

{IF L24 = 4, 5, 6}
L25.   **Which do you have, a high school diploma or a GED?**

         HIGH SCHOOL DIPLOMA...................................1
         GED..............................................................0
         DON'T KNOW................................................d
         REFUSED......................................................r


{IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 13-30, d, r}
L26.   ((**IF NO PREVIOUS INTERVIEW (Are you now attending or enrolled)/ ELSE(Since [MONTH AND YEAR OF LAST INTERVIEW] did you) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

         YES ................................................................1
         NO .................................................................0
         DON'T KNOW................................................d
         REFUSED......................................................r       GO TO L28


{IF L26 = 1}
L27.   **Are you currently taking courses full-time or part-time?**

         FULL-TIME ......................................................1
         PART-TIME .....................................................2
         NO .................................................................0
         DON'T KNOW................................................d
         REFUSED......................................................r


{IF SC9 = 13-30, d, r}
L28.   **Are you currently participating in a job-training or on-the-job-training program?**

         YES ................................................................1
         NO .................................................................0
         DON'T KNOW................................................d
         REFUSED......................................................r

L29.  **Have you received a certificate, diploma, or degree {(IF NO PREVIOUS
INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST
INTERVIEW]}?**

> YES .................................................................. 1
> NO ................................................................... 0
> DON'T KNOW...................................................... d
> REFUSED.......................................................... r

{IF L29 = 1}
L30.  **What kind of certificate, diploma, or degree did you receive?**

<u>CODE ONLY ONE</u>

> TRADE LICENSE OR CERTIFICATE .................. 1
> GED CERTIFICATE OR EQUIVALENT ............... 2
> HIGH SCHOOL DIPLOMA................................... 3
> ASSOCIATE'S DEGREE .................................... 4
> CHILD DEVELOPMENT ASSOCIATE (CDA) ...... 5
> BACHELOR'S DEGREE ..................................... 6
> GRADUATE DEGREE........................................ 7
> OTHER (SPECIFY)............................................. 8
>
> _____
>
> DON'T KNOW...................................................... d
> REFUSED.......................................................... r

{IF L26 = 1} {Head Start Cases}
L31.  **Did Head Start help you to take or locate the programs, courses, classes, or
workshops that you are taking?**

> YES .................................................................. 1
> NO ................................................................... 0
> DON'T KNOW...................................................... d
> REFUSED.......................................................... r

{IF L26 = 0, d, r OR L28 = 0, d, r}
L32.   **Adults sometimes find it hard to take part in educational activities, even if they want to.  What was the main reason you did not take any programs, courses, classes, or workshops?**

PROBE:  **Which was the main reason?**

<u>CODE ONLY ONE</u>

ADMISSION REQUIREMENT/QUALIFICATION.. 1

TOO OLD TO TAKE ANY COURSES.................. 2

HEALTH PROBLEM/DISABILITY ........................ 3

DON'T LIKE LEARNING .................................... 4

LACK OF CONFIDENCE/LANGUAGE
BARRIER............................................................. 5

NO INFORMATION ABOUT OFFERING ............. 6

LACK OF CHILD CARE ....................................... 7

TIME CONSTRAINTS (HOME OR WORK).......... 8

COST................................................................... 9

INCONVENIENT LOCATION/
TRANSPORTATION NOT AVAILABLE ............... 10

DID NOT NEED MORE....................................... 11

OTHER (SPECIFY)............................................. 12

_____

DID NOT WANT TO/NO INTEREST .................... 13

CHILD RELATED REASONS (PREGNANT/
STAY AT HOME TO CARE FOR CHILD) ............ 14

DON'T KNOW...................................................... d

REFUSED............................................................ r

## M. INCOME AND HOUSING

> **VERSION BOX M**
> **IF FALL 2006, SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, CONTINUE**

M1. **In the <u>past six months</u>, did you or anyone in your household receive any income or support from** {INSERT a-h}

|  |  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. | **[State Welfare name from Box M1a] or welfare?** | 1 | 0 | d | r |
| b. | **Unemployment insurance?** | 1 | 0 | d | r |
| c. | **Food Stamps?** | 1 | 0 | d | r |
| d. | **WIC - Special Supplemental Food Program for Women, Infants, and Children?** | 1 | 0 | d | r |
| e. | **Child support?** | 1 | 0 | d | r |
| f. | **SSI or Social Security Retirement, Disability, or Survivor's benefits?** | 1 | 0 | d | r |
| g. | **Payments for providing foster care?** | 1 | 0 | d | r |
| h. | **Energy assistance?** | 1 | 0 | d | r |

| BOX M1a STATE WELFARE AGENCIES | | | |
|---|---|---|---|
| **Alabama** | FA (Family Assistance Program) | **Nebraska** | Employment First |
| **Alaska** | ATAP (Alaska Temporary Assistance Program) | **Nevada** | TANF |
| **Arizona** | EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility) | **New Hampshire** | FAP (Family Assistance Program), financial aid for work exempt families |
| | | | NHEP (New Hampshire Employment Program), financial aid for work-mandated families |
| **Arkansas** | TEA (Transitional Employment Assistance) | **New Jersey** | WFNJ (Work First New Jersey) |
| **California** | CALWORKS (California Work Opportunity and Responsibility for Kids) | **New Mexico** | NM Works |
| **Colorado** | Colorado Works | **New York** | FA (Family Assistance Program) |
| **Connecticut** | JOBS FIRST | **North Carolina** | Work First |
| **Delaware** | ABC (A Better Chance) | **North Dakota** | TEEM (Training, Employment, Education Management) |
| **District of Columbia** | TANF | **Ohio** | OWF (Ohio Works First) |
| **Florida** | Welfare Transition Program | **Oklahoma** | TANF |
| **Georgia** | TANF | **Oregon** | JOBS (Job Opportunities and Basic Skills) |
| **Hawaii** | TANF | **Pennsylvania** | Pennsylvania TANF |
| **Idaho** | Temporary Assistance For Families in Idaho | **Rhode Island** | FIP (Family Independence Program) |
| **Illinois** | TANF | **South Carolina** | Family Independence |
| **Indiana** | TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program | **South Dakota** | TANF |
| **Iowa** | FIP (Family Investment Program) | **Tennessee** | Families First |
| **Kansas** | Kansas Works | **Texas** | Texas Works (Department of Human Services), cash assistance |
| | | | Choices (Texas Workforce Commission, TANF work program |
| **Kentucky** | K-TAP (Kentucky Transitional Assistance Program) | **Utah** | FEP (Family Employment Program) |
| **Louisiana** | FITAP (Family Independence Temporary Assistance Program) cash assistance | **Vermont** | ANFC (Aid to Families with Needy Children), cash assistance |
| | STEP (Strategies to Empower People) | | Reach Up, TANF work program |
| **Massachusetts** | TAFDC (Transitional Aid to Families with Dependent Children), cash assistance | **Virginia** | VIEW (Virginia Initiative for Employment, Not Welfare) |
| | ESP (Employment Services Program), TANF work program | | |
| **Michigan** | FIP (Family Independence Program) | **Washington** | WorkFirst |
| **Minnesota** | MFIP (Minnesota Family Investment Program) | **West Virginia** | West Virginia Works |
| **Mississippi** | TANF | **Wisconsin** | W-2 (Wisconsin Works) |
| **Missouri** | Beyond Welfare | **Wyoming** | POWER (Personal Opportunities With Employment Responsibility) |
| **Montana** | FAIM (Families Achieving Independence in Montana) | | |

{CHECK M2 ≤ OR = B1}
M2.    **Including yourself, how many adults contribute to your household income?**

|___|___| NUMBER

DON'T KNOW....................................................d
REFUSED............................................................r

M3_amt and M3_per.
　　　　**My next question is about the past 12 months.  In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions?  Please include your own income and the income of everyone living with you.  Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rental income, interest, and dividends.**

$ |___|___|___|,|___|___|___|  PER  |___|___|  CODE

**per hour,**................................................................1
**per day,**..................................................................2
**per week,**...............................................................3
**every two weeks,**..................................................4　　→ GO TO M7
**month, or**...............................................................5
**year?**......................................................................6
OTHER (SPECIFY).....................................................7

_____

DON'T KNOW....................................................d
REFUSED............................................................r

PROGRAMMER:  DISPLAY SOFT EDIT IF VALUES OUT OF RANGE.

{IF M3=d, r}

M4.    **I just need a range.  Was it . . .**

        **$25,000 or less, or**.............................................1 → GO TO M5

        **more than $25,000?** ..........................................2 → GO TO M6

        DON'T KNOW..................................................d ┐

        REFUSED........................................................r ┘ → GO TO M7


{IF M4=1}

M5.    **Was it . . .**

        **$5,000 or less,** ...................................................1

        **$5,001 to $10,000,**...............................................2

        **$10,001 to $15,000,**.............................................3

        **$15,001 to $20,000, or** ........................................4

        **$20,001 to $25,000?** ...........................................5

        DON'T KNOW..................................................d

        REFUSED........................................................r


{IF M4=2}

M6.    **Was it . . .**

        **$25,001 to $30,000,**.............................................6

        **$30,001 to $35,000,**.............................................7

        **$35,001 to $40,000,**.............................................8

        **$40,001 to $50,000,**.............................................9

        **$50,001 to $75,000, or** ........................................10

        **more than $75,000?** ...........................................11

        DON'T KNOW..................................................d

        REFUSED........................................................r

M7.    **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

**transitional housing (apartment)
or a homeless shelter, or** ...................................3

**somewhere else?**  (SPECIFY) ...........................4

_____

DON'T KNOW .....................................................d

REFUSED ..........................................................r


M8.    **How many times have you moved [**(IF FALL 2006)**In the last 12 months/**(ELSE)
**since [MONTH AND YEAR OF LAST INTERVIEW])?**

|___|___|  NUMBER

DON'T KNOW .....................................................d

REFUSED ..........................................................r


{IF M7 = 1, 2, d, r}
M9.    **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 (SPECIFY) ......4

_____

LIVES WITH SOMEONE ELSE, WHETHER
PAYS RENT OR NOT .........................................5

DON'T KNOW .....................................................d

REFUSED ..........................................................r


---

**VERSION BOX M2**

**IF SPRING 2007 OR SPRING 2008 OR KINDERGARTEN
SURVEY, GO TO VERSION BOX N**

**IF FALL 2006 VERSION NOT COMPLETED OR FIRST TIME
INTERVIEW, CONTINUE**

---

M10. **People do different things when they are running out of money for food to make their food or food money go further.**

**For each statement I read, tell me if it was often true, sometimes true, or never true for (you/your household) [**(IF FALL 2006) **In the last 12 months/**(ELSE) **since [MONTH AND YEAR OF LAST INTERVIEW])** {INSERT a, b}

<table>
<tr><td colspan="5" align="center">**BOX M10a**</td></tr>
<tr><td colspan="5" align="center">**IF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL "we", OTHERWISE, FILL "I"**</td></tr>
</table>

|  | OFTEN TRUE | SOMETIMES TRUE | NEVER TRUE | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. **The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more**............. | 1 | 2 | 3 | d | r |
| b. **(I/We) couldn't afford to eat balanced meals** ............ | 1 | 2 | 3 | d | r |

M11. **In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**

YES ................................................................... 1
NO ..................................................................... 0
DON'T KNOW...................................................... d
REFUSED............................................................ r

{IF M11=1}
M12. **How often did this happen?  Would you say . . .**

**almost every month,** .......................................... 1
**some months, but not every month, or** ............ 2
**in only 1 or 2 months?**...................................... 3
DON'T KNOW...................................................... d
REFUSED............................................................ r

M13.   **In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

        YES ....................................................................1

        NO ......................................................................0

        DON'T KNOW.....................................................d

        REFUSED...........................................................r


M14.   **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

        YES ....................................................................1

        NO ......................................................................0

        DON'T KNOW.....................................................d

        REFUSED...........................................................r

**VERSION BOX N**

**IF ONLY ONE CHILD IN STUDY, GO TO N1.  FOR SECOND CHILD START WITH N0 ON SECOND CHILD INTERVIEW.**

{IF FIRST CHILD N1=0, N6=0 AND N13=0, ASK OF SECOND CHILD}

N0.    **Is [SECOND CHILD] in the same child care arrangements (IF KINDERGARTEN CASE, DO NOT READ: before and after Head Start) as [FIRST CHILD]?**

SAME CHILD CARE ARRANGEMENT ................ 1 ➡ GO TO VERSION BOX P

NO, DIFFERENT CHILD CARE
ARRANGEMENT ................................................ 2

NO, SECOND CHILD NOT IN CHILD CARE ....... 3 ➡ GO TO VERSION BOX P

DON'T KNOW ...................................................... d

REFUSED ............................................................ r

{SECOND CHILD IF N0=2 OR IF FIRST CHILD N1=0,d,r AND N6=0,d,r AND N13=0,d,r}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N1.    **Now I'd like to talk to you about all child care [CHILD] now receives on a regular basis in the morning before (Head Start/Kindergarten) and in the afternoon after (Head Start/Kindergarten).**

**First, I want to ask you about child care centers, (IF HEAD START CASE, READ: nursery schools or pre-kindergarten programs) [CHILD] may attend, (IF HEAD START CASE, READ: not including Head Start programs), even if they are in the same building as [PROGRAM].**

**Is [CHILD] now attending a day care center, (IF HEAD START CASE, READ: nursery school, preschool, or pre-kindergarten program) on a regular basis before or after (Head Start/Kindergarten)?**

YES ................................................................... 1

NO ..................................................................... 0 ┐

DON'T KNOW ...................................................... d ├ ➡ GO TO N6

REFUSED ............................................................ r ┘

{SECOND CHILD IF N0=2}
{IF N1=1}
N2.   **Not including Head Start, how many different day care centers, (IF HEAD START CASE, READ: nursery schools, preschools, or pre-kindergarten programs) does [CHILD] currently go to before or after (Head Start/Kindergarten)?**

> ONE.................................................................1
> TWO ................................................................2
> THREE .............................................................3
> FOUR OR MORE................................................4
> DON'T KNOW.....................................................d
> REFUSED...........................................................r

{SECOND CHILD IF N0=2}
{IF N2=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N3.   **How many days each week does [CHILD] go to that program?**

{IF N2=2, 3, 4, d, r}
> **Thinking about the center that [CHILD] goes to the most, how many days each week does [CHILD] go to that program?  Please do not include Head Start.**

> NOTE:  IF VARIES, PROBE:  **On average?**

> |___| NUMBER

> DON'T KNOW.....................................................d
> REFUSED...........................................................r

{SECOND CHILD IF N0=2}
{IF N1=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N4.  **How many hours each week does [CHILD] go to that program?  Please do not include Head Start.**

NOTE:  IF VARIES, PROBE:  **On average?**

|__|__| NUMBER

DON'T KNOW....................................................d
REFUSED.........................................................r


{SECOND CHILD IF N0=2}
{IF N1=1}
N5.  **Is [CHILD] in that program before or after (Head Start/Kindergarten)?**

BEFORE (HEAD START/KINDERGARTEN) .......1
AFTER (HEAD START/KINDERGARTEN ...........2
BOTH BEFORE/AFTER (HEAD START/
KINDERGARTEN)…........................................3
DON'T KNOW....................................................d
REFUSED.........................................................r

{SECOND CHILD IF N0=2}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N6. **Next I would like to ask about childcare provided by a relative. Is [CHILD] now receiving care from a relative other than** (IF SC9 OR SC9-V1 OR RESPONDENT FLAG OR SC9-V2 =11..16) **a parent/**(ELSE) **you) on a regular basis, for example, from grandparents, brothers or sisters, or any other relative in the morning before or in the afternoon after (he/she) comes to (Head Start/Kindergarten)?**

      NOTE: **Do not include care by the child's father, even if he does not live with the child.**

            YES ........................................................................1
            NO ..........................................................................0 ⎤
            DON'T KNOW.........................................................d  ⎬→ GO TO N13
            REFUSED...............................................................r ⎦

{SECOND CHILD IF N0=2}
{IF N6=1}
N7. **How many different regular care arrangements do you currently have with relatives for [CHILD]?**

            ONE..............................................................1
            TWO .............................................................2
            THREE ..........................................................3
            FOUR OR MORE..............................................4
            DON'T KNOW...................................................d
            REFUSED........................................................r

{SECOND CHILD IF N0=2}
{IF N6=1}
N8.    {IF N7=2, 3, 4, d, r} **Let's talk about the relative who provides the most care for
       [CHILD] now.  Is that relative…]**

       {IF N7 = 1}  **Is that relative [CHILD]'s . . .**

                **grandparent,**....................................................1
                **aunt,**.............................................................2
                **uncle,** ...........................................................3
                **brother,** .........................................................4
                **sister, or** ........................................................5
                **another relative?**  (SPECIFY).............................6

                _____

                DON'T KNOW...................................................d
                REFUSED.........................................................r


{SECOND CHILD IF N0=2}
{IF N6=1}
N9.    **Is the care provided by ([CHILD]'s [FILL N8 RELATIVE]/(ELSE N8=6) that relative)
       in your home or another home?**

                OWN HOME ........................................1
                OTHER HOME .....................................2 ┐
                BOTH/VARIES.....................................3 │
                DON'T KNOW......................................d ├→ GO TO N10
                REFUSED.........................................r ┘


{SECOND CHILD IF N0=2}
{IF N9=1}
N9a.   **Does this person who cares for [CHILD] live in your household?**

                YES ..................................................1
                NO ...................................................0
                DON'T KNOW...................................................d
                REFUSED.........................................................r

{SECOND CHILD IF N0=2}
{IF N6=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY
INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE
MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N10.   **How many days each week does [CHILD] receive care from ([his/her]
       [FILL RESPONSE N8]/(ELSE IF N8=6) that relative)?**

       NOTE:  IF VARIES, PROBE:  **On average?**

               |___| NUMBER

               DON'T KNOW.....................................................d
               REFUSED..........................................................r


{SECOND CHILD IF N0=2}
{IF N6=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY
INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE
MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N11.   **How many hours each week does [CHILD] receive care from [(his/her)
       [FILL RELATIVE N8]/(IF N8=6) that relative]?**

       NOTE:  IF VARIES, PROBE:  **On average?**

               |___|___| NUMBER

               DON'T KNOW.....................................................d
               REFUSED..........................................................r


{SECOND CHILD IF N0=2}
{IF N6=1}
N12.   **Is [CHILD] cared for by a relative before (Head Start/Kindergarten), after (Head
       Start/Kindergarten), or both before and after (Head Start/Kindergarten)?**

               BEFORE HEAD START/KINDERGARTEN…..…..1
               AFTER HEAD START/KINDERGARTEN ...........2
               BOTH BEFORE/AFTER HEAD START
               KINDERGARTEN……..............................................3
               DON'T KNOW.....................................................d
               REFUSED..........................................................r

{SECOND CHILD IF N0=2}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY
INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A
REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD
START/KINDERGARTEN).

N13.　**Finally, I would like to ask about other child care you may use for [CHILD].  Is
[CHILD] now receiving care on a regular basis from anyone else in a private home
in the morning before (Head Start/Kindergarten) or in the afternoon after (Head
Start/Kindergarten)?**

> YES ..............................................................1
> NO ..............................................................0 ┐
> DON'T KNOW...................................................d ├─→ GO TO N20
> REFUSED.......................................................r ┘

{SECOND CHILD IF N0=2}
{IF N13=1}
N14.　**How many different regular care arrangements do you currently have with
non-relatives for [CHILD]?**

> ONE..............................................................1
> TWO ..............................................................2
> THREE ..............................................................3
> FOUR OR MORE................................................4
> DON'T KNOW...................................................d
> REFUSED.......................................................r

{SECOND CHILD IF N0=2}
{IF N13=1}
N15.　{IF N14=2, 3, 4, d, r}  **Let's talk about the non-relative who provides the most care
for [CHILD].  Is that care provided in your home or another home?**

　　　{IF N14=1}  **Is that care provided in your home or another home?**

> RESPONDENT'S HOME ....................................1
> OTHER HOME ..................................................2
> BOTH/VARIES...................................................3
> DON'T KNOW...................................................d
> REFUSED.......................................................r

{SECOND CHILD IF N0=2}
{IF N15=1}
N16.   **Does this person who cares for [CHILD] live in your household?**

YES ....................................................................1

NO ......................................................................0

DON'T KNOW.....................................................d

REFUSED...........................................................r


{SECOND CHILD IF N0=2}
{IF N13=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY
INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A
REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD
START/KINDERGARTEN).

N17.   **How many days each week does [CHILD] receive care from that person?**

NOTE:  IF VARIES, PROBE:  **On average?**

|___|___|  NUMBER

DON'T KNOW.....................................................d
REFUSED...........................................................r


{SECOND CHILD IF N0=2}
{IF N13=1}
INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT:  WE ARE ONLY
INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A
REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD
START/KINDERGARTEN).

N18.   **How many hours each week does [CHILD] receive care from that person?**

NOTE:  IF VARIES, PROBE:  **On average?**

|___|___|  NUMBER

DON'T KNOW.....................................................d
REFUSED...........................................................r

{SECOND CHILD IF N0=2}
{IF N13=1}

N19. **Is [CHILD] cared for by someone other than a relative before or after (Head Start/Kindergarten)?**

> BEFORE (HEAD START/KINDERGARTEN)…..1
>
> AFTER (HEAD START/KINDERGARTEN) ..........2
>
> BOTH BEFORE/AFTER (HEAD START/
> KINDERGARTEN). .............................................3
>
> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

---

**BOX N20a**

**IF N1, N6, OR N13 = 1 CONTINUE, ELSE GO TO VERSION BOX P.**

---

{SECOND CHILD IF N0=2}
{IF MORE THAN ONE OF THE FOLLOWING:  N1, N6, N13 = 1}

N20. **Thinking of all the child care you use for [CHILD] before or after (Head Start/Kindergarten), how many days a week is (he/she) in child care before or after (Head Start/Kindergarten)?**

> NOTE:  IF VARIES, PROBE:  **On average?**

> |__| NUMBER

> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

{SECOND CHILD IF N0=2}
{ONLY ASKED IF MORE THAN ONE OF THE FOLLOWING:  N1 = 1, N6 = 1, OR N13 = 1}

N21. **And, all together, how many hours a week is [CHILD] typically in before or after (Head Start/Kindergarten) care?**

> NOTE:  IF VARIES, PROBE:  **On average?**

> |__|__| NUMBER

> DON'T KNOW......................................................d
>
> REFUSED...........................................................r

{SECOND CHILD IF N0=2}
{IF N1, N6 OR N13 = 1}
N22.  **Is there any charge or fee for any of the care [CHILD] receives from [**FILL IF N1=1 **a center,** IF N6 = 1 **a relative,** IF N13 = 1 **or someone who is not a relative]?**

PROBE:  **This can be paid either by you or someone else.**

```
YES ................................................................ 1
NO .................................................................. 0
DON'T KNOW ................................................. d        GO TO VERSION BOX P
REFUSED ......................................................... r
```

{SECOND CHILD IF N0=2}
{IF N22=1}
N23.  **Child care is paid for in different ways.  Please tell me the ways [CHILD]'s child care is paid for?**

|  |  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. | **Do you pay for  some or all of it yourself?** | 1 | 0 | d | r |
| b. | **Does a government agency pay for some or all of it?** | 1 | 0 | d | r |
| c. | **Does an employer pay for some or all of it?** | 1 | 0 | d | r |
| d. | **Does someone else pay for some or all of it?** | 1 | 0 | d | r |
| e. | **Do you trade child care with someone else?** | 1 | 0 | d | r |
| f. | **Any other way?**  (PLEASE SPECIFY) | 1 | 0 | d | r |

{SECOND CHILD IF N0=0, d, r}
{IF N22=1}
N24. **Thinking about the child care arrangements we just talked about that you have for [CHILD] both before and after (Head Start/Kindergarten), how much does your household pay for this child care?**

$ |__|__|__|__| NUMBER   PER |__| UNIT

PER HOUR.......................................................1
PER DAY .......................................................2
PER WEEK......................................................3
BI-WEEKLY .....................................................4
PER MONTH ...................................................5
PER YEAR.......................................................6
OTHER (SPECIFY)...........................................7

_____

DON'T KNOW...................................................d
REFUSED........................................................r


{SECOND CHILD IF N0=d, r}
{IF HH ROSTER =>1 CHILD AGE 17 AND YOUNGER AND N24>0000}
N25. **Is this amount for [CHILD] only, or does it include other children in the household?**

CHILD ONLY ....................................................1
CHILD AND OTHERS.......................................2
DON'T KNOW...................................................d
REFUSED........................................................r

**NO SECTION O THIS VERSION**

## P. CHILD HEALTH

---

**VERSION BOX P**
**IF FALL 2006, SPRING 2007, OR SPRING 2008, OR**
**KINDERGARTEN SURVEY, CONTINUE**

---

{SECOND CHILD}
P1.    **The next questions are about health and health related issues.**

**First, let's talk about [CHILD]'s health.  Overall, would you say [CHILD]'s health is . . .**

| | |
|---|---|
| **excellent,** | 1 |
| **very good,** | 2 |
| **good,** | 3 |
| **fair or,** | 4 |
| **poor?** | 5 |
| DON'T KNOW | d |
| REFUSED | r |

---

**VERSION BOX P1**
**IF NO PRIOR INTERVIEW, ASK P2, ELSE GO TO P4**

---

{SECOND CHILD} {Head Start Cases}
P2.    **How much did [CHILD] weigh when (he/she) was born?**

|__|__| POUNDS   |__|__| OUNCES

|__|.|__| KILOGRAMS

| | |
|---|---|
| DON'T KNOW | d |
| REFUSED | r |

{SECOND CHILD} {Head Start Cases}
{IF P2=d, r}
P3.    **Was [CHILD]'s birth weight . . .**

          **normal (5 1/2 lbs. [2.5 kilograms] or more),** ..... 1

          **low (between 3 1/2 [1.5 kilograms and**
          **5 1/2 lbs. [2.5 kilograms]), or** .......................... 2

          **very low (under 3 1/2 lbs. [1.5 kilograms])?** .. ... 3

          DON'T KNOW .................................................... d

          REFUSED ......................................................... r


{SECOND CHILD}
P4.    **During the past 12 months, did [CHILD] take any vitamin or mineral supplements of any kind?**

          YES ................................................................. 1

          NO ................................................................... 0

          DON'T KNOW .................................................... d

          REFUSED ......................................................... r


{SECOND CHILD}
P5.    **Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?**

                                          <u>CODE ONLY ONE</u>

          A PRIVATE DOCTOR, PRIVATE CLINIC,
          OR HMO ........................................................... 1

          AN OUTPATIENT CLINIC RUN BY
          A HOSPITAL ..................................................... 2

          THE EMERGENCY ROOM AT A HOSPITAL ...... 3

          PUBLIC HEALTH DEPARTMENT
          OR COMMUNITY HEALTH CENTER ................. 4

          A MIGRANT HEALTH CLINIC ............................ 5

          THE INDIAN HEALTH SERVICE ........................ 6

          SOMEPLACE ELSE (SPECIFY) ........................ 7

          _____

          DON'T KNOW .................................................... d

          REFUSED ......................................................... r

{SECOND CHILD}{Head Start Cases}
P6.  **[**(IF SPRING 2007 OR SPRING 2008) **Has Head Start helped/** (ELSE) **Did Head Start help] you find a regular health care provider for [CHILD]?**

YES ...................................................................1
NO .....................................................................0
DON'T KNOW.....................................................d
REFUSED...........................................................r


{SECOND CHILD} {Head Start Cases}
{IF P6=1}
P6a.  **How did they help you?**

NOTE:  IF MORE THAN ONE RESPONSE SAY:  **What was the main way they helped you?**

<u>CODE ONLY ONE</u>

PROVIDED INFORMATION, INCLUDING
BROCHURES, MEETINGS, OR
CONVERSATIONS...............................................1
MADE REFERRALS, FOR EXAMPLE,
PHONE CALLS....................................................2
PROVIDED HEALTH CARE DIRECTLY.............3
HELPED IN SOME OTHER WAY (SPECIFY)......4

_____

DON'T KNOW.....................................................d
REFUSED...........................................................r


{SECOND CHILD} {Head Start Cases}
{IF P6=0}
P6b.  **Why is that?**

HAD A HEALTH CARE PROVIDER
PRIOR TO ENROLLMENT ..................................1
FOUND A HEALTH CARE
PROVIDER ON MY OWN...................................2
OTHER (SPECIFY)............................................3

_____

DON'T KNOW.....................................................d
REFUSED...........................................................r

{SECOND CHILD}
P7.    **When was the last time [CHILD] saw a doctor for a regular checkup?  Was it . . .**

        **6 months ago or less,** ........................................1
        **more than 6 months ago, but**

        **not more than 1 year ago,** ................................2
        **more than 1 year ago, but**

        **not more than 2 years ago,** .............................3

        **more than 2 years ago, or** ...............................4

        **never?** ...............................................................5

        DON'T KNOW .....................................................d

        REFUSED...........................................................r


{SECOND CHILD}
P8.    **When was the last time [CHILD] saw a dentist for a regular check-up?  Was it . . .**

        **6 months ago or less,** ........................................1

        **more than 6 months ago but**
        **not more than 1 year ago,** ................................2

        **more than 1 year ago but**
        **not more than 2 years ago,** ..............................3

        **more than 2 years ago, or** ...............................4

        **never?** ...............................................................5

        DON'T KNOW .....................................................d

        REFUSED...........................................................r

{SECOND CHILD}

P9.    **The next questions are about the health insurance plans for [CHILD].  What kind of health insurance or health care coverage does [CHILD] have?  Does (he/she) have coverage through any of the following?**

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a.  **A private health insurance plan (from employer, workplace, or purchased directly, or purchased through a state or local government program or community program?** ...................................... | 1 | 0 | d | r |
| b.  **A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?** ......... | 1 | 0 | d | r |
| c.  **CHIP (Children's Health Insurance Program) or [NAME OF STATE PROGRAM FROM BOX P9c]?** ....................................... | 1 | 0 | d | r |
| d.  **Military health care/TRICARE/ CHAMPUS/CHAMP-VA?**............................. | 1 | 0 | d | r |
| e.  **Indian Health Service?**................................ | 1 | 0 | d | r |
| f.  **Another government program such as Medicare?**  (SPECIFY).................................. | 1 | 0 | d | r |

| | | | | |
|---|---|---|---|---|
| Alabama | Alabama Medicaid | | Nebraska | NE Medicaid |
| Alaska | Alaska Medicaid | | Nevada | HIWA (Health Insurance for Work Enhancement) |
| Arizona | Arizona Health Care Cost Containment System (AHCCCS) | | New Hampshire | Medicaid plan such as New Hampshire Medicaid |
| Arkansas | Arkansas Medical Assistance/ /Connect Care | | New Jersey | New Jersey FamilyCare |
| California | Medi-Cal | | New Mexico | SALUD/Molina/Lovelace/Presbyterian |
| Colorado | Medicaid plan such as Colorado Medicaid | | New York | New York Medicaid CHOICE/Family Health |
| Connecticut | HUSKY /CONNECT Card | | North Carolina | Health Check/Carolina ACCESS |
| Delaware | Diamond State Health Plan | | North Dakota | Medicaid plan such as North Dakota Medicaid |
| District of Columbia | Medical Assistance (MA) | | Ohio | Ohio Disability Assistance Medical Program/Accessing Better Care (ABC) |
| Florida | MediPass | | Oklahoma | SoonerCare |
| Georgia | Georgia Better Health Care | | Oregon | Oregon Health Plan |
| Hawaii | Hawaii Medicaid: FFS (fee for Service) and QUEST | | Pennsylvania | HealthChoices/Lancaster Community Health Plan' |
| Idaho | Idaho Medicaid Access Card | | Rhode Island | Medicaid/Medical Assistance |
| Illinois | Family Care/Medical Assistance/MediPlan | | South Carolina | South Carolina Health Access Plan (SCHAP) |
| Indiana | Hoosier Healthwise | | South Dakota | Medicaid/Medical Assistance |
| Iowa | Medical Assistance | | Tennessee | TennCare |
| Kansas | MediKan | | Texas | LoneSTAR Select/Texas Health Steps |
| Kentucky | KYHealthChoices/Kentucky Patient Access and Care System(KenPAC) | | Utah | Utah Medical Assistance Program (UMAP) |
| Louisiana | CommunityCARE Program /Louisiana KIDMED | | Vermont | VHAP(Health insurance for adults who are not covered by Medicaid)/Healthy Vermonters |
| Maine | MaineCare | | | |
| Maryland | HealthChoice Program | | | |
| Massachusetts | MassHealth | | Virginia | Medicaid/Medallion/Medallion II |
| Michigan | Wayne County Plus Care Program, Medical Assistance Program | | Washington | Healthy Options/medical coupons |
| Minnesota | MinnesotaCare | | West Virginia | West Virginia Physician Assured Access System (PAAS)/Mountain Health Trust-(MHT) |
| Mississippi | Mississippi Medicaid | | Wisconsin | BadgerCare/Medical Assistance |
| Missouri | Missouri Medicaid | | Wyoming | Medicaid plan such as Wyoming Medicaid |
| Montana | Montana Medicaid | | | |

| BOX P9c | | | |
|---|---|---|---|
| CHIP - STATE AGENCIES | | | |
| **Alabama** | ALLKids | **Nebraska** | Kids Connection |
| **Alaska** | DenaliKid Care | **Nevada** | Nevada Check UP |
| **Arizona** | KidsCare | **New Hampshire** | HealthyKids |
| **Arkansas** | ARKids First | **New Jersey** | New Jersey FamilyCare (formerly NJ KidCare) |
| **California** | Healthy Families | **New Mexico** | NewMexiKids |
| **Colorado** | CHP+ (Child Health Plan Plus) | **New York** | Child Health Plus (CHPLus) |
| **Connecticut** | HUSKY (Healthcare for Uninsured Kids and Youth) | **North Carolina** | NC Health Choice for Children |
| **Delaware** | Healthy Children | **North Dakota** | Healthy Steps |
| **District of Columbia** | Healthy DC Kids/Healthy Families | **Ohio** | Healthy Start/Healthy Families' |
| **Florida** | Florida KidCare | **Oklahoma** | The State Children's Health Insurance Program (SCHIP)/SoonerCare' |
| **Georgia** | PeachCare for Kids | **Oregon** | Oregon SCHIP/Oregon Health Plan' |
| **Hawaii** | Hawaii Covering Kids | **Pennsylvania** | Pennsylvania's Children's Health Insurance Program |
| **Idaho** | Idaho CHIP | **Rhode Island** | RIte Care |
| **Illinois** | All Kids | **South Carolina** | CHIP |
| **Indiana** | Hoosier Healthwise for Children | **South Dakota** | PHC (Partners for Healthy Children |
| **Iowa** | HAWK-I (Healthy and Well Kids in Iowa | **Tennessee** | TenderCare |
| **Kansas** | Health Wave | **Texas** | TexCare Partnership (CHIP)/Waxman kids |
| **Kentucky** | Kentucky Children's Health Insurance Program | **Utah** | CHIP |
| **Louisiana** | LaCHIP (Louisiana Children's Health Insurance) | **Vermont** | Dr. Dynasaur |
| **Maine** | MaineCare (formerly CubCare | | |
| **Maryland** | Maryland Children's Health Program (MCHP | | |
| **Massachusetts** | MassHealth | **Virginia** | FAMIS (Family Access to Medical Insurance Security)/Virginia Children's Medical Security Insurance Plan (VCMSIP) |
| **Michigan** | MIChild/Healthy Kids | **Washington** | CHIP/Healthy Options |
| **Minnesota** | MinnesotaCare/PMAP (Prepaid Medical Assistance Program)/General Assistance Medical Care Program (GAMC) | **West Virginia** | 'West Virginia Children's Health Insurance Program (WV CHIP) |
| **Mississippi** | SCHIP | **Wisconsin** | BadgerCare |
| **Missouri** | MC+ for Kids | **Wyoming** | KidCare |
| **Montana** | SCHIP | | |

{SECOND CHILD}
P10.   **Now, I want to ask you about any injuries [CHILD] may have had.  [**(IF FALL 2006)**In the last 12 months/**(ELSE) **since [MONTH AND YEAR OF LAST INTERVIEW]), how many times has (he/she) seen a doctor or other medical professional or visited a clinic or emergency room for an injury?**

      NOTE:   **Professional includes health professionals such as doctors, pediatricians and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatric social workers, speech pathologists, etc.  Do not include teachers or some other non-health professional.**

          NEVER .............................................................0
          ONCE ..............................................................1
          TWICE.. ...........................................................2
          THREE OR MORE TIMES ................................3
          DON'T KNOW ....................................................d
          REFUSED .........................................................r

{SECOND CHILD}
{IF P10=1, 2, OR 3}
P11.   **Were [CHILD]'s activities restricted as a result of this injury?**

          YES ..................................................................1
          NO ....................................................................0
          DON'T KNOW ....................................................d
          REFUSED .........................................................r

{SECOND CHILD}
{IF P10=1, 2, OR 3}
P12.   **Did [CHILD] miss going to (Head Start/Kindergarten) as a result of this injury?**

          YES ..................................................................1
          NO ....................................................................0
          DON'T KNOW ....................................................d
          REFUSED .........................................................r

{SECOND CHILD}
P13. **(**(IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY) **Since [MONTH AND YEAR OF LAST INTERVIEW]) Has a doctor, nurse, or other medical professional told you that [CHILD] has . . .**

|  | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a. **asthma?** | 1 | 0 | d | r |
| b. **a respiratory or breathing illness, such as bronchitis, pneumonia, or bronchiolitis?** | 1 | 0 | d | r |
| c. **a severe stomach or gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?** | 1 | 0 | d | r |
| d. **an ear infection?** | 1 | 0 | d | r |
| e. **a problem with muscles or with moving such as cerebral palsy?** | 1 | 0 | d | r |
| f. **a developmental delay?** | 1 | 0 | d | r |
| g. **epilepsy or seizures?** | 1 | 0 | d | r |
| h. **a heart defect?** | 1 | 0 | d | r |
| i. **mental retardation or cognitive impairment?** | 1 | 0 | d | r |
| j. **a lactose intolerance?** | 1 | 0 | d | r |
| k. **other food allergy or sensitivity such as to peanuts?** | 1 | 0 | d | r |
| l. **problem with allergies other than foods, such as to dust, animals, or medicine?** | 1 | 0 | d | r |
| m. **attention deficit, hyperactivity**, **ADD or ADHD?** | 1 | 0 | d | r |
| n. **diabetes?** | 1 | 0 | d | r |

**BOX P13a**
**IF ANY P13 a – n = 1, AND NOT FALL 2006, GO TO P14.**
**OTHERWISE, GO TO P15.**

{SECOND CHILD}
{IF P13 a-n = 1}
P14. **Did [CHILD] miss regular (Head Start/Kindergarten) activities as a result of** [FILL P13 a – n]**?**

YES ....................................................................... 1
NO .......................................................................... 0
DON'T KNOW......................................................... d
REFUSED............................................................... r

{SECOND CHILD}
P15.   **Are [CHILD]'s activities restricted as a result of any impairment or health problem?**

YES ..................................................................... 1
NO ...................................................................... 0
DON'T KNOW...................................................... d
REFUSED............................................................ r

---

**VERSION BOX P2**
**IF FALL 2006, GO TO P17, ELSE CONTINUE**

---

{SECOND CHILD}
P16.   **Has [CHILD] missed going to (Head Start/Kindergarten) as a result of any impairment or health problem?**

YES ..................................................................... 1
NO ...................................................................... 0
DON'T KNOW...................................................... d
REFUSED............................................................ r

{SECOND CHILD}
P17.   **Now I have some questions about different special needs [CHILD] might have.**

**(**(IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY) **Since [MONTH OF LAST INTERVIEW]) Has [CHILD] been evaluated by a doctor, psychologist or other health professional because of a concern about (his/her) ability to pay attention or learn?**

YES ..................................................................... 1
NO ...................................................................... 0
DON'T KNOW...................................................... d    ⟶ GO TO P20
REFUSED............................................................ r

{SECOND CHILD}
{IF P17=1}
**P18.** **Did you obtain a diagnosis of a problem from a doctor, psychologist or other health professional?**

YES .................................................................1
NO ..................................................................0
DON'T KNOW...................................................d ⟶ GO TO P20
REFUSED.........................................................r

{SECOND CHILD}
{IF P18=1}
**P19.** **What was the diagnosis?**

<u>CODE ALL THAT APPLY</u>

MENTAL RETARDATION OR
COGNITIVE IMPAIRMENT...................................1
EMOTIONAL/BEHAVIOR DISABILITY ................2
AUTISM OR PERVASIVE
DEVELOPMENTAL DELAY (PDD) .....................3
TRAUMATIC BRAIN INJURY .............................4
OPPOSITIONAL DEFIANT DISORDER ..............5
OTHER (SPECIFY)............................................6

_____

NO PROBLEM...................................................9
ADD/ADHD.......................................................10
DON'T KNOW....................................................d
REFUSED..........................................................r

{SECOND CHILD}
**P20.** (IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY DISPLAY: **Since [MONTH OF LAST INTERVIEW])** **Has [CHILD] been evaluated by a psychologist or health professional because of a concern about (his/her) overall activity level?**

YES .................................................................1
NO ..................................................................0
DON'T KNOW...................................................d ⟶ GO TO P23
REFUSED.........................................................r

{SECOND CHILD}
{IF P20=1}
**P21.** **Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?**

```
            YES ....................................................................1
            NO ......................................................................0 ┐
            DON'T KNOW.......................................................d  ├─► GO TO P23
            REFUSED............................................................r ┘
```

{SECOND CHILD}
{IF P21=1}
**P22.** **What was the diagnosis?**

<u>CODE ALL THAT APPLY</u>

```
            ATTENTION DEFICIT DISORDER (ADD) ...........1
            ATTENTION DEFICIT HYPERACTIVITY
            DISORDER (ADHD) ...........................................2
            OTHER (SPECIFY).............................................3

            _____

            NO PROBLEM.......................................................9
            DON'T KNOW.......................................................d
            REFUSED............................................................r
```

{SECOND CHILD}
**P23.** **(**IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, DISPLAY **Since [MONTH AND YEAR OF LAST INTERVIEW]) Has [CHILD] been evaluated by a doctor or other health professional because of a concern about the way (he/she) uses (his/her) arms or legs?**

```
            YES ....................................................................1
            NO ......................................................................0 ┐
            DON'T KNOW.......................................................d  ├─► GO TO P30
            REFUSED............................................................r ┘
```

{SECOND CHILD}
{IF P23=1}
P24.   **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

                    YES ...................................................................1
                    NO ....................................................................0 ┐
                    DON'T KNOW....................................................d  ├→ GO TO P30
                    REFUSED..........................................................r ┘


{SECOND CHILD}
{IF P24=1}
P25.   **What was the diagnosis?**

                                                        <u>CODE ALL THAT APPLY</u>
                    CEREBRAL PALSY .............................................1
                    EPILEPSY OR SEIZURES ..................................2
                    OTHER PHYSICAL IMPAIRMENT (SPECIFY) ....3

                    _____

                    _____

                    NO PROBLEM....................................................9
                    DON'T KNOW....................................................d
                    REFUSED..........................................................r


{SECOND CHILD}
{IF P24=1}
P26.   **Does [CHILD] use special equipment, such as a brace, a wheelchair, or corrective shoes?**

                    YES ...................................................................1
                    NO ....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED..........................................................r

{SECOND CHILD}
P30. **Does [CHILD] have difficulty hearing and understanding speech in a normal conversation?**

YES ....................................................................1
NO .....................................................................0
DON'T KNOW......................................................d  } → GO TO P27
REFUSED..........................................................r

{SECOND CHILD}
{IF P30=1}
P31. **(**(IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY) (**Since MONTH AND YEAR OF LAST INTERVIEW) Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to hear and understand speech in a normal conversation?**

YES ....................................................................1
NO .....................................................................0
DON'T KNOW......................................................d  } → GO TO P27
REFUSED..........................................................r

{SECOND CHILD}
{IF P31=1}
P32. **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

YES ....................................................................1
NO .....................................................................0
DON'T KNOW......................................................d  } → GO TO P27
REFUSED..........................................................r

{SECOND CHILD}
{IF P32=1}
P33.    **What was the diagnosis?**

                                                    <u>CODE ALL THAT APPLY</u>

            EAR INFECTION ...............................................1

            HEARING IMPAIRMENT/HARD OF HEARING ...2

            DEAFNESS .......................................................3

            LANGUAGE IMPAIRMENT.................................4

            AUTISM OR PERVASIVE
            DEVELOPMENTAL DELAY (PDD) .....................5

            MENTAL RETARDATION...................................6

            EMOTIONAL/BEHAVIOR DISABILITY ...............7

            OTHER (SPECIFY)...........................................8

            _____

            NO PROBLEM...................................................9

            DON'T KNOW....................................................d

            REFUSED.........................................................r


{SECOND CHILD}
{P33 = 2, 3}
P34.    **Does [CHILD] usually wear a hearing aid?**

        NOTE:   **Hearing Aids are small electronic sound amplifiers worn in or behind the
                ear that compensates for hearing loss.**

            YES ..................................................................1

            NO ...................................................................0

            DON'T KNOW....................................................d

            REFUSED.........................................................r

{IF P33 = 2, 3}
P35a. **Does [CHILD] have cochlear implants?**

NOTE: **Cochlear Implants are electronic devices that are surgically placed in the inner ear which are designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.**

YES ...............................................................1
NO ................................................................0
DON'T KNOW.................................................d      → GO TO P27
REFUSED........................................................r
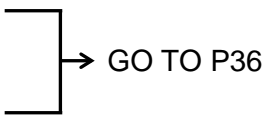

{P34 = 1} OR {P35a = 1}
P35b. **What is the effect of the device on [CHILD]'s ability to hear and understand speech in normal conversations?  Does it . . .**

**greatly improve (his/her) hearing,**.....................1
**somewhat improve (his/her) hearing,**...............2
**minimally improve (his/her) hearing, or** ...........3
**does not improve (his/her) hearing?** ................4
DON'T KNOW.....................................................d
REFUSED..........................................................r


{SECOND CHILD}
P27. **(**IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, DISPLAY:  **Since MONTH AND YEAR OF LAST INTERVIEW) Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to communicate?**

YES ...............................................................1
NO ................................................................0
DON'T KNOW.....................................................d      → GO TO P36
REFUSED..........................................................r

{SECOND CHILD}
{IF P27=1}
P28.  **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

             YES ......................................................................1
             NO .......................................................................0 ─┐
             DON'T KNOW.....................................................d  ├→ GO TO P36
             REFUSED...........................................................r ─┘


{SECOND CHILD}
{IF P28=1}
P29.  **What was the diagnosis?**

                                                    <u>CODE ALL THAT APPLY</u>

             SPEECH IMPAIRMENT.......................................1
             LANGUAGE IMPAIRMENT..................................2
             AUTISM OR PERVASIVE
             DEVELOPMENTAL DELAY (PDD) ......................3
             MENTAL RETARDATION OR
             COGNITIVE IMPAIRMENT..................................4
             EMOTIONAL/BEHAVIOR DISABILITY ................5
             OTHER (SPECIFY)..............................................6

             _____

             HEARING IMPAIRMENT .....................................8
             NO PROBLEM.....................................................9
             DON'T KNOW......................................................d
             REFUSED...........................................................r
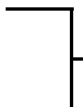

{SECOND CHILD}
P36.  **Now I want to ask you about [CHILD]'s vision.  Does [CHILD] have difficulty seeing objects in the distance or letters on paper?**

             YES ......................................................................1
             NO .......................................................................0 ─┐
             DON'T KNOW.....................................................d  ├→ GO TO BOX P39A
             REFUSED...........................................................r ─┘

{SECOND CHILD}
{IF P36=1}
P37.   (IF SPRING 2007, SPRING 2008, KINDERGARTEN SURVEY, DISPLAY:  **Since
       MONTH AND YEAR OF LAST INTERVIEW)] Has [CHILD]'s vision been evaluated
       by a doctor or other health professional?**
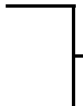
                    YES ........................................................................1
                    NO .........................................................................0
                    DON'T KNOW......................................................d          → GO TO BOX P39A
                    REFUSED.............................................................r


{SECOND CHILD}
{IF P37=1}
P38.   **Did you obtain a diagnosis of a problem from a doctor or other health
       professional?**

                    YES ........................................................................1
                    NO .........................................................................0
                    DON'T KNOW......................................................d          → GO TO BOX P39A
                    REFUSED.............................................................r


{SECOND CHILD}
{IF P38=1}
P39.   **What was the diagnosis?**

                                                   CODE ALL THAT APPLY

                    NEARSIGHTED.................................................1
                    FARSIGHTED....................................................2
                    LEGALLY BLIND ..............................................3
                    OTHER (SPECIFY)............................................4

                    _____

                    ASTIGMATISM ..................................................5
                    LAZY EYE/AMBLYOPIA ....................................6
                    DON'T KNOW.....................................................d
                    REFUSED...........................................................r

{SECOND CHILD}
{IF P38=1}
P39a.  **Does [CHILD] usually wear glasses or contact lenses?**

YES ..........................................................1

NO ............................................................0

DON'T KNOW.............................................d

REFUSED....................................................r


{SECOND CHILD}
{P39a = 1}
P39b.  **Which of these best describes [CHILD]'s eyesight?  Is it . . .**

**correctable with glasses,** ...................1

**improvable with glasses, or** ..............2

**not correctable with glasses?**...........3

DON'T KNOW.....................................d

REFUSED............................................r

{SECOND CHILD}
{IF P18, P21, P24, P28, P32, P38 = 1}
P40. **I'm going to read a list of services. For each service, please tell me if [CHILD] or your family has received this service to help with [CHILD]'s special needs. Since (IF FALL 2006 ([CHILD] turned [IF 3 YEAR OLD SAMPLE "3," IF 4 YEAR OLD SAMPLE "4"] years old/(ELSE)MONTH OF LAST INTERVIEW)], has [CHILD] or anyone in your household ever received (SERVICES a – l) to help with [CHILD]'s special needs?**

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a. **speech or language therapy**........................ | 1 | 0 | d | r |
| b. **occupational therapy or OT**........................ | 1 | 0 | d | r |
| c. **physical therapy or PT**................................ | 1 | 0 | d | r |
| d. **vision services** ......................................... | 1 | 0 | d | r |
| e. **hearing or audiology services**..................... | 1 | 0 | d | r |
|     PROBE: **This does not include a temporary loss of hearing due to a cold or congestion.** | | | | |
| f. **social work services** ................................... | 1 | 0 | d | r |
| g. **psychological services** ............................... | 1 | 0 | d | r |
| h. **parent support or training** ........................... | 1 | 0 | d | r |
| i. **special classes with other children, some or all of whom also had special needs** ....... | 1 | 0 | d | r |
| j. **private tutoring or schooling for learning problems**........................................................ | 1 | 0 | d | r |
| k. {IF P39 = 3}. **instruction in Braille**.............. | 1 | 0 | d | r |
| l. {IF P33 = 2,3}. **instruction in sign language, cued speech, ASL, or TOCO** ...... | 1 | 0 | d | r |
| m. **home visits** ................................................. | 1 | 0 | d | r |

{SECOND CHILD}
{IF P18, P21, P24, P28, P32, P38 = 1}
P41.  **Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from . . .**

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a.  **your local school district?**........................ | 1 | 0 | d | r |
| b.  **a state or local health or social service agency?** ................................................ | 1 | 0 | d | r |
| c.  **a doctor, clinic, or other health care provider?** ................................................. | 1 | 0 | d | r |
| d.  **some other source?**  (SPECIFY).............. | 1 | 0 | d | r |

_____

**VERSION BOX P3**
**IF FALL 2006, GO TO Q1,**
**ELSE CONTINUE**

**BOX P41A**
**IF NO PROBLEM EVALUATED {P17, P20, P23, P27, P31, AND P37 ALL = 0, d, r}**
**THEN ASK P42.  ELSE GO TO P43**

{SECOND CHILD}
{IF P17, P20, P23, P27, P31, P37 ALL = 0, d, r}
P42.  **(Since [MONTH AND YEAR OF LAST INTERVIEW]) Has anyone (ever) suggested that you get [CHILD] evaluated for a possible special condition or need?**

YES .................................................................. 1
NO .................................................................... 0
DON'T KNOW.................................................... d
REFUSED.......................................................... r

→ GO TO P43

{SECOND CHILD}
{P42=1}
P42a. **What special condition or need?**

<div align="right">CODE ALL THAT APPLY</div>

BEHAVIOR PROBLEM.........................................1

EMOTIONAL PROBLEM ....................................2

ATTENTION PROBLEM .....................................3

DEVELOPMENTAL DELAY ...............................4

PROBLEM WITH USE OF ARMS OR LEGS .......5

OPPOSITIONAL DEFIANT DISORDER .............6

SPEECH PROBLEM...........................................7

HEARING PROBLEM ........................................8

VISION PROBLEM ............................................9

OTHER (SPECIFY)............................................10

_____

DON'T KNOW.....................................................d

REFUSED..........................................................r


{SECOND CHILD}
P43. **Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?**

YES .................................................................1

NO ...................................................................0

DON'T KNOW.....................................................d → GO TO Q1

REFUSED..........................................................r


{SECOND CHILD}
{IF P43=1}
P44. **Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?**

YES .................................................................1

NO ...................................................................0

DON'T KNOW.....................................................d

REFUSED..........................................................r

{SECOND CHILD}
{IF P43=1}
P45. **Was this plan developed with (Head Start/Kindergarten) staff, or with some other person or agency?**

<div style="margin-left: 2em;">

SCHOOL STAFF ................................................1

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

DON'T KNOW....................................................d

REFUSED..........................................................r

</div>

{SECOND CHILD}
{IF P43=1}
P46. **Is [CHILD] receiving . . .**

<div style="margin-left: 2em;">

**none of the services identified in the
IEP or IFSP,** ....................................................1 → GO TO Q1

**some of the services,**.......................................2

**most of the services, or**...................................3

**all of the services identified in the
IEP or IFSP?** ...................................................4

DON'T KNOW....................................................d

REFUSED..........................................................r
</div>

→ GO TO Q1

{SECOND CHILD}
{IF P46=2, 3, 4}
P47. **How satisfied (are you/have you been) with those services?  (Are you/Have you been) . . .**

<div style="margin-left: 2em;">

**very satisfied,**...................................................1

**somewhat satisfied,**.........................................2

**somewhat dissatisfied, or** ...............................3

**very dissatisfied?**............................................4

DON'T KNOW....................................................d

REFUSED..........................................................r

</div>

Q1.     **Now, let's talk about your health.  Would you say your health in general is . . .**

        **excellent,** ............................................................1

        **very good,**..........................................................2

        **good,.**.................................................................3

        **fair, or** ...............................................................4

        **poor?** ................................................................5

        DON'T KNOW......................................................d

        REFUSED...........................................................r

Q2.     **The next questions are about the health insurance coverage you have for yourself. What kind of health insurance care coverage do you have?  Do you have coverage through any of the following?**

|   | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a. **A private health insurance plan from employer, workplace, or purchased directly, or purchased through a state of local government program or community program?** ............................ | 1 | 0 | d | r |
| b. **A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?** .... | 1 | 0 | d | r |
| c. **Military health care / TRICARE / CHAMPUS / CHAMP-VA?**........................ | 1 | 0 | d | r |
| d. **Indian Health Service?**............................ | 1 | 0 | d | r |
| e. **Another government program such as Medicare?**  (SPECIFY)............................ | 1 | 0 | d | r |

Q3.    **Does any impairment or health problem keep you from working at a job or business?**

                    YES ...................................................................1
                    NO .....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED.........................................................r


Q4.    **Are you limited in the kind or amount of work you can do because of any impairment or health problem?**

                    YES ...................................................................1
                    NO .....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED.........................................................r


> **VERSION BOX Q1**
> **IF FALL 2006, GO TO VERSION BOX R,**
> **ELSE CONTINUE.**


Q5.    **In the last 30 days, did you smoke tobacco such as cigarettes or cigars?**

                    YES ...................................................................1
                    NO .....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED.........................................................r


{IF Q5=1}
Q6.    **How many cigarettes or packs of cigarettes do you smoke on an average day?**

                    |__|__| NUMBER PER   |__| CODE

                    CIGARETTES......................................................1
                    PACKS ..............................................................2

                    ENTER "1" IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY

                    DON'T KNOW....................................................d
                    REFUSED.........................................................r

Q7.    **Is there (anyone/anyone else) in your household that smoked tobacco, like cigarettes or cigars, in the last 30 days?**

YES ......................................................... 1
NO ........................................................... 0
DON'T KNOW ........................................... d
REFUSED .................................................. r

{IF Q7=1}
Q8.    **(**IF Q5=1)**Other than yourself how many/**(ELSE) **How many] people currently smoke at home?**

|__|__| NUMBER

DON'T KNOW ........................................... d
REFUSED .................................................. r

Q9.    **The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.**

**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?** ............................................................. 0
DON'T KNOW ........................................... d
REFUSED .................................................. r

{IF Q9=1,2,3,4,5}
Q10.  **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?**

NOTE:  A HELP SCREEN IS AVAILABLE WITH EQUIVALENCIES.

| HELP SCREEN: | | | |
| --- | --- | --- | --- |
| ALCOHOL EQUIVALENTS: | | | |
| **Beer:** | | **Hard Liquor:** | |
| 1  12 oz. or 16 bottle | = 1 drink | 1  highball | = 1 drink |
| 1  case of beer | = 24 drinks | 1  shot glass | = 1 drink |
| **Wine:** | | 1/2 pint of liquor | = 6 drinks |
| 1  4 oz. glass of wine | = 1 drink | 1  pint of liquor | = 12 drinks |
| 1  liter of wine | = 6 drinks | 1  fifth of liquor | = 20 drinks |
| 1  wine cooler | = 1 drink | 1  quart of liquor | = 24 drinks |

|__|__|  NUMBER

DON'T KNOW......................................................d
REFUSED.........................................................r


Q11.  **Is there ((Q9=0)anyone/(ELSE)anyone else) in your household who drinks alcohol?**

YES .................................................................1
NO ..................................................................0
DON'T KNOW......................................................d
REFUSED.........................................................r


{IF Q11=1}
Q12.  ([IF Q9=1, 2, 3, 4, 5) **Other than yourself)/( ELSE )How many people currently drink alcohol at home?**

|__|__|  NUMBER

DON'T KNOW......................................................d
REFUSED.........................................................r

Q13.  **Is there anyone in your household who uses drugs?**

YES ....................................................................1
NO .....................................................................0
DON'T KNOW.....................................................d
REFUSED..........................................................r


{IF Q13=1}
Q14.  **Altogether, how many people in your household currently use drugs?**

|__|__|  NUMBER

DON'T KNOW.....................................................d
REFUSED..........................................................r

---

**VERSION BOX Q15**

**HEAD START CASES: GO TO Q15**

**KINDERGARTEN CASES: GO TO VERSION BOX T**

---

{IF Q9 = 1, 2, 3, 4, 5 OR Q11=1 OR Q13=1} {Head Start Cases}

Q15.   **Now, I'd like you to think about any problems you or anyone in your household might have had <u>in the last twelve months</u> when using ((Q9=1,2,3,4,5 OR Q11=1) alcohol/ (**Q13=1)**drugs/ (Q9=1,2,3,4,5 OR Q11=1 AND Q13=1)alcohol and drugs).**

**In the last twelve months** {INSERT a1-c2}

| | NEVER | ONCE OR TWICE | THREE OR FOUR TIMES | FIVE OR SIX TIMES | MORE THAN SIX TIMES | NEVER OR DON'T USE | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|---|---|
| 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** ... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1} | | | | | | | | |
| 1.  **alcohol?** .................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2.  **drugs?** ....................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| b.  **How many times have you or anyone in your household gotten in trouble with the police because of the use of** ... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1} | | | | | | | | |
| 1.  **alcohol?** .................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2.  **drugs?** ....................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| c.  **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** ........................... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1} | | | | | | | | |
| 1.  **alcohol?** .................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2.  **drugs?** ....................... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |

{Head Start Cases}

R1.     **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, including Head Start.**

**For each of the following items, please tell me how often each one happened to you during the past year.**

{insert a-d}  **Would you say <u>never</u>, <u>once</u>, or <u>more than once</u>?**

NOTE:   A HELP SCREEN IS AVAILABLE WITH DEFINITIONS OF 'VIOLENT CRIME' AND 'NON-VIOLENT CRIME'.

HELP SCREEN:

**Violent crime** is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.  According to the Uniform Crime Reporting (UCR) Program's definition, violent crimes involve force or threat of force.

**Nonviolent Crime:**  Nonviolent crimes are defined as property, drug, and public order offenses that do not involve a threat of harm or an actual attack upon a victim.

|  | NEVER | ONCE | MORE THAN ONCE | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a.   **I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing** ..................... | 1 | 2 | 3 | d | r |
| b.   **I heard or saw violent crime take place in my neighborhood** .................. | 1 | 2 | 3 | d | r |
| c.   **I know someone who was a victim of a violent crime in my neighborhood**... | 1 | 2 | 3 | d | r |
| d.   **I was a victim of violent crime in my neighborhood**........................................ | 1 | 2 | 3 | d | r |

{Head Start Cases}
**R2.** **Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year?**

PROBE:  **Please answer just yes or no.**

YES ................................................................1
NO ................................................................0
DON'T KNOW ...................................................d
REFUSED ........................................................r


{IF R2=1} {Head Start Cases}
**R3.** **How was this person related to you?**

<u>CODE ALL THAT APPLY</u>

CURRENT SPOUSE .........................................11
FORMER SPOUSE ..........................................12
CURRENT PARTNER .......................................13
FORMER PARTNER .........................................14
FATHER ...........................................................15
MOTHER ..........................................................16
SISTER.............................................................17
BROTHER .........................................................18
GRANDMOTHER ...............................................19
GRANDFATHER.................................................20
AUNT................................................................21
UNCLE .............................................................22
COUSIN............................................................23
OTHER RELATIVE .............................................24
OTHER PERSON NOT RELATED
TO RESPONDENT ............................................25
DON'T KNOW....................................................d
REFUSED.........................................................r

{SECOND CHILD} {Head Start Cases}
READ THIS ONLY FOR SECOND CHILD:  **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, including Head Start.**

R4.     **In the past year, has [CHILD] ever been a witness to a violent crime?**

YES ....................................................................1
NO ......................................................................0
DON'T KNOW....................................................d
REFUSED..........................................................r

{SECOND CHILD} {Head Start Cases}
R5.     **In the past year, has [CHILD] ever been a witness to domestic violence?**

NOTE:   A HELP SCREEN IS AVAILABLE WITH A DEFINITION OF DOMESTIC VIOLENCE.

HELP SCREEN:

Domestic violence is any type of physical, mental or emotional abuse that happens between people who are married, in a romantic relationship, who are former partners or who are related by family.  Examples of domestic violence include being beaten up, murder, kidnapping, rape, sexual assault and robbery.

YES ....................................................................1
NO ......................................................................0
DON'T KNOW....................................................d
REFUSED..........................................................r

{SECOND CHILD} {Head Start Cases}
R6.     **In the past year, has [CHILD] ever been the victim of a violent crime?**

YES ....................................................................1
NO ......................................................................0
DON'T KNOW....................................................d
REFUSED..........................................................r

{SECOND CHILD} {Head Start Cases}
R7.     **In the past year, has [CHILD] ever been the victim of domestic violence?**

                    YES ..................................................................1
                    NO ....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED...........................................................r


{SECOND CHILD} {Head Start Cases}
R8.     **Since [CHILD] was born, have you, another household member,** [(IF SC9 OR
        SC9-V1 OR RESPONDENT FLAG OR SC9-V2 = 12, 14-30) **or has [CHILD]'s mother**
        (IF SC9 OR SC9-V1 OR RESPONDENT FLAG OR SC9-V2 = 11, 13, 15-30) **or has
        [CHILD]'s father)] been arrested or charged with any crime by the police?**

                    YES ..................................................................1
                    NO ....................................................................0
                    DON'T KNOW....................................................d
                    REFUSED...........................................................r

{SECOND CHILD} {Head Start Cases}
{IF R8=1}
R9.    **How was this person related to [CHILD]?**

<u>CODE ALL THAT APPLY</u>

BIOLOGICAL MOTHER ........................................ 11
BIOLOGICAL FATHER ........................................ 12
ADOPTIVE MOTHER ........................................... 13
ADOPTIVE FATHER ........................................... 14
STEPMOTHER ................................................. 15
STEPFATHER ................................................. 16
GRANDMOTHER ................................................ 17
GRANDFATHER ................................................ 18
GREAT GRANDMOTHER .................................. 19
GREAT GRANDFATHER .................................. 20
SISTER/STEPSISTER ........................................ 21
BROTHER/STEPBROTHER ............................... 22
OTHER RELATIVE OR IN-LAW (FEMALE) ......... 23
OTHER RELATIVE OR IN-LAW (MALE) ............. 24
FOSTER PARENT (FEMALE) ............................ 25
FOSTER PARENT (MALE). ................................ 26
OTHER NON-RELATIVE (FEMALE) .................... 27
OTHER NON-RELATIVE (MALE) ....................... 28
PARENT'S PARTNER (FEMALE) ....................... 29
PARENT'S PARTNER (MALE) ........................... 30
DON'T KNOW .................................................... d
REFUSED ......................................................... r

{SECOND CHILD IF R8=1} {Head Start Cases}
{IF R8=1}
R10.    **Did anyone spend time in jail because of this?**

YES ................................................................. 1
NO .................................................................. 0
DON'T KNOW .................................................... d
REFUSED ......................................................... r

**Next, I am going to ask you about your romantic relationships.**
{Head Start Cases}
R11.   **Do you feel safe in your current relationship?**

YES ....................................................................1

NO .....................................................................0

DO NOT HAVE RELATIONSHIP .........................3

DON'T KNOW.....................................................d

REFUSED............................................................r


{Head Start Cases}
R12.   **Do you have a partner from a previous relationship who is making you feel unsafe now?**

YES ....................................................................1

NO .....................................................................0

DON'T KNOW.....................................................d

REFUSED............................................................r


{R12=1} {Head Start Cases}
R13.   **How was this person related to you?**

SPOUSE.............................................................1

PARTNER............................................................2

DON'T KNOW.....................................................d

REFUSED............................................................r

> **VERSION BOX S**
>
> **HEAD START CASES ONLY: IF SPRING 2007 OR NO SPRING 2007 INTERVIEW CONTINUE,**
>
> **ELSE GO TO VERSION BOX T**

**Families with young children sometimes need help of various kinds. Now I'd like to ask you some questions about ways in which Head Start may have helped your family.**

{Head Start Cases}

S1. **Did you or another family member complete a Head Start Family Needs Assessment or Family Partnership Agreement in which you were asked about your family's particular needs, interests, goals, strengths, and so on?**

```
YES ....................................................................1
NO ......................................................................0
DON'T KNOW ....................................................d
REFUSED............................................................r
```

{Head Start Cases}

S2. **{IF NO PREVIOUS INTERVIEW: In the last 12 months/(ELSE) Since (MONTH AND YEAR OF LAST INTERVIEW)} have you or anyone in your household received any of these community or government services?**

|   | | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. | **Help with housing?** ................................................ | 1 | 0 | d | r |
| b. | **Training for a job?**.................................................. | 1 | 0 | d | r |
| c. | **Help finding a job?** ................................................. | 1 | 0 | d | r |
| d. | **Help to go to school or college?** ........................... | 1 | 0 | d | r |
| e. | **Classes in English as a Second Language?** ....... | 1 | 0 | d | r |
| f. | **Transportation to or from work or training?** ....... | 1 | 0 | d | r |
| g. | **Child care?** ............................................................. | 1 | 0 | d | r |
| h. | **Alcohol or drug treatment or counseling?** .......... | 1 | 0 | d | r |
| i. | **Advice from a lawyer?** ........................................... | 1 | 0 | d | r |
| j. | **Mental health services or counseling?**................ | 1 | 0 | d | r |
| k. | **Help dealing with family violence?** ...................... | 1 | 0 | d | r |
| l. | **Help or counseling for other family problems?** .. | 1 | 0 | d | r |
| m. | **Dental or Orthodontic care?**................................. | 1 | 0 | d | r |

**BOX S2a**
**IF ANY S2=1 ASK S3, ELSE GO TO T1.**

{IF S2a - m = 1} {Head Start Cases}

S3.    **Did Head Start make you aware of or help you to obtain (**(IF ONLY ONE PART S2=1) **this service/**(ELSE) **these services)?**

YES .................................................................. 1
NO ..................................................................... 0
DON'T KNOW ..................................................... d
REFUSED........................................................... r

## T. SOCIAL SUPPORT

---

**VERSION BOX T**

**IF SPRING 2007 OR NO SPRING 2007, OR KINDERGARTEN
SURVEY CONTINUE, ELSE GO TO U1**

---

T1.    **Now I'm going to read some statements about other kinds of help you may get. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.**

   PROBE:  **Would you say it is never true for you, sometimes true for your, or always true for you?**

| | NEVER TRUE | SOMETIMES TRUE | ALWAYS TRUE | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|
| a. **If I need to do an errand, I can easily find someone to watch [CHILD]**...................... | 1 | 2 | 3 | d | r |
| b. **If I need a ride to get [CHILD] to the doctor, friends or family will help me**.............................. | 1 | 2 | 3 | d | r |
| c. **If [CHILD] is sick, friends or family will call or come by to check on how things are going** ...................................... | 1 | 2 | 3 | d | r |
| d. **If [CHILD] is having problems at (Head Start/Kindergarten), there is a friend, relative, or neighbor I can talk it over with**......................................... | 1 | 2 | 3 | d | r |
| e. **If I have an emergency and need cash, family or friends will loan it to me** ................... | 1 | 2 | 3 | d | r |
| f. **If I have troubles or need advice, I have someone I can talk to** ............................. | 1 | 2 | 3 | d | r |

T2. **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. How helpful (have/has)** {INSERT a – m} **been? Would you say . . .**

---

**BOX T2a**

**IF RESPONDENT IS [CHILD]'S FATHER {IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 12, 14}, CODE T2a AS 4. IF RESPONDENT IS CHILD'S MOTHER {IF SC9 OR SC9-V1 OR RESPONDENT FLAG = 11, 13}, CODE T2b AS 4. IF CURRENT SPOUSE OR PARTNER IS [CHILD]'S FATHER/MOTHER {IF B9 = 1 OR J15 = 1}, CODE T2c AS 4.**

---

| | NOT VERY HELPFUL | SOMEWHAT HELPFUL | VERY HELPFUL | NOT APPLICABLE | DON'T KNOW | REFUSED | NO |
|---|---|---|---|---|---|---|---|
| {SECOND CHILD} a. **[CHILD]'s father** ................ | 1 | 2 | 3 | 4 | d | r | |
| {SECOND CHILD} b. **[CHILD]'s mother** ............... | 1 | 2 | 3 | 4 | d | r | |
| {SECOND CHILD} c. **Your current spouse or partner** .................... | 1 | 2 | 3 | 4 | d | r | |
| {SECOND CHILD} d. **[CHILD]'s grandparents** .... | 1 | 2 | 3 | 4 | d | r | |
| {SECOND CHILD} e. **Other relatives**................... | 1 | 2 | 3 | 4 | d | r | |
| f. **Your friends**........................ | 1 | 2 | 3 | 4 | d | r | |
| g. **Co-workers** .......................... | 1 | 2 | 3 | 4 | d | r | |
| h. **Professional help givers like counselors or social workers** .............................. | 1 | 2 | 3 | 4 | d | r | |
| i. **(Head Start/Kindergarten) staff** ... | 1 | 2 | 3 | 4 | d | r | |
| j. **Other parents you have met through (Head Start/Kindergarten)**........... | 1 | 2 | 3 | 4 | d | r | |
| k. **Other child care providers** ........................ | 1 | 2 | 3 | 4 | d | r | |
| l. **Religious or social group member**.............................. | 1 | 2 | 3 | 4 | d | r | |
| m. **Were there other people who have been helpful, and how helpful were they?** (SPECIFY)................... | 1 | 2 | 3 | | d | r | 0 |

{IF T2m = 2 OR 3}
T2n.    **Who was that?**

(SPECIFY) _____

## U. YOUR FEELINGS

U1.   **The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.**

**I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt or behaved this way during the past week. First . . . (INSERT ITEM)**

[ITEM]. **Did you feel this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week?**

NOTE:   A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR UC-1 "SHAKE OFF THE BLUES."

HELP SCREEN:

Feelings of <u>depression</u> may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

| USE SHOW CARD | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|
| a. **Bothered by things that usually don't bother you** | 1 | 2 | 3 | 4 | d | r |
| b. **You did not feel like eating, your appetite was poor** | 1 | 2 | 3 | 4 | d | r |
| c. **You could not shake off the blues, even with help from your family and friends** | 1 | 2 | 3 | 4 | d | r |
| d. **You had trouble keeping your mind on what you were doing** | 1 | 2 | 3 | 4 | d | r |
| e. **Depressed** | 1 | 2 | 3 | 4 | d | r |
| f. **That everything you did was an effort** | 1 | 2 | 3 | 4 | d | r |
| g. **Fearful** | 1 | 2 | 3 | 4 | d | r |
| h. **Your sleep was restless** | 1 | 2 | 3 | 4 | d | r |
| i. **You talked less than usual** | 1 | 2 | 3 | 4 | d | r |
| j. **Lonely** | 1 | 2 | 3 | 4 | d | r |
| k. **Sad** | 1 | 2 | 3 | 4 | d | r |
| l. **You could not get "going"** | 1 | 2 | 3 | 4 | d | r |

**VERSION BOX U1**

**HEAD START CASES: GO TO V1**

**KINDERGARTEN CASES: GO TO BOX X1A**

## V.  GETTING READY FOR KINDERGARTEN

> **VERSION BOX V**
> **HEAD START CASES ONLY: IF SPRING 2007 OR SPRING 2008 CONTINUE,**
> **ELSE GO TO VERSION BOX W**

{SECOND CHILD} {Head Start Cases}
V1.    **Where will [CHILD] attend school this coming fall?  Will (he/she) be . . .**

| | |
|---|---|
| **Returning to Head Start,**...................................1 | |
| **Attending Pre-Kindergarten,** ...........................2 | GO TO W1 |
| **Attending Kindergarten,**..................................3 | |
| **Attending another preschool,** ..........................4 | |
| **Not attending any school, or**...........................5 | GO TO W1 |
| **Don't know yet?** ...............................................d | |
| REFUSED.........................................................r | |

{SECOND CHILD} {Head Start Cases}
{IF V1=3}
V2.    **What is the name of the school [CHILD] will attend next year?**

_____
SCHOOL NAME

DON'T KNOW.....................................................d
REFUSED............................................................r

{SECOND CHILD} {Head Start Cases}
{IF V1=3}
V3.    **What city and state is the elementary school in?**

_____
CITY

|__|__|  STATE

DON'T KNOW....................................................d
REFUSED.........................................................r


{SECOND CHILD} {Head Start Cases}
{IF V1=3 AND V3<>d, r}
V4.    **What is the street address?**

_____
STREET

DON'T KNOW....................................................d
REFUSED.........................................................r

## W. HEAD START CONCLUDING QUESTIONS

> **VERSION BOX 2**
> **HEAD START CASES ONLY: IF SPRING 2007 OR SPRING 2008**
> **INTERVIEW CONTINUE, ELSE GO TO BOX X1a**

**Now I would like to ask you some questions about [CHILD]'s Head Start program.**

{SECOND CHILD} {Head Start Cases}
W1.   {IF C2 = 1} **Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas:**

| | | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DON'T KNOW | REFUSED | NEVER OFFERED |
|---|---|---|---|---|---|---|---|---|
| a. | **Helping [CHILD] to grow and develop** ........ | 1 | 2 | 3 | 4 | d | r | |
| b. | **Being open to your ideas and participation in the program** .............. | 1 | 2 | 3 | 4 | d | r | |
| c. | **Supporting and respecting your family's culture and background** .................. | 1 | 2 | 3 | 4 | d | r | |
| d. | **Identifying and providing services for [CHILD]—for example, health screening, help with speech and language development** ................. | 1 | 2 | 3 | 4 | d | r | ☐ |
| e. | **Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training** ................... | 1 | 2 | 3 | 4 | d | r | ☐ |
| f. | **Maintaining a safe program—for example, secure play-grounds, clean and tidy classrooms** ..... | 1 | 2 | 3 | 4 | d | r | |
| g. | **Preparing [CHILD] to enter kindergarten** ....... | 1 | 2 | 3 | 4 | d | r | |
| h. | **Helping you become more involved in groups that are active in your community** ...... | 1 | 2 | 3 | 4 | d | r | ☐ |

{SECOND CHILD} {Head Start Cases}
W2.   **Now I'm going to ask you about [CHILD]'s and your experience in Head Start. Please let me know which answer best describes [CHILD]'s and your Head Start experience.**

|  |  | NEVER | SOMETIMES | OFTEN | ALWAYS | DON'T KNOW | REFUSED |
|---|---|---|---|---|---|---|---|
| a. | **[CHILD]**((C2=1**)feels/**(C2=2)**felt) safe and secure in Head Start**............. | 1 | 2 | 3 | 4 | d | r |
| b. | **[CHILD]** ((C2=1)**gets/**C2=2)**got) lots of individual attention**............... | 1 | 2 | 3 | 4 | d | r |
| c. | **[CHILD]'s teacher (**(C2=1)**is/**(C2=2) **was)) open to new information and learning**.............................. | 1 | 2 | 3 | 4 | d | r |
| d. | **[CHILD]** ((C2=1)**has been /**(C2=2)**was) happy in the program** .................................. | 1 | 2 | 3 | 4 | d | r |
| e. | **The teacher (**(C2=1)**is/**(C2=2) **was)) warm and affectionate towards [CHILD]**.................... | 1 | 2 | 3 | 4 | d | r |
| f. | **[CHILD] (**(C2=1)**is/**(C2=2) **was)) treated with respect by teachers**............................ | 1 | 2 | 3 | 4 | d | r |
| g. | **The teacher (**(C2=1)**takes/**(C2=2) took**)) an interest in [CHILD]** ................ | 1 | 2 | 3 | 4 | d | r |
| h. | **[CHILD] (**(C2=1)**feels/**(C2=2) felt**)) accepted by the teacher** | 1 | 2 | 3 | 4 | d | r |
| i. | **The teacher (**(C2=1)**is/**(C2=2) **was)) supportive of you as a parent**...................................... | 1 | 2 | 3 | 4 | d | r |
| k. | **You (**(C2=1)**feel/**(C2=2) **felt)) welcomed by the teacher**...... | 1 | 2 | 3 | 4 | d | r |
| l. | **The teacher (**(C2=1)**handles/**(C2=2) **handled)) discipline matters easily without being harsh** ... | 1 | 2 | 3 | 4 | d | r |
| m. | **The teacher ((C2=**1) **seems/** (**C2=2**) **seemed) happy and content**.................................... | 1 | 2 | 3 | 4 | d | r |
| n. | **The assistant teacher/aide** ((C2=1)**is/**(C2=2) **was)) warm and affectionate towards [CHILD]** .................................. | 1 | 2 | 3 | 4 | d | r |

{SECOND CHILD} {Head Start Cases}
W3.   **What are the major ways you feel Head Start helped [CHILD] this year?**

      PROBE:  **What else?**

_____

_____

_____

_____

{Head Start Cases}
W4.   **What are the major ways you think Head Start helped your <u>family</u> this year?**

      PROBE:   **Did they help your family in any other areas besides educating [CHILD]?  What else?**

_____

_____

_____

_____

{Head Start Cases}
W5.   **If you could change anything about Head Start that you think would help it better serve children and their families, what would it be?**

_____

_____

_____

_____

<div style="border:1px solid black; text-align:center;">

**BOX X1a**
**PROGRAMMING INSTRUCTIONS:  PRELOAD ALL**
**INFORMATION FROM DATABASE**

</div>

{IF C2 = 2, d, r}
**Thank you for your help.  Please tell me where we should send your thank-you check.**
GO TO X4.

{IF C2 = 1}
**Thank you for spending this time with me.  (IN PERSON INTERVIEW:  I will give you your thank-you money in just a few minutes./TELEPHONE INTERVIEW:  We will send you your thank-you money within the next 2 weeks.)  As we talked about earlier, we plan to interview you again in the spring and we need to know how to get in touch with you.**

**My next questions will be about how to contact you or people who will know how to find you.**

X1. **First, I would like to verify your telephone number.  What is your telephone number?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|
AREA CODE

NO TELEPHONE..................................................1 ⌐
DON'T KNOW....................................................d ├→ GO TO X2
REFUSED.........................................................r ⌐

{IF NUMBER PROVIDED AT X1}
X1a. **Whose name is that number listed under?**

_____     ⟶   GO TO X3a
NAME

DON'T KNOW....................................................d ⌐
REFUSED.........................................................r ├→ GO TO X4

{IF X1 = d, r}
X2.   **Can you give me a number where you can be reached?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|
AREA CODE

DON'T KNOW......................................................d ⎤
REFUSED..........................................................r ⎦ → GO TO X4


{IF NUMBER PROVIDED AT X2}
X3.   **Whose telephone is that?**

_____     → GO TO X3a
NAME

DON'T KNOW......................................................d ⎤
REFUSED..........................................................r ⎦ → GO TO X4


X3a.   **Do you have another phone number like a beeper number or cell phone number?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|  CELL PHONE
AREA CODE

(|___|___|___|)-|___|___|___|-|___|___|___|___|  BEEPER
AREA CODE

NO BEEPER OR CELL PHONE ..........................1
DON'T KNOW......................................................d
REFUSED..........................................................r


X4.   **Please give me your full name and permanent address.**

Name:_____

Address: _____

_____

DON'T KNOW......................................................d
REFUSED..........................................................r

| **IF C2 = 2, d, r – GO TO ENDING** |
| --- |

{J17, K17, OR L17 = 1} OR {J17, K17, OR L17 = 0 AND J18, K18, OR L18 = 1}
X5.   **May we call you at your work number?**

> YES ....................................................................... 1
> NO ......................................................................... 0
> DON'T KNOW...................................................... d
> REFUSED.............................................................. r

{X5=1}
X6.   **What is your work telephone number?**

> (|___|___|___|)-|___|___|___|-|___|___|___|___|
> AREA CODE
>
> DON'T KNOW...................................................... d
> REFUSED.............................................................. r

X7a.  **Please tell me the names, addresses and telephone numbers of three people who do not live with you but who will know how to contact you a year from now?  This will help us contact you so we can still complete an interview with you if you move.**

**What is the name of the first person who will know how we can reach you?**

> _____
>
> DON'T KNOW...................................................... d
> REFUSED.............................................................. r  →  GO TO SECTION Y

X7b.   **How is this person related to you?**

BIOLOGICAL MOTHER........................................ 11
BIOLOGICAL FATHER ........................................ 12
ADOPTIVE MOTHER .......................................... 13
ADOPTIVE FATHER ........................................... 14
STEPMOTHER ................................................... 15
STEPFATHER .................................................... 16
GRANDMOTHER ................................................ 17
GRANDFATHER.................................................. 18
GREAT GRANDMOTHER ................................... 19
GREAT GRANDFATHER .................................... 20
SISTER/STEPSISTER........................................ 21
BROTHER/STEPBROTHER................................ 22
OTHER RELATIVE OR IN-LAW (FEMALE) ......... 23
OTHER RELATIVE OR IN-LAW (MALE) ............. 24
FOSTER PARENT (FEMALE) ............................. 25
FOSTER PARENT (MALE)................................... 26
OTHER NON-RELATIVE (FEMALE).................... 27
OTHER NON-RELATIVE (MALE) ........................ 28
PARENT'S PARTNER (FEMALE)........................ 29
PARENT'S PARTNER (MALE) ........................... 30
DON'T KNOW...................................................... d
REFUSED........................................................... r

X7c.   **What is that person's telephone number?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|
AREA CODE

DON'T KNOW...................................................... d
REFUSED........................................................... r

X7d.   **Please give me their permanent address.**

ADDRESS: _____

_____

DON'T KNOW......................................................d
REFUSED..........................................................r

X8a.   **What is the name of a second person?**

_____

DON'T KNOW......................................................d
REFUSED..........................................................r

X8b. **How is this person related to you?**

BIOLOGICAL MOTHER ........................................ 11
BIOLOGICAL FATHER ........................................ 12
ADOPTIVE MOTHER ......................................... 13
ADOPTIVE FATHER .......................................... 14
STEPMOTHER ................................................. 15
STEPFATHER .................................................. 16
GRANDMOTHER ............................................... 17
GRANDFATHER................................................ 18
GREAT GRANDMOTHER ................................... 19
GREAT GRANDFATHER .................................... 20
SISTER/STEPSISTER....................................... 21
BROTHER/STEPBROTHER................................ 22
OTHER RELATIVE OR IN-LAW (FEMALE) ......... 23
OTHER RELATIVE OR IN-LAW (MALE) ............. 24
FOSTER PARENT (FEMALE) ............................ 25
FOSTER PARENT (MALE). ............................... 26
OTHER NON-RELATIVE (FEMALE).................... 27
OTHER NON-RELATIVE (MALE) ....................... 28
PARENT'S PARTNER (FEMALE)........................ 29
PARENT'S PARTNER (MALE) ........................... 30
DON'T KNOW.................................................... d
REFUSED........................................................ r

X7c. **What is that person's telephone number?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|
AREA CODE

DON'T KNOW.................................................... d
REFUSED........................................................ r

X7d.   **Please give me their permanent address.**

ADDRESS: _____

_____

DON'T KNOW..................................................d
REFUSED......................................................r


X9a.   **What is the name of a third person?**

_____

DON'T KNOW..................................................d
REFUSED......................................................r


X9b.   **How is this person related to you?**

BIOLOGICAL MOTHER......................................11
BIOLOGICAL FATHER ......................................12
ADOPTIVE MOTHER .........................................13
ADOPTIVE FATHER ..........................................14
STEPMOTHER ..................................................15
STEPFATHER ...................................................16
GRANDMOTHER ..............................................17
GRANDFATHER.................................................18
GREAT GRANDMOTHER ..................................19
GREAT GRANDFATHER ...................................20
SISTER/STEPSISTER........................................21
BROTHER/STEPBROTHER...............................22
OTHER RELATIVE OR IN-LAW (FEMALE) .........23
OTHER RELATIVE OR IN-LAW (MALE) .............24
FOSTER PARENT (FEMALE) ............................25
FOSTER PARENT (MALE)..................................26
OTHER NON-RELATIVE (FEMALE)....................27
OTHER NON-RELATIVE (MALE) ........................28
PARENT'S PARTNER (FEMALE).......................29
PARENT'S PARTNER (MALE) ...........................30
DON'T KNOW..................................................d
REFUSED......................................................r

X9c.　**What is their telephone number?**

(|___|___|___|)-|___|___|___|-|___|___|___|___|
AREA CODE

DON'T KNOW......................................................d
REFUSED............................................................r

X9d.　**Please give me their permanent address.**

ADDRESS:_____

_____

DON'T KNOW......................................................d
REFUSED............................................................r

Y1.    Please rate the following qualities of the respondent, the interviewing situation, and the data:

The respondent (was/had) . . .

|  | | HIGH | | | | | | LOW | |
|---|---|---|---|---|---|---|---|---|---|
| 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 interruption | 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 |

ZZ1.    Was a translator used?

       YES ...................................................................1
       NO ....................................................................0
       DON'T KNOW....................................................d
       REFUSED.........................................................r

ZZ2.    Which language was used?

                                          CODE ONLY ONE

       FRENCH...........................................................11
       SPANISH...........................................................12
       CAMBODIAN (KHMER) ....................................13
       CHINESE...........................................................14
       HAITIAN CREOLE .............................................15
       HMONG..............................................................16
       JAPANESE ........................................................17
       KOREAN ...........................................................18
       VIETNAMESE....................................................19
       ARABIC .............................................................20
       OTHER (SPECIFY)............................................21

       _____

       ENGLISH...........................................................25
       DON'T KNOW....................................................d
       REFUSED.........................................................r