The Fragile Families and Child Wellbeing Study
(SURVEY OF NEW PARENTS)

Fathers’ Five-Year Follow-Up Survey

Public Use Version

April 2013

Surveys were conducted by MPR under contract with the Center for Research on Child Wellbeing at Princeton University and the Social Indicator Survey Center at Columbia University.
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SECTION A: FAMILY CHARACTERISTICS

First, I’d like to ask you some questions about (CHILD).

A1. **NOT FOR PUBLIC RELEASE**


   All or most of the time, .................................. 1 ➔ GO TO A4
   About half of the time, .................................... 2 ➔ GO TO A3F
   Some of the time, or ........................................ 3 ➔ GO TO A2D
   None of the time? .......................................... 4 ➔ GO TO A2C
   VOLUNTEERED-CHILD DECEASED ...................... 5
   VOLUNTEERED-CHILD ADOPTED ....................... 6 ➔ GO TO A3
   ONLY ON WEEKENDS ..................................... 7 ➔ GO TO A3
   REFUSED ..................................................... ➔-1 ➔ GO TO A4

A2A. **NOT FOR PUBLIC RELEASE**
A2B. **NOT FOR PUBLIC RELEASE**

A2C. Has (he/she) stayed with you in the past twelve months?

- YES ........................................................................1
- NO ..........................................................................2 ➔ GO TO A3A1

A2D. How many nights has (CHILD) spent with you in the past twelve months?

|   |   | NIGHTS

A3. How many months ago did (he/she) stop living with you (most of the time)?

|   |   | MONTHS AGO

NOT APPLICABLE: NEVER LIVED WITH CHILD ALL OR MOST OF THE TIME .................................................................-10 ➔ GO TO A3A2
A3A1. What was the main reason (he/she) stopped living with you (most of the time)?

**If more than one reason, probe for main reason.**

CIRCLE ONE

- Legally lost custody..........................1
- Child protective services/other agency/court removed child........2
- Financial problems..........................3
- Own health problems..........................4
- Child’s health problems......................5
- Neighborhood safety..........................6
- Other parent took child/kidnapped...............7
- Child deceased....................................8

**Other (not specified)..........................9**

______________________________________

- Father incarcerated..........................101
- Lives with other family.......................102
- Father disabled.................................103
- Lives with mother...............................104
- Parents broke up...............................105
- Never lived with child.........................106
- Father moved....................................107
- Mother/child moved............................108
- Parents don’t get along.......................109

**RECODE A2 AND FOLLOW NEW PATH**
A3A2. **CODE WITHOUT ASKING IF KNOWN.**
Who does (CHILD) (usually) live with?
**IF MORE THAN ONE ARRANGEMENT, PROBE FOR PERSON CHILD SPENDS THE MOST TIME WITH.**

CIRCLE ONE

- BIOLOGICAL MOTHER ........................................1 ➔ GO TO A3C
- MATERNAL GRANDPARENT(S) .........................2
- PATERNAL GRANDPARENT(S) .........................3
- OTHER RELATIVE(S) ......................................4
- FRIEND ......................................................5
- FOSTER CARE ..............................................6
- ADOPTIVE PARENT ..........................................7 ➔ UPDATE ADDRESS, THANK MOTHER, END INTERVIEW AND CODE CASE ADOPTED.

- CHILD DECEASED ...........................................8 ➔ RECODE A2 AND FOLLOW NEW PATH
- OTHER (NOT SPECIFIED) .................................9 ➔ GO TO A3C

A3B. Are (CHILD's) foster parents related to you?

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

GO TO A3C
A3B1A. Does (PERSON IN A3A2) receive any kind of payment for taking care of (CHILD)?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW ..................................................-2
REFUSED .........................................................-1

GO TO A3C

A3B1B. Who provides this payment?

CIRCLE ALL THAT APPLY

A3B1B_1 RESPONDENT/CHILD’S FATHER .............1
A3B1B_2 CHILD’S MOTHER ...................................2
A3B1B_3 OTHER RELATIVE OF CHILD ...............3
A3B1B_4 FRIEND ................................................4
A3B1B_5 GOVERNMENT AGENCY .......................5
A3B1B_6 OTHER (NOT SPECIFIED) ......................6

A3C. About how many months has (CHILD) been living there?

|_|_|_| MONTHS

LESS THAN ONE MONTH.............................0

A3D. Do you expect (CHILD) to live with you (again) during the coming year?

YES .................................................................1
NO .................................................................2
A3E. About how many days did you see (CHILD) in the past 30 days?

|   |   | NUMBER OF DAYS

NONE .................................................................0

GO TO A4

A3F. Who does (CHILD) live with when (he/she) is not living with you?

IF MORE THAN ONE ARRANGEMENT, PROBE FOR PERSON CHILD SPENDS THE MOST TIME WITH.

CIRCLE ONE

BIOLOGICAL MOTHER .................................1
MATERNAL GRANDPARENT(S) .......................2
PATERNAL GRANDPARENT(S) .......................3
OTHER RELATIVE(S) .................................4
FRIEND ....................................................5
OTHER (NOT SPECIFIED) ............................6
______________________________________________

PARENTS BROKE UP .................................101
LIVES WITH MOTHER .................................102
FATHER INCARCERATED .............................103
FATHER WORK SCHEDULE .........................104
DISTANCE .................................................105

A3G. How many days did (CHILD) live with you out of the past 30 days?

PROBE: By live, we mean that (he/she) slept or stayed overnight in your home.

|   |   | DAYS

NONE .................................................................0
NO A3H THIS VERSION

A3I. What is the main reason (he/she) doesn’t live with you all of the time?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

LEGAL CUSTODY AGREEMENT ..................1
CHILD PROTECTIVE SERVICES/OTHER AGENCY/COURT ORDERED LIVING ARRANGEMENT ...........................................2
FINANCIAL PROBLEMS ..............................3
OWN HEALTH PROBLEMS ..........................4
CHILD’S HEALTH PROBLEMS .....................5
NEIGHBORHOOD SAFETY ...........................6
INFORMAL AGREEMENT WITH OTHER CUSTODIAN ...........................................7
OTHER (NOT SPECIFIED) ............................8

A4. Next, I have a few questions about your relationship with (CHILD’s) mother, (MOTHER).

What is your relationship with (MOTHER) now? Are you . . .

Married, ..................................................... 1 ➔ GO TO A4A1
Romantically involved, ................................. 2
Separated, ................................................... 3 ➔ GO TO A7
Divorced, .................................................... 4
Just friends, or ............................................. 5
Not in any kind of a relationship? .................... 6 ➔ GO TO A5
MOTHER DECEASED, VOLUNTEERED ......-14 ➔ GO TO A4C
REFUSED ....................................................-1 ➔ GO TO A10
A4A. Would you say you are romantically involved on a steady basis, or are you in an on-again - off-again relationship?

STEADY .......................................................1
ON-AGAIN, OFF-AGAIN ...............................2

A4A1. CODE WITHOUT ASKING IF KNOWN:
Are you and (MOTHER) currently living together . . .

All or most of the time,...............................1
Some of the time, .................................2
Rarely, or .........................................3
Never?..................................................4

A4A2. ARE FATHER AND MOTHER MARRIED AND LIVING TOGETHER ALL OR MOST OF THE TIME?
(A4=1 AND A4A1=1)

YES .................................................................1 ➔ GO TO A5
NO .................................................................2

A4B. How many nights a week do you and (MOTHER) usually spend the night together?

|_____ NIGHTS ➔ GO TO A5

NONE ............................................................ 0
REFUSED ......................................................-1

A4B1. During the past two years, did you and (MOTHER) ever live together for a month or more?

YES .................................................................1
NO .................................................................0 ➔ GO TO A5
A4B2. For how many months over the past two years did you and (MOTHER) live together?

|___|___| MONTHS
NONE ......................................................... 0
REFUSED ....................................................-1

GO TO A5

OFFER CONDOLENCES:
A4C. When did (MOTHER) die?

|___|___|___|___|
YEAR
(A4C2)

CODE WITHOUT ASKING IF KNOWN:
A4D. What was the cause of her death?

WON'T DISCUSS.............................................. 1
ILLNESS (NOT SPECIFIED)................. 2

ACCIDENT (NOT SPECIFIED) ............... 3

OTHER (NOT SPECIFIED) ..................... 4

DON'T KNOW ...............................................-2

GO TO A10
A5. WERE FATHER AND MOTHER UNMARRIED AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED BUT MARRIED NOW? (CHECK LAST INTERVIEW STATUS ON CONTACT SHEET AND A4=1)

YES .................................................................1
NO ......................................................................2 → GO TO A6

A5A. When did you and (MOTHER) get married?

CONFIRM THAT DATE MARRIAGE BEGAN IS BETWEEN DATE OF LAST INTERVIEW AND TODAY.

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<th></th>
<th>MONTH</th>
<th>YEAR</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td>(A5A1)</td>
<td>(A5A2)</td>
</tr>
</tbody>
</table>

A6. WERE FATHER AND MOTHER LIVING APART AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED, BUT LIVING TOGETHER NOW? (CHECK LAST INTERVIEW COHABITATION CONTACT SHEET A4A1=1 OR 2)

YES .................................................................1
NO ......................................................................2 → GO TO A7

A6A. When did you and (MOTHER) start living together?

CONFIRM THAT DATE COHABITATION BEGAN IS BETWEEN DATE OF LAST INTERVIEW AND TODAY.

|   |   |   |   | MONTH     |  YEAR     | → GO TO A8C
<table>
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<td>(A6A1)</td>
<td>(A6A2)</td>
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</tbody>
</table>
A7. WERE FATHER AND MOTHER MARRIED AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED BUT SEPARATED OR DIVORCED NOW? (CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET A4=3 OR 4)

YES ..............................................................................1
NO ..................................................................................2 ➔ GO TO A8

A7A. When did you and (MOTHER) get (separated/divorced)?

|__|__| / |__|__|__|__| ➔ GO TO A8B
MONTH            YEAR
(A7A1)           (A7A2)

A8. WERE FATHER AND MOTHER ROMANTICALLY INVOLVED (NOT MARRIED) AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED BUT NOT IN A RELATIONSHIP NOW? (CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET A4=5 OR 6)

YES .............................................................................. 1
NO .................................................................................. 2 ➔ GO TO A8C
MOTHER DIED ........................................................................-14 ➔ GO TO A10

A8A. When did your romantic relationship with (MOTHER) end?

|__|__| / |__|__|__|__| ➔ GO TO A8B
MONTH            YEAR
(A8A1)           (A8A2)
A8B. Please tell me why your (marriage/romantic relationship) ended.

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

FINANCIAL REASONS (DON'T HAVE WORK/MONEY) .............................................. 1
DISTANCE (DON'T LIVE IN SAME TOWN) ........................................ 2
MOTHER’S INCARCERATION .................................................. 3
FATHER’S INCARCERATION .................................................. 4
RELATIONSHIP REASONS (DON’T GET ALONG, TOO YOUNG, NOT IN LOVE, NOT MATURE ENOUGH, TOO DIFFERENT, JUST GREW APART) .............................................. 5
DRUG OR ALCOHOL PROBLEM ........................................... 6
VIOLENT/ABUSIVE .......................................................... 7
OTHER (NOT SPECIFIED) .................................................. 8

______________________________________________

INFIDELITY ................................................................. 101

A8C. DO FATHER AND MOTHER LIVE TOGETHER ALL OR MOST OF THE TIME OR DO THEY SPEND 7 NIGHTS PER WEEK TOGETHER?
(A4A1=1 OR A4B=7)

YES .............................................................................. 1 ➔ GO TO A10
NO .............................................................................. 0
A9. How often do you and (MOTHER) see or talk to each other? Is it . . .

Every day or nearly every day, ................... 1  
A few times a week,.............................. 2  
A few times a month,............................ 3  
Only a few times in the past year, or .......... 4  
Hardly ever? .................................... 5  
NEVER ........................................... 6  
MOTHER DECEASED, VOLUNTEERED .......-14

A10. Next I'd like to ask a question about the children you've had.

Including (CHILD), how many children do you have altogether. Please include children you've had with other mothers and children who do not live with you as well as children who do.

[___][___] CHILDREN

CHILD IS THE ONLY ONE........................1 ➔ GO TO A11
| A10B. Is the mother of (CHILD IN A10B) also the mother of (CHILD)? | YES (GO TO A10I2) ........1 | YES (GO TO A10I3) ........1 | YES ......(GO TO A11) ........1 |
| A10C. Is the mother of (CHILD 02) also the mother of (CHILD 01/CHILD 03)? | NO..........................2 | NO..........................2 | NO..........................2 |
| A10D. Is the mother of (CHILD 03) also the mother of (CHILD 02)? | YES..................................1 | YES..................................1 | NO..........................2 |
| A10E. What was your relationship with the mother of (CHILD IN A10B) at the time of that child’s birth? Were you ... | Married,......................1 | Married,......................1 | Married,......................1 |
| | Separated,....................2 | Separated,....................2 | Separated,....................2 |
| | Divorced,.....................3 | Divorced,.....................3 | Divorced,.....................3 |
| | Cohabiting,..................4 | Cohabiting,..................4 | Cohabiting,..................4 |
| | Romantic, but not living together, or ....................5 | Romantic, but not living together, or ....................5 | Romantic, but not living together, or ....................5 |
| | Not romantic?...............6 | Not romantic?...............6 | Not romantic?...............6 |
| | VOLUNTEERED, MOTHER DIED ..........(GO TO A10I).....-14 | VOLUNTEERED, MOTHER DIED ..........(GO TO A10I).....-14 | VOLUNTEERED, MOTHER DIED ..........(GO TO A11) .....-14 |
| | REFUSED... (GO TO A10I).....-1 | REFUSED... (GO TO A10I).....-1 | REFUSED... (GO TO A11)...-1 |
| A10F. Does (CHILD IN A10B)'s mother provide any financial support? | YES............................1 | YES............................1 | YES............................1 |
| | NO............................2 | NO............................2 | NO............................2 |
| A10G. How old is (CHILD IN A10B)'s mother? | [ ] [ ] [ ] YEARS DON’T KNOW ..............-2 | [ ] [ ] [ ] YEARS DON’T KNOW ..............-2 | [ ] [ ] [ ] YEARS DON’T KNOW ..............-2 |
| | REFUSED........................-1 | REFUSED........................-1 | REFUSED........................-1 |
| A10H. What is (CHILD IN A10B)'s mother currently doing? Is she ... | Employed full-time,.........1 | Employed full-time,.........1 | Employed full-time,.........1 |
| | Employed part-time,.........2 | Employed part-time,.........2 | Employed part-time,.........2 |
| | Attending school,..........3 | Attending school,..........3 | Attending school,..........3 |
| | In jail, or ....................4 | In jail, or ....................4 | In jail, or ....................4 |
| | Something else? (SPECIFY)5 | Something else? (SPECIFY)5 | Something else? (SPECIFY)5 |
| | DON’T KNOW ..............-2 | DON’T KNOW ..............-2 | DON’T KNOW ..............-2 |
| | REFUSED........................-1 | REFUSED........................-1 | REFUSED........................-1 |
| | DISABILITY...............101 | DISABILITY...............101 | DISABILITY...............101 |
| | DECEASED..................102 | DECEASED..................102 | DECEASED..................102 |
| | UNEMPLOYED..............103 | UNEMPLOYED..............103 | UNEMPLOYED..............103 |
| | SCHOOL AND WORK ........104 | SCHOOL AND WORK ........104 | SCHOOL AND WORK ........104 |
| | STAY AT HOME ............105 | STAY AT HOME ............105 | STAY AT HOME ............105 |
| | NOTHING ..................106 | NOTHING ..................106 | NOTHING ..................106 |
| | ON WELFARE..............107 | ON WELFARE..............107 | ON WELFARE..............107 |
| A10I. CHECK A10B, NEXT COLUMN. IS THERE ANOTHER CHILD TO ASK ABOUT? | YES ......(GO TO A10B2) ......1 | YES ......(GO TO A10B3) ......1 | YES ......(GO TO A11) ......1 |
| | NO...........(GO TO A11)........2 | NO...........(GO TO A11)........2 | NO...........(GO TO A11)........2 |
A11. WERE FATHER AND CHILD'S MOTHER EVER MARRIED OR WAS FATHER NEVER INTERVIEWED?
(CHECK MARRIAGE HISTORY ON CONTACT SHEET AND A4)

YES ................................................................. 1
NO ................................................................. 2
FATHER NEVER INTERVIEWED .................. -10  ➔ GO TO A11B

A11A. Were you ever married to someone other than (MOTHER)?

YES ................................................................. 1 ➔ GO TO A11C
NO ................................................................. 2 ➔ GO TO A12E

A11B. Were you ever married?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO A12E

A11C. In total, how many times have you been married?

|   |   |

ONCE ................................................................. 1
### A12A. What was the date of your (first/second/third) marriage to someone other than [MOTHER])?

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<thead>
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<th>MARRIAGE 01</th>
<th>MARRIAGE 02</th>
<th>MARRIAGE 03</th>
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<tbody>
<tr>
<td>[MONTH] /[YEAR]</td>
<td>[MONTH] /[YEAR]</td>
<td>[MONTH] /[YEAR]</td>
</tr>
<tr>
<td>A12A1A</td>
<td>A12A1C</td>
<td>A12A3A</td>
</tr>
<tr>
<td>A12A2A</td>
<td>A12A2C</td>
<td>A12A3C</td>
</tr>
</tbody>
</table>

**IF MORE THAN THREE MARRIAGES, LIST THE THREE MOST RECENT.**

### A12B. Did you divorce this woman?

- YES ........................................1
- NO ............ (GO TO A12C) ....2

### A12C. On what date were you divorced from this woman?

| | MONTH | YEAR |
| A12C1A | A12C1C |
| A12C2A | A12C2C |
| A12C3A | A12C3C |

### A12D. CHECK A12A NEXT COLUMN. IS THERE ANOTHER MARRIAGE TO ASK ABOUT?

- YES (GO TO A12B2) ....1
- NO ............ (GO TO A12E) ....2

### A12E. ARE FATHER AND MOTHER CURRENTLY MARRIED AND/OR LIVING TOGETHER ALL OR MOST OF THE TIME? (A4=1 OR A4A1=1)

- YES ..................................................1 ➔ GO TO SECTION B
- NO ..................................................2

### A13. (Since [DATE OF LAST INTERVIEW]/During the last two years), about how many romantic relationships have you had that lasted for at least one month?

- [RELATIONSHIPS] ➔ GO TO A14
  - NONE ..................................................0 ➔ GO TO SECTION B
  - ONLY WITH MOTHER .........................-10
  - DON’T KNOW .................................-2
  - REFUSED ........................................-1 ➔ GO TO SECTION B
A13A. I just need to have a range. Can you tell me if it was . . .

One or two relationships, .................................. 1
Three or four relationships, ................................. 2
Four to six relationships, or ................................. 3
More than six relationships? ............................... 4
DON'T KNOW ..................................................-2

A14. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you lived together with (this partner/any of your partners) in (this relationship/these relationships) for one month or more?

YES ........................................................................1
NO .........................................................................2 ➔ GO TO A15

A14A. (Since [DATE OF LAST INTERVIEW]/During the last two years), how many different partners have you lived with for one month or more?

|_____|_____| PARTNERS
ONE.......................................................................1

A15. Did you get (this partner/any of these partners) pregnant?

YES ........................................................................1
NO .........................................................................2
DON'T KNOW .....................................................-2
REFUSED .................................................................-1
SECTION B: CHILD WELL-BEING AND FATHERING

B0. DOES CHILD LIVE WITH FATHER AT LEAST HALF OF THE TIME?
(A2=1 OR 2)

YES, LIVES WITH FATHER AT LEAST
HALF OF THE TIME.................................1

NO, LIVES MOSTLY WITH
SOMEONE ELSE.................................2 ➔ GO TO B20A

QUESTIONS FOR FATHERS WHO LIVE WITH CHILD AT LEAST HALF OF THE TIME:

B1. Please think about how you feel about yourself as a father to (CHILD). Would
you say you are . . .

   An excellent father,.................................1
   A very good father,..................................2
   A good father, or.................................3
   Not a very good father?............................4

B2. Now, I’d like to ask you some questions about (CHILD’s) health and
development and how (he/she) is doing. In general, would you say (CHILD’s)
health is . . .

   Excellent,..............................................1
   Very good,.............................................2
   Good,....................................................3
   Fair, or................................................4
   Poor?....................................................5
B2A. Has a doctor or other health professional ever told you that (CHILD) has asthma?

YES ............................................................ 1
NO ............................................................. 2
DON’T KNOW .................................................-2
REFUSED ......................................................-1 → GO TO B3

B2B. During the past twelve months, has (CHILD) had an episode of asthma or an asthma attack?

YES ............................................................ 1
NO ............................................................. 2
DON’T KNOW .................................................-2 → GO TO B3
REFUSED ......................................................-1

B2C. During the past twelve months, did (CHILD) have to visit an emergency room or urgent care center because of asthma?

YES ............................................................ 1
NO ............................................................. 2
DON’T KNOW .................................................-2
REFUSED ......................................................-1

B3. (Since [DATE OF LAST INTERVIEW]/In the last two years), how many times have you and (CHILD) been separated for a week or more?

TIMES ..................................................... |__|__|__|
NEVER ...................................................... 0 → GO TO B4
DON’T KNOW ..............................................-2

19
B3A. For how many days were you and (CHILD) separated during (that/the most recent) separation?

PROBE: (Since [DATE OF LAST INTERVIEW]/In the last two years).

ACCEPT ESTIMATE.

|___|___|___| DAYS

DON’T KNOW ...........................................-2
REFUSED ..................................................-1

B3B. Where did (CHILD) stay during (that/the most recent) separation?

PROBE: Any other places?

CIRCLE ALL THAT APPLY

B3B_1 WITH CHILD’S BIOLOGICAL MOTHER........1
B3B_2 WITH MATERNAL GRANDPARENT ........2
B3B_3 WITH PATERNAL GRANDPARENT.........3
B3B_4 WITH OTHER RELATIVE/FRIEND.........4
B3B_5 WITH FOSTER PARENT ......................5
B3B_6 IN INSTITUTION/GROUP HOME ..........6
B3B_7 IN HOSPITAL ...............................7
B3B_8 OTHER (NOT SPECIFIED) ..................8

____________________________________
B3C. Thinking about (that/the most recent) separation, why were you and (CHILD) separated?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

<table>
<thead>
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<th>Reason</th>
<th>Code</th>
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<tr>
<td>CHILD OR PARENT'S ILLNESS</td>
<td>1</td>
</tr>
<tr>
<td>COURT OR AGENCY REMOVED CHILD FROM HOME</td>
<td>2</td>
</tr>
<tr>
<td>FATHER'S WORK SCHEDULE</td>
<td>3</td>
</tr>
<tr>
<td>FATHER IN JAIL/PRISON</td>
<td>4</td>
</tr>
<tr>
<td>FATHER ON VACATION</td>
<td>5</td>
</tr>
<tr>
<td>CHILD VISITED MOTHER</td>
<td>6</td>
</tr>
<tr>
<td>CHILD VISITED RELATIVES</td>
<td>7</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>8</td>
</tr>
<tr>
<td>FAMILY ISSUES</td>
<td>101</td>
</tr>
<tr>
<td>CHILD ON VACATION</td>
<td>102</td>
</tr>
<tr>
<td>SPOUSAL ARGUMENTS</td>
<td>103</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>104</td>
</tr>
<tr>
<td>FINANCIAL PROBLEMS</td>
<td>105</td>
</tr>
<tr>
<td>DISTANCE</td>
<td>106</td>
</tr>
<tr>
<td>MOTHER PREVENTED</td>
<td>107</td>
</tr>
</tbody>
</table>

B3D. WAS THERE MORE THAN ONE SEPARATION EPISODE?
(B3 = 2 OR MORE)

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
B3D1. For how many days were you and (CHILD) separated during the second most recent separation?

PROBE: The time before the one we just talked about.

PROBE: (Since [DATE OF LAST INTERVIEW] / In the last two years.)

ACCEPT ESTIMATE.

|___|___|___| DAYS

DON’T KNOW ........................................-2
REFUSED ...................................................-1

B3E. Where did (CHILD) stay during the second most recent separation?

PROBE: Any other places?

CIRCLE ALL THAT APPLY

B3E_1 WITH CHILD’S BIOLOGICAL MOTHER.........1
B3E_2 WITH MATERNAL GRANDPARENT ............2
B3E_3 WITH PATERNAL GRANDPARENT ............3
B3E_4 WITH OTHER RELATIVE/FRIEND ...........4
B3E_5 WITH FOSTER PARENT .......................5
B3E_6 IN INSTITUTION/GROUP HOME .............6
B3E_7 IN HOSPITAL ....................................7
B3E_8 OTHER (NOT SPECIFIED) .....................8
B3F. Thinking about the second most recent separation, why were you and (CHILD) separated?

**IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.**

<table>
<thead>
<tr>
<th>CIRCLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD’S OR PARENT’S ILLNESS ..................1</td>
</tr>
<tr>
<td>COURT OR AGENCY REMOVED</td>
</tr>
<tr>
<td>CHILD FROM HOME ................................2</td>
</tr>
<tr>
<td>FATHER’S WORK SCHEDULE .....................3</td>
</tr>
<tr>
<td>FATHER IN JAIL/PRISON ......................4</td>
</tr>
<tr>
<td>FATHER ON VACATION ..........................5</td>
</tr>
<tr>
<td>CHILD VISITED MOTHER .........................6</td>
</tr>
<tr>
<td>CHILD VISITED RELATIVES ......................7</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED) .........................8</td>
</tr>
<tr>
<td>................................................................</td>
</tr>
<tr>
<td>FAMILY ISSUES ................................101</td>
</tr>
<tr>
<td>CHILD ON VACATION ............................102</td>
</tr>
<tr>
<td>SPOUSAL ARGUMENTS ..............................103</td>
</tr>
<tr>
<td>SEPERATED ......................................104</td>
</tr>
<tr>
<td>DISTANCE ........................................105</td>
</tr>
<tr>
<td>MOTEHR PREVENTED ..............................106</td>
</tr>
</tbody>
</table>
B4A. Now I would like to ask you some questions about things you may do with (CHILD).

Please tell me how many days you do each of these activities in a typical week.

How many days a week do you (READ ITEM)?

**RECORD “NEVER” AS “0”**.

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7</td>
<td>-2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B4A1. Sing songs or nursery rhymes with (CHILD)</th>
<th>0 1 2 3 4 5 6 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4A2. Read stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A3. Tell stories to (him/her)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A4. Play inside with toys such as blocks or legos with (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A5. Tell (CHILD) that you appreciated something (he/she) did</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A6. Play outside in the yard, park, or a playground with (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A7. Take (CHILD) on an outing, such as shopping, or to a restaurant, church, museum, or special activity or event</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B4A8. Watch TV or a video together</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
**(18 CITIES ONLY – 2 CITIES NOT ASKED)**

B4B. The next questions are about (CHILD) and how (he/she) behaves.

For each item I read, please tell me if this is not true, somewhat or sometimes true, very true or often true for (CHILD)? *(READ ITEM)*

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE</th>
<th>SOMEWHAT OR SOMETIMES TRUE</th>
<th>VERY TRUE OR OFTEN TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4B1. (He/She) can’t concentrate, can’t pay attention for long</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B2. (He/She) can’t sit still; (he/she) is restless or hyperactive</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B3. (He/She) clings to adults or is too dependent</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B4. (He/She) cries a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B5. (He/She) is disobedient</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B6. (He/She) doesn’t get along with other children</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B7. (He/She) doesn’t seem to feel guilty after misbehaving</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B8. (He/She) has trouble getting to sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B9. (He/She) is nervous, high strung, or tense</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B10. (He/She) has a speech problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B11. (He/She) is stubborn, sullen, or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B12. (He/She) has sudden changes in mood or feelings</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B13. (He/She) has temper tantrums or a hot temper</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B14. (He/She) is too fearful or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B15. (He/She) is unhappy, sad, depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B16. (He/She) wants a lot of attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B17. (He/She) is withdrawn; (he/she) doesn’t get involved with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B18. (He/She) feels worthless or inferior</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B4B19. (He/She) acts too young for (his/her) age</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
B5. Sometimes children behave pretty well and sometimes they don’t. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

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

NO .................................................................2 ➔ GO TO B6

B5A. Did you do this . . .

Every day or nearly every day, ......................1
A few times a week,.................................2
A few times this past month, or ....................3
Only once or twice? .................................4

B6. Now I’m going to read some statements about being a parent. Please tell me how much you agree or disagree with each statement.

B6A. Being a parent is harder than I thought it would be. Do you . . .

Strongly agree, .................................1
Somewhat agree, ..................................2
Somewhat disagree, or ..........................3
Strongly disagree? .................................4

B6B. I feel trapped by my responsibilities as a parent. Do you . . .

Strongly agree, .................................1
Somewhat agree, ..................................2
Somewhat disagree, or ..........................3
Strongly disagree? .................................4
B6C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

Strongly agree, .................................................1
Somewhat agree, ...............................................2
Somewhat disagree, or .......................................3
Strongly disagree? .............................................4

B6D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

Strongly agree, .................................................1
Somewhat agree, ...............................................2
Somewhat disagree, or .......................................3
Strongly disagree? .............................................4

B7. CODE WITHOUT ASKING IF KNOWN:
Are the public schools in your area on summer break?

YES .................................................................1 ➔ ASK B8-B15
ABOUT JANUARY 1-MAY 31

NO .......................................................................2

B7A. CODE WITHOUT ASKING IF KNOWN:
Is (CHILD) currently in kindergarten.

YES .................................................................1 ➔ ASK B8-B15
ABOUT JANUARY 1-MAY 31

NO .......................................................................2 ➔ ASK B8-B15
ABOUT NOW

SKIP ERROR B7-B7A
B8. The next questions are about the preschools, schools, or centers that (CHILD) (is currently attending/attended between the beginning of January through the end of May of this year). I only want to know about schools or centers. I will be asking a separate question about places or people who (take/took) care of (CHILD) when (he/she) (is/was) not attending a school or center.

(Is [CHILD] currently attending/Between the beginning of January and the end of May), did [CHILD] attend), a day care center, nursery school, preschool, Head Start, or pre-kindergarten program on a regular basis?

YES ..........................................................1
NO ............................................................2 ➔ GO TO B9

B8A. What type of program (does/did) (he/she) attend most?

IF MORE THAN ONE CATEGORY, SELECT CATEGORY WITH THE HIGHEST NUMBER.

CIRCLE ONE

DAY CARE CENTER .........................................1
NURSERY SCHOOL ........................................2
PRESCHOOL ...................................................3
HEAD START PROGRAM ..............................4
PRE-KINDERGARTEN .............................5
JUNIOR KINDERGARTEN .........................6
KINDERGARTEN ........................................7 (2 CITIES ONLY)

B8B. During a typical week, how many hours per week (does/did) (CHILD) attend the (PROGRAM IN B8A)?

CONFIRM NUMBER IS HOURS PER WEEK, NOT HOURS PER DAY.

|__|__| HOURS PER WEEK
B8C. Where (is/was) the (PROGRAM IN B8A) located? For example, (is/was) it in a school, a church or synagogue, or in it's own building?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT'S OWN BUILDING</td>
<td>1</td>
</tr>
<tr>
<td>PUBLIC SCHOOL BUILDING</td>
<td>2</td>
</tr>
<tr>
<td>PRIVATE SCHOOL BUILDING</td>
<td>3</td>
</tr>
<tr>
<td>YMCA OR YWCA</td>
<td>4</td>
</tr>
<tr>
<td>COLLEGE/UNIVERSITY</td>
<td>5</td>
</tr>
<tr>
<td>CHURCH/SYNAGOGUE</td>
<td>6</td>
</tr>
<tr>
<td>COMMUNITY CENTER</td>
<td>7</td>
</tr>
<tr>
<td>PUBLIC LIBRARY</td>
<td>8</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>9</td>
</tr>
</tbody>
</table>

B8D. (Does/Did) any person or any agency give you money, a voucher, or a scholarship to help pay for the (PROGRAM IN B8A)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>
| NO CHARGE FOR PROGRAM           | 10   | "GO TO B8G"
(18 CITIES ONLY – 2 CITIES NOT ASKED)

B8E. On the average, how much (do/did) you pay out-of-pocket on a weekly basis for all day care, preschool or any other program you (currently use/used during the last school year)? Do not include money from other people or agencies.

Would you say . . . . .

| Less than $50 per week, .........................1 |
| $51 - $100 per week,..............................2 |
| $101 - $150 per week,............................3 |
| $151 – 200 per week,..............................4 |
| $201 - $250 per week,............................5 |
| $251 - $300 per week, or.......................6 |
| More than $300 per week?......................7 |
| PAYS NOTHING ..................................0 |

CHILD CARE PROVIDED IN EXCHANGE FOR OTHER SERVICES ........................15

GO TO B8G

B8F. How many children, including (CHILD), (are/were) covered in this amount?

| CHILDREN

| CHILD ONLY .................................1 |

B8G. CODE WITHOUT ASKING IF KNOWN

Is (CHILD) currently enrolled in this program?

| YES ...........................................1 |
| NO ..........................................2 |
(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)

B8H. IS/WAS CHILD IN SCHOOL/PROGRAM IN B8A FOR EIGHT OR MORE HOURS PER WEEK?
(B8B = 8 OR MORE)

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

B9. (Besides the [PROGRAM IN B8A] that (CHILD) attends), is (he/she) being cared for by someone other than you (or [his/her] mother) for at least eight hours a week for a month or more? Please include relatives and friends.

THIS ITEM REFERS TO CARE PROVIDED BY ANYONE OTHER THAN THE CUSTODIAL PARENT(S).

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

B9A. Including all the different child care arrangements that you use (but not including time [he/she] spends in any of the schools or centers we asked about earlier,) how many hours a week is (he/she) in care?

|___|___| HOURS PER WEEK

B9B. (Not including any of the schools or centers we asked about earlier,) How many different childcare arrangements are you currently using for (CHILD)?

|___|___| ARRANGEMENTS

ONE.................................................................1
B10. What is the primary type of child care arrangement you are using now? By primary, I mean the arrangement where (CHILD) spends the most time.

CIRCLE PRIMARY ARRANGEMENT

CHILD’S MOTHER (NOT LIVE-IN) ........................................ 1
FATHER’S PARTNER OR GIRLFRIEND ................................. 2
CHILD’S SIBLING ............................................................. 3
CHILD’S MATERNAL GRANDPARENT ................................. 4
OTHER RELATIVE ON MOTHER’S SIDE .............................. 5
CHILD’S PATERNAL GRANDPARENT .................................. 6
OTHER RELATIVE ON FATHER’S SIDE ............................... 7
MOTHER’S PARTNER ......................................................... 8
FATHER’S PARTNER’S RELATIVE ...................................... 9
NON-RELATIVE/FAMILY CHILD CARE ............................... 10
CHILD CARE CENTER ....................................................... 11 ➔ GO TO B12
FRIEND FATHER LIVES WITH .......................................... 12
OTHER (NOT SPECIFIED) .................................................. 13

B11. Where does (PROVIDER) usually take care of (CHILD)?

IN CHILD’S HOME ...................................................... 1
IN PROVIDER’S HOME ................................................. 2
PROVIDER AND (CHILD) LIVE IN SAME HOME ............... 3
OTHER (NOT SPECIFIED) .............................................. 4

_________________________________________
B12. How many hours each week does (CHILD) usually spend being cared for at (PROVIDER IN B10)?

|___|___| HOURS PER WEEK

B13. Does any person or any agency give you money, a voucher, or a scholarship to help pay for this childcare?

YES ................................................................. 1
NO ................................................................. 2
NO CHARGE FOR CHILD CARE....................-10 ➔ GO TO B17

B14. In total, how much do you pay out-of-pocket on a weekly basis for (PROVIDER IN B10)? Do not include money from other people or agencies. (Do not include the money paid for the program we talked about before.)

Would you say . . . . .

Less than $50 per week, ................................1
$51 - $100 per week,.................................2
$101 - $150 per week,...............................3
$151 - $200 per week,...............................4
$201 - $250 per week,...............................5
$251 - $300 per week, or.........................6
More than $300 per week?.......................7
PAYS NOTHING ........................................0 ➔ GO TO B17

CHILD CARE PROVIDED IN EXCHANGE FOR OTHER SERVICES ...............-15

GO TO B17
B15. How many children, including (CHILD), are covered in this amount?

|___|___| CHILDREN
CHILD ONLY .................................................1

NO B16 THIS VERSION

B17. Approximately how many times in the past month did you have to make special arrangements because your usual childcare arrangement fell through? Please include times when your child care provider(s) (was/were) sick or unavailable due to a holiday or vacation.

|___|___| TIMES
NONE .......................................................... 0
DID NOT USE CHILD CARE
IN PAST MONTH ............................................-10 ➔ GO TO B19

B18. How many times in the past month did you miss work or school because your childcare arrangement fell through?

|___|___| TIMES
NONE .......................................................... 0
NOT APPLICABLE: NEITHER WORKS
NOR IN SCHOOL ...........................................-10

B19. At any time since ([DATE OF LAST INTERVIEW] in the last two years), have you had to quit a job, school, or training activity because you had problems arranging child care or keeping a child care arrangement?

YES ..............................................................1
NO ...............................................................2
B20. When (CHILD) is sick, can (any of) your provider(s) take care of (him/her), do you need to make other arrangements, or do you have to miss work or school to take care of (him/her)?

ONE OF CURRENT PROVIDERS CAN CARE FOR CHILD............................... 1

HAS TO MAKE OTHER ARRANGEMENTS................................. 2

MISS WORK/SCHOOL .................................................. 3

SOMETIMES CAN MAKE OTHER ARRANGEMENTS, SOMETIMES HAVE TO MISS WORK OR SCHOOL .............. 4

NOT APPLICABLE: NEITHER WORKS NOR IN SCHOOL.................................-10

GO TO SECTION C

FOR FATHERS WHO DO NOT LIVE WITH CHILD AT LEAST HALF OF THE TIME:

B20A. Please think about how you feel about yourself as a father to (CHILD). Would you say you are . . .

An excellent father,......................................................1
A very good father, ....................................................2
A good father, or.........................................................3
Not a very good father? ..............................................4

B21. Now, I’d like to ask you some questions about (CHILD’s) health and development and how (he/she) is doing. In general, would you say (CHILD’s) health is . . .

Excellent, ................................................................. 1
Very good, ................................................................. 2
Good, ............................................................... 3
Fair, or ................................................................. 4
Poor? .............................................................. 5
DON’T KNOW .....................................................-2
B22.  (Since [DATE OF LAST INTERVIEW]/During the last two years), have you talked to (CHILD’s) doctor about how (he/she) is doing?  This could be as part of a visit or a separate call.

   YES ................................................................. 1 ➔ GO TO B23
   NO ................................................................. 2
   CHILD DOESN’T HAVE DOCTOR ....................... -10 ➔ GO TO B23

B22A.  Do you feel you could talk to (CHILD’s) doctor if you wanted to?

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

B23.  Is (CHILD) currently being cared for by someone other than (PERSON IN A3A2) on a regular basis?  By regular, I mean at least once a week for the past month. Please include day care centers, preschools, and relatives and friends.

   THIS ITEM REFERS ONLY TO CARE GIVEN BY ANYONE OTHER THAN THE CUSTODIAL CAREGIVERS, INCLUDING FATHER IF CHILD DOES NOT LIVE WITH HIM.

   YES ................................................................. 1
   NO ................................................................. 0 ➔ GO TO B25
   DON’T KNOW ..................................................... -2

B24.  (Since [DATE OF LAST INTERVIEW]/During the last two years), did you ever talk to (CHILD’s) child care provider about how (he/she) was doing?

   IF MORE THAN ONE PROVIDER, ASK ABOUT THE ONE THAT PROVIDES THE MOST HOURS OF CHILD CARE.

   YES ................................................................. 1 ➔ GO TO B25
   NO ................................................................. 2

B24A.  Do you feel you could talk to (CHILD’s) child care provider if you wanted to?

   YES ................................................................. 1
   NO ................................................................. 2
**B25.** DID FATHER SEE THE CHILD MORE THAN ONCE IN THE LAST 30 DAYS?  
(A3E = 2 OR MORE)

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

NO ....................................................................................2 ➔ GO TO SECTION C

**B26.** Now I would like to ask you some questions about things you may do with (CHILD).

Please tell me how many days you do each of these activities in a typical week.

How many days a week do you (READ ITEM)?

**RECORD “NEVER” AS “0.”**

<table>
<thead>
<tr>
<th>Activity</th>
<th>DAYS PER WEEK</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>B26A. Sing songs or nursery rhymes with (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26B. Read stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26C. Tell stories to (him/her)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26D. Play inside with toys such as blocks or legos with (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26E. Tell (CHILD) that you appreciated something (he/she) did</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26F. Play outside in the yard, park, or playground with (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26G. Take (CHILD) on an outing, such as shopping, or to a restaurant,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>church, museum, or special activity or event</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
<tr>
<td>B26H. Watch TV or a video together</td>
<td>0 1 2 3 4 5 6 7 -2</td>
<td></td>
</tr>
</tbody>
</table>
B27. About how many, if any, books do you have for (CHILD)? This can include children’s books shared with other children. Would you say (he/she) has . . .

   None,................................................................. 1
   One or two,...................................................... 2
   Three or four, or .............................................. 3
   Five or more? .................................................... 4
   DON’T KNOW ......................................................-2

B28. In a typical day, do you eat (MEAL) with (CHILD)?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>B27A. Breakfast</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B27B. Lunch</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B27C. Dinner</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
The next questions are about (CHILD) and how (he/she) behaves.

For each item I read, please tell me if this is not true, somewhat or sometimes true, very true or often true for (CHILD)? (READ ITEM)

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE</th>
<th>SOMEWHAT OR SOMETIMES TRUE</th>
<th>VERY TRUE OR OFTEN TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B29A1. (He/She) can’t concentrate, can’t pay attention for long</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A2. (He/She) can’t sit still; (he/she) is restless or hyperactive</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A3. (He/She) clings to adults or is too dependent</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A4. (He/She) cries a lot</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A5. (He/She) is disobedient</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A6. (He/She) doesn’t get along with other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A7. (He/She) doesn’t seem to feel guilty after misbehaving</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A8. (He/She) has trouble getting to sleep</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A9. (He/She) is nervous, high strung, or tense</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A10. (He/She) has a speech problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A11. (He/She) is stubborn, sullen, or irritable</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A12. (He/She) has sudden changes in mood or feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A13. (He/She) has temper tantrums or hot temper</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A14. (He/She) is too fearful or anxious</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A15. (He/She) is unhappy, sad, depressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A16. (He/She) wants a lot of attention</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A17. (He/She) is withdrawn; (he/she) doesn’t get involved with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A18. (He/She) feels worthless or inferior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B29A19. (He/She) acts too young for (his/her) age</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
B30. Sometimes children behave pretty well and sometimes they don’t. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES .................................................................1
NO .................................................................2 ➔ GO TO B31

B30A. Did you do this . . .

Every day or nearly every day, .........................1
A few times a week,........................................2
A few times this past month, or .......................3
Only once or twice? ....................................4

B31. Now I’m going to read some statements about being a parent. Please tell me how much you agree or disagree with each statement.

B31A. Being a parent is harder than I thought it would be. Do you . . .

Strongly agree, .................................................1
Somewhat agree, ............................................2
Somewhat disagree, or...............................3
Strongly disagree?........................................4

B31B. I feel trapped by my responsibilities as a parent. Do you . . .

Strongly agree, .................................................1
Somewhat agree, ............................................2
Somewhat disagree, or...............................3
Strongly disagree?........................................4
B31C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

   Strongly agree, .................................................1
   Somewhat agree, ..............................................2
   Somewhat disagree, or.................................3
   Strongly disagree?.................................4

B31D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

   Strongly agree, .................................................1
   Somewhat agree, ..............................................2
   Somewhat disagree, or.................................3
   Strongly disagree?.................................4
SECTION C: MOTHER-CHILD RELATIONSHIP

C1. ARE FATHER AND MOTHER CURRENTLY LIVING TOGETHER ALL, MOST, OR SOME OF THE TIME?  
(A4A1=1 OR 2)

   YES ................................................................. 1  ➔ GO TO C3
   NO ................................................................. 2

C1A. IS MOTHER DECEASED?  
(A4=-14 OR A9=-14)

   YES ................................................................. 1  ➔ GO TO SECTION E
   NO ................................................................. 2

C1B. DOES MOTHER HAVE PRIMARY CUSTODY OF CHILD?  
(A3A2=1)

   YES ................................................................. 1  ➔ GO TO C33A
   NO ................................................................. 2

C2. Now, I’d like to ask you some questions about (MOTHER) and her relationship to (CHILD).

   Has (MOTHER) seen (CHILD) (since [DATE OF LAST INTERVIEW]/during the last two years)?

       YES ................................................................. 1
       NO ................................................................. 2  ➔ GO TO C8

C2A. During the past 30 days, on how many days has (MOTHER) seen (CHILD)?

       NUMBER OF DAYS ........................................... [___ ___]  ➔ GO TO C2C
       NONE ................................................................. 0
C2B. When did (MOTHER) last see (CHILD)?

|___|___| / |___|___|___|___|
MONTH       YEAR
(C2B1)      (C2B2)

C2C. Has (CHILD) stayed overnight with (MOTHER) (since [DATE OF LAST INTERVIEW]/during the last two years)?

YES .................................................................................1
NO ...................................................................................2 \ Go TO C2E

C2D. How many nights altogether has (CHILD) spent with (MOTHER) (since [DATE OF LAST INTERVIEW]/during the last two years)?

ENCOURAGE AN ESTIMATE.

|___|___|___| NIGHTS \ Go TO C2E

DON'T KNOW .................................................................-2

C2D1. I just need a range. Would you say...

1 - 3 nights, .................................................................1
4 - 11 nights, .................................................................2
12 - 24 nights, or .........................................................3
25 or more nights? .......................................................4

C2E. DID MOTHER SEE CHILD MORE THAN ONCE DURING THE PAST MONTH?
(C2A=2 OR MORE)

YES .................................................................................1
NO ...................................................................................2 \ Go TO C5A
C2F. Please think about the kind of mother you feel that (MOTHER) is to (CHILD). Would you say that she is . . .

   An excellent mother, ................................ 1
   A very good mother, ................................. 2
   A good mother, or ................................ 3
   Not a good mother? ................................. 4

C3. Now I would like to ask you some questions about things (MOTHER) may do with (CHILD).

Please tell me how many days a week she does each of these activities in a typical week.

How many days a week does she (READ ITEM)?

**RECORD “NEVER” AS “0”.**

<table>
<thead>
<tr>
<th></th>
<th>DAYS PER WEEK</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3A.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3B.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3C.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3D.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3E.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3F.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3G.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>C3H.</td>
<td></td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
</tbody>
</table>
C4. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (MOTHER) spanked (CHILD) because (he/she) was misbehaving or acting up?

YES ...................................................... 1
NO .......................................................... 2
DON’T KNOW ...........................................-2 \rightarrow GO TO C5

C4A. Did she do this . . .

Every day or nearly every day, ....................1
A few times a week,.................................2
A few times this past month, or .................3
Only once or twice? ...............................4

C5. In the past month, how often has (MOTHER) spent one or more hours a day with (CHILD)? Was it . . .

Every day or nearly every day, ....................1
A few times a week,.................................2
A few times this past month, .....................3
Once or twice, or .................................4
Not at all? ............................................5

C5A. DOES MOTHER SEE CHILD FREQUENTLY?
(C5=1 OR 2)

YES ......................................................1 \rightarrow GO TO C6
NO ..........................................................2
C5B.  What is the main reason (MOTHER) doesn’t see (CHILD) more often?

**IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.**

**CIRCLE ONE**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER DOESN’T WANT MOTHER TO SEE CHILD</td>
<td>1</td>
</tr>
<tr>
<td>MOTHER DOES NOT WANT TO SEE/ACKNOWLEDGE CHILD</td>
<td>2</td>
</tr>
<tr>
<td>CHILD DOESN’T WANT TO SEE MOTHER</td>
<td>3</td>
</tr>
<tr>
<td>MOTHER LIVES TOO FAR AWAY</td>
<td>4</td>
</tr>
<tr>
<td>MOTHER DOESN’T HAVE ENOUGH TIME OR HAS TIME CONFLICTS</td>
<td>5</td>
</tr>
<tr>
<td>MOTHER DOESN’T HAVE ENOUGH MONEY</td>
<td>6</td>
</tr>
<tr>
<td>PARENTS DON’T GET ALONG</td>
<td>7</td>
</tr>
<tr>
<td>MOTHER’S CURRENT PARTNER OBJECTS</td>
<td>8</td>
</tr>
<tr>
<td>FATHER’S CURRENT PARTNER OBJECTS</td>
<td>9</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHER INCARCERATED</td>
<td>101</td>
</tr>
<tr>
<td>VISITATION/CUSTODY AGREEMENT</td>
<td>102</td>
</tr>
<tr>
<td>COURT ORDER</td>
<td>103</td>
</tr>
<tr>
<td>HEALTH REASONS</td>
<td>104</td>
</tr>
<tr>
<td>MOTHER ON ALCOHOL/DRUGS</td>
<td>105</td>
</tr>
<tr>
<td>MOTHER FAMILY ISSUES</td>
<td>106</td>
</tr>
</tbody>
</table>
C6A. Have you ever asked (MOTHER) to spend more time with (CHILD)?

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

MOTHER DOESN'T SHOW ....................................101
COURT ORDER.........................................................102
SAFETY, HOUSING, LIFESTYLE .........................103
MOTHER'S NEW FAMILY ......................................104

C6B. Have you ever refused to let (MOTHER) see (CHILD)?

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

C6C. How many times have you refused to let (MOTHER) see (CHILD) (since [DATE OF LAST INTERVIEW]/during the last two years)?

\[ \underline{\underline{\text{T I M E S}}} \]

HAS NOT REFUSED SINCE
DATE OF LAST INTERVIEW/
DURING THE LAST TWO YEARS .............10 \( \Rightarrow \) GO TO C7

C6D. Why do you refuse to let (MOTHER) see (CHILD)?

INCONVENIENT/TIME CONFLICT .................1
CHILD ILL.................................................................2
CHILD DIDN'T WANT TO VISIT MOTHER ....3
MOTHER NOT GOOD WITH CHILD ............4
MOTHER DRUNK, VIOLENT, ABUSIVE ......5
OTHER (NOT SPECIFIED) .............................6
C7. **HAS MOTHER SPENT LESS THAN ONE HOUR WITH CHILD IN THE PAST MONTH?**

(C5=5)

YES .................................................................1 ➔ GO TO C7E

NO .................................................................2

C7. Mothers can help in many different ways. Please tell me how often (MOTHER) helps you with the following:

(READ ITEM). Would you say she helps you with this often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

C7A. How often does she look after (CHILD) when you need to do things?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
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</tbody>
</table>

C7B. How often does she run errands (for you) like picking things up from the store?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
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</tbody>
</table>

C7C. How often does she fix things around your home, paint, or help make it look nicer in other ways?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</table>

C7D. How often does she take (CHILD) places (he/she) needs to go, such as to daycare or the doctor?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tbody>
</table>

C7E. **DID CHILD LIVE WITH MOTHER AT BIRTH AND IS CHILD CURRENTLY LIVING WITH MOTHER?**

(CHECK BASELINE STATUS A2=1 OR 2 AND A4A1=1 OR 2, OR A3A2=1)

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

NO .................................................................2 ➔ GO TO C8

C7F. Was (MOTHER) ever separated from (CHILD) for any period of two weeks or more?

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

NO .................................................................2 ➔ GO TO C8

C7G. How many times were (MOTHER) and (CHILD) separated?

|___|___| TIMES
C7H. How old was (CHILD) during (this/the first of these) separation period(s)?

|___|___| MONTHS (C7H1)
|___|___| YEARS (C7H2)

C8. WERE FATHER AND MOTHER MARRIED AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED?
(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET)

YES, MARRIED........................................1 ➔ GO TO C11
NO ..........................................................2
FATHER NEVER INTERVIEWED..................-10 ➔ GO TO C10

C9. WAS PATERNITY ESTABLISHED AT LAST INTERVIEW?
(CHECK PATERNITY STATUS ON CONTACT SHEET)

YES ..........................................................1 ➔ GO TO C11
NO ..........................................................2
NO PATERNITY INDICATOR ......................-10

C10. My next questions are about the legal arrangements you and (MOTHER) have regarding (CHILD).

C10A. Has (YOUR) legal paternity been established? That is, did you sign any document that identifies you as the legal father of (CHILD)? Or, has a court ruled that you are the father?

YES, LEGAL PATERNITY..........................1 ➔ GO TO C11
NO ..........................................................2
C10A1. What is the primary reason that legal paternity has not been established?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON:

CIRCLE ONE

DON’T WANT THE STATE/LEGAL SYSTEM INVOLVED/MOTHER PREFERS TO RECEIVE PAYMENTS DIRECTLY ..........1 ➔ GO TO C11

MOTHER DOESN’T WANT THE FATHER INVOLVED .................................................................2

FATHER DOESN’T WANT TO BE INVOLVED ........................................................................3

OTHER (NOT SPECIFIED) ............................................................4 ➔ GO TO C11

IN PROCESS .................................................................101

FATHER INCARCERATED.................................102

NO NEED .................................................................103

LIVES WITH CHILD .................................................................104

DIDN’T GET TO IT .................................................................105

C10A2. Why doesn’t (MOTHER) want you involved?

FINANCIAL REASONS/FATHER NOT ABLE TO PROVIDE SUPPORT ..................1

MOTHER DOESN’T GET ALONG WITH FATHER .................................................................2

FATHER NOT A GOOD PARENT/ FATHER A BAD INFLUENCE ........................................3

CAN’T LOCATE FATHER .................................................................4

OTHER (NOT SPECIFIED) .................................................................5
C11. ARE FATHER AND MOTHER MARRIED AND LIVING TOGETHER?
(A4=1 AND A4A1=1 OR 2)

YES ......................................................1  ➔ GO TO C23
NO .......................................................2

C12. DID FATHER AND MOTHER HAVE A LEGAL AGREEMENT OR CHILD SUPPORT ORDER AT LAST INTERVIEW?
(CHECK LAST INTERVIEW CHILD SUPPORT ON CONTACT SHEET)

YES ............................................. 1
NO .................................................. 2
FATHER NEVER INTERVIEWED..............-10  ➔ GO TO C12B

C12A. The last time we interviewed you, you told us that you have a legal agreement or child support order that requires you to provide financial support for (CHILD). Have there been any changes to the original agreement since it was reached?

YES ......................................................1  ➔ GO TO C15A
NO .......................................................2  ➔ GO TO C16

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)
C12B. WAS LEGAL PATERNITY ESTABLISHED?
(C10A=1)

YES ......................................................1
NO .......................................................2  ➔ GO TO C23

C13. Next I have some questions about financial contributions you might make to help support (CHILD).

Do you have a legal agreement or child support order that requires you to provide financial support to (CHILD)?

YES ......................................................1  ➔ GO TO C13B
NO .......................................................2
C13A. What is the primary reason that you do not have a child support order?

**IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.**

CIRCLE ONE

DON'T WANT THE STATE/LEGAL SYSTEM INVOLVED/PREFER TO RECEIVE PAYMENTS DIRECTLY .............1 ➔ GO TO C13A3

MOTHER DOESN'T WANT THE FATHER INVOLVED .................................................................2

THE FATHER DOESN'T WANT TO BE INVOLVED .................................................................3

OTHER (NOT SPECIFIED) .................................................4 ➔ GO TO C13A3

LIVING TOGETHER.........................................................101

MOTHER NOT LOCATED .............................................102

MUTUAL UNDERSTANDING ........................................103

INCARCERATED .............................................................104

CUSTODY ISSUES .............................................................105

IN PROCESS .................................................................106

C13A1. Why doesn’t (MOTHER) want you involved?

FINANCIAL REASONS/FATHER NOT ABLE TO PROVIDE SUPPORT .................1

MOTHER DOESN'T GET ALONG WITH FATHER .................................2

FATHER NOT A GOOD PARENT/ FATHER A BAD INFLUENCE .................3

MOTHER CAN'T LOCATE FATHER ....................................4

OTHER (NOT SPECIFIED) .............................................5
C13A2. Have you ever contacted a child support enforcement office, a department of social services, welfare office, or any government agency to find out about child support?

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

GO TO C23

C13B. When was that legal agreement first reached?

[ ] [ ] / [ ] [ ] [ ]
MONTH YEAR
(C13B1) (C13B2)

C13D. NOT FOR PUBLIC RELEASE

C14. DOES FATHER HAVE ANY OTHER CHILDREN BY MOTHER?  
(A10C=1)

YES, MORE THAN ONE ........................................ 1
NO, FOCAL CHILD ONLY ..................................... 2 ➔ GO TO C15

C14A. Is your legal agreement just for (CHILD) or is it for (any of) your other child(ren) as well?

JUST FOR CHILD ............................................... 1
FOR OTHER CHILDREN AS WELL .................... 2

C15. Have there been any changes to the original agreement since it was reached?

YES ........................................................................1
NO ...........................................................................2 ➔ GO TO C16
C15A. Why was the original agreement changed?

CIRCLE ALL THAT APPLY

TO INCLUDE ANOTHER CHILD ................. 1
CHANGE IN FATHER’S ECONOMIC CIRCUMSTANCES ................................. 2
CHANGE IN MOTHER’S ECONOMIC CIRCUMSTANCES ................................ 3
OTHER (NOT SPECIFIED) .................................. 4

MOVED IN TOGETHER .................................. 101
FELL BEHIND, STOPPED PAYMENTS ........ 102
AGREEMENT TERMINATED ............................. 103
CHILD MOVED IN WITH FATHER .............. 104

C15B. When was the original agreement changed?

<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>
MONTH             YEAR
(C15B1)           (C15B2)

C15C. NOT FOR PUBLIC RELEASE

C16. How much are the payments supposed to be per month?

$ |   |   |   |   |   | PER (C16P)

WEEK ......................................................... 1
EVERY 2 WEEKS ........................................... 2
MONTH ......................................................... 3
OTHER (NOT SPECIFIED) ................................. 4

NONE/PAYMENTS LEGALLY TERMINATED ..................................... 0
C17.   **DO FATHER AND MOTHER LIVE TOGETHER?**
(A4A1 = 1 OR 2)

YES ....................................................................... 1 ➔ GO TO C19

NO ......................................................................... 2

C18.  Are payments supposed to be given directly to (MOTHER), to the court, to a 
        welfare or child support agency, or to somewhere else?

MOTHER ................................................................. 1
COURT ..................................................................... 2
WELFARE OR CHILD SUPPORT AGENCY .. 3
OTHER (NOT SPECIFIED) ................................. 4


All of the time, .................................................. 1
More than half of the time, ................................. 2
About half the time, ............................................ 3
Less than half the time, or ................................. 4
Never? .................................................................. 5

C20.  About how much of this legally agreed upon child support did you actually 
      pay—USE MOST RECENT:  (since [DATE IN C13B]/since [DATE IN 
      C15B/in the past 2 years)? Would you say you have paid. . .

All of the amount agreed upon, ....................... 1 ➔ GO TO C20B
Some of the amount agreed upon, ...................... 2
None of the amount agreed upon? ..................... 3 ➔ GO TO C20B
DON’T KNOW ...................................................... -2
REFUSED ............................................................... -1
C20A. Can you tell me approximately how much you paid? Was it . . .

Less than $500, ........................................... 1
$500 to $1,000, .......................................... 2
$1,001 to $2,000, ........................................ 3
$2,001 to $3,000, ........................................ 4
$3,001 to $4,000, ........................................ 5
$4,001 to $5,000, ........................................ 6
$5,001 to $10,000, or .................................. 7
More than $10,000? .................................... 8
DON'T KNOW ...........................................-2
REFUSED ..................................................-1

C20B. USE MOST RECENT: (since DATE IN C13B)/since [DATE IN C15B]/in the past two years,) Have you given money or other financial support to (MOTHER) directly (instead of/in addition to) paying formal child support?

YES .........................................................1
NO ...........................................................2 ➔ GO TO C21

C20C. (Not including money that you paid as part of the formal child support,) How much money did you give (MOTHER) (since DATE IN C13B)/since [DATE IN C15B]/in the past 2 years)?

$ |___|___|,|___|___|___| ➔ GO TO C21

DON'T KNOW ...........................................-2
REFUSED ..................................................-1
**C20D.** I just need a range. Can you tell me if it was . . .

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $500</td>
<td>1</td>
</tr>
<tr>
<td>$500 to $1,000</td>
<td>2</td>
</tr>
<tr>
<td>$1,001 to $2,000</td>
<td>3</td>
</tr>
<tr>
<td>$2,001 to $3,000</td>
<td>4</td>
</tr>
<tr>
<td>$3,001 to $4,000</td>
<td>5</td>
</tr>
<tr>
<td>$4,001 to $5,000</td>
<td>6</td>
</tr>
<tr>
<td>$5,001 to $10,000, or</td>
<td>7</td>
</tr>
<tr>
<td>More than $10,000?</td>
<td>8</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
</tbody>
</table>

**C21.** Do you have any arrears on the child support that you are supposed to pay to you, or do you owe anything to the welfare department for unpaid monthly support or for reimbursing birthing costs?

**PROBE:** Arrears is unpaid child support that the mother owes to the father or to the child support agency.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

GO TO C22
C21A. What is the amount of the arrears?

$ |___|___|,|___|___|___| \( \Rightarrow \) GO TO C21C

DON’T KNOW .................................................-2
REFUSED ......................................................-1

C21B. I just need to have a range. Can you tell me if it is . . .

Less than $500, ............................................... 1
$500 to $1,000, .............................................. 2
$1,001 to $2,000, ........................................... 3
$2,001 to $3,000, .......................................... 4
$3,001 to $4,000, .......................................... 5
$4,001 to $5,000, .......................................... 6
$5,001 to $10,000, or ...................................... 7
More than $10,000? ........................................ 8
DON’T KNOW ..................................................-2
REFUSED ......................................................-1

C21C. Has any action been taken by a welfare office, court, or judge to try to get you to pay the child support you owe?

YES ......................................................................... 1
NO .......................................................................... 2
DON’T KNOW ......................................................-2 \( \Rightarrow \) GO TO C22
C21D. What action has been taken?

CIRCLE ALL THAT APPLY

GARNISHED FATHER’S WAGES ..................1
SEIZED FATHER’S INCOME TAX REFUND ..................2
SUSPENDED FATHER’S DRIVER’S LICENSE ..................3
SEIZED FATHER’S LIQUID ASSETS ............4
PUT A LIEN ON FATHER’S PERSONAL PROPERTY .................5
SUSPENDED FATHER’S BUSINESS, PROFESSIONAL OR OCCUPATIONAL LICENSE ................................6
SENT FATHER TO PRISON OR JAIL ..........7
PUT FATHER ON PROBATION .................8
OTHER (NOT SPECIFIED) ..................9

_________________________________________________________________________

COURT CASE ..................................................101
PAY MORE MONEY ........................................102
PAYMENT PLAN .........................................103

C22. DO FATHER AND MOTHER LIVE TOGETHER?

(A4A1=1 OR 2)

YES .................................................................1  ➔ GO TO C23

NO .................................................................2

C22A. Does the child support agreement specify anything about visits between (CHILD) and you?

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

NO .................................................................2  ➔ GO TO C23
C22B. How many days per month is (CHILD) supposed to spend with you?

<table>
<thead>
<tr>
<th></th>
<th>DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE .........................................................0</td>
</tr>
<tr>
<td></td>
<td>OTHER (NOT SPECIFIED) ..............................9</td>
</tr>
</tbody>
</table>

EVERY OTHER WEEK ................................101
WHENEVER SHE WANTS ...............................102
HOLIDAY AND VACATION .........................103

C23. ARE FATHER AND MOTHER CURRENTLY MARRIED?
(A4=1)

YES .....................................................................1 ➔ GO TO C25C
NO ......................................................................2

C24. DOES FATHER HAVE A FORMAL OR INFORMAL AGREEMENT WITH MOTHER?
(C12=1 OR C13=1 OR C20B=1 OR C23=1)

YES .....................................................................1 ➔ GO TO C25C
NO ......................................................................2

FOR UNMARRIED PARENTS WHO DO NOT HAVE A FORMAL OR INFORMAL AGREEMENT:

C25. Have you paid anything toward ([CHILD’s]/your children’s) support in the past twelve months?

YES .....................................................................1
NO ......................................................................2 ➔ GO TO C25C
C25A. How much have you given for ([CHILD’s]/your children’s) support in the past twelve months?

$ |___|___|,|___|___|___| ➔ GO TO C25C

DON’T KNOW ........................................-2
REFUSED ...............................................-1

C25B. I just need to have a range. Can you tell me if it is . . .

Less than $500, ........................................ 1
$500 to $1,000, ........................................ 2
$1,001 to $2,000, ..................................... 3
$2,001 to $3,000, ..................................... 4
$3,001 to $4,000, ..................................... 5
$4,001 to $5,000, ..................................... 6
$5,001 to $10,000, or ................................. 7
More than $10,000? ................................. 8
DON’T KNOW ........................................-2
REFUSED ...............................................-1

C25C. DO FATHER AND MOTHER LIVE TOGETHER ALL OR MOST OF THE TIME?
(A4A1=1)

YES ..................................................................1 ➔ GO TO C27
NO ...................................................................2
C26. I am going to read you a list of things that children need. Please tell me how often you buy these for (CHILD).

How often do you buy (ITEM)? Is it often, sometimes, rarely or never?

<table>
<thead>
<tr>
<th>ITEM</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>C26A. Clothes for (CHILD)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C26B. Toys for (CHILD)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C26C. Medicine for (CHILD)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C26D. Food for (CHILD)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C26E. Anything else for (CHILD) (SPECIFY)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

C27. DOES FATHER HAVE ANY CHILDREN BY SOMEONE OTHER THAN MOTHER?
(ANY A10C=0)

YES .................................................................1
NO .................................................................2 ➔ GO TO C30

C28. You mentioned before that you have (a child/some children) with someone other than (MOTHER). Do you have a legal obligation to pay child support for (that child/those children)?

YES .................................................................1
NO .................................................................2 ➔ GO TO C30

C29. About how much child support did you pay for (that child/those children) in the past twelve months?

$ |___|___|___|___| ➔ GO TO C30

DON'T KNOW .............................................................-2
REFUSED .................................................................-1
C29A. I just need to have a range. Can you tell me if it was . . .

Less than $500, ............................................. 1
$500 to $1,000, .......................................... 2
$1,001 to $2,000, ........................................... 3
$2,001 to $3,000, .......................................... 4
$3,001 to $4,000, .......................................... 5
$4,001 to $5,000, ........................................... 6
$5,001 to $10,000, or ..................................... 7
More than $10,000? ....................................... 8
DON'T KNOW ...............................................-2
REFUSED .....................................................-1
C30. Has (MOTHER) had any children with another man (since \[DATE OF LAST INTERVIEW/during the last two years])?

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

GO TO C33

C31. How many children did (MOTHER) have with other men (since \[DATE OF LAST INTERVIEW/during the last two years])?

|___|___ OTHER CHILDREN
DON'T KNOW ..................................................-2
REFUSED .......................................................-1

C31A. Does (MOTHER) live with any of the children she’s had with other men?

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

C32. Does she pay child support for (that/any of these) child(ren)?

YES ................................................................. 1
NO ................................................................. 2
DON'T KNOW ..................................................-2
C33. **IS FATHER LIVING WITH MOTHER ALL, MOST, OR SOME OF THE TIME? (A4A1=1 OR 2)**

YES ..................................................................................1 ➔ GO TO C36

NO ..................................................................................2

C33A. Is (MOTHER) living with or married to another man?

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

NO ..................................................................................2

DON'T KNOW ....................................................................-2

C34. **NOT FOR PUBLIC RELEASE**

C35. Approximately how many miles from your home does (MOTHER) live?

0 – 10 MILES .................................................................1

11 – 30 MILES ...............................................................2

31 – 60 MILES ...............................................................3

61 – 100 MILES ............................................................4

101 MILES OR MORE ..................................................5
C36. What was (MOTHER) doing most of last week—working at a regular job, going to school, or something else?

WORKING AT A REGULAR JOB ..................1
LOOKING FOR WORK ................................2
IN SCHOOL.........................................3
UNABLE TO WORK..............................4
IN JAIL/PRISON.................................5 ➔ GO TO C37A
STAY AT HOME PARENT/HOMEMAKER......6
WORKING AND IN SCHOOL....................7
OTHER (NOT SPECIFIED) ......................8

NOTHING.........................................0
DON'T KNOW ....................................-2
ON DISABILITY..................................101
HALFWAY HOUSE/REHAB......................102
ON VACATION.....................................103

C37. Has (MOTHER) spent any time in jail (since [DATE OF LAST INTERVIEW]/in the past two years)?

YES ..................................................1 ➔ GO TO C38
NO ....................................................2 ➔ GO TO C38
MOTHER IS CURRENTLY IN JAIL ..........3
DON'T KNOW ....................................-2 ➔ GO TO C38
C37A. What (is/was) (MOTHER) in jail for?

**PROBE:** What else?

**INTERVIEWER:** IF “ASSAULT,” PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

### CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)</td>
<td>1 (C37A_1)</td>
</tr>
<tr>
<td>ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting)</td>
<td>2 (C37A_2)</td>
</tr>
<tr>
<td>POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS</td>
<td>3 (C37A_3)</td>
</tr>
<tr>
<td>MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug, DWI, DUI, reckless driving, driving without a license)</td>
<td>4 (C37A_4)</td>
</tr>
<tr>
<td>NON-PAYMENT OF CHILD SUPPORT</td>
<td>5 (C37A_5)</td>
</tr>
<tr>
<td>PAROLE OR PROBATION VIOLATION</td>
<td>6 (C37A_6)</td>
</tr>
<tr>
<td>SIMPLE ASSAULT</td>
<td>7 (C37A_7)</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>8 (C37A_8)</td>
</tr>
</tbody>
</table>

________________________________________________________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T KNOW</td>
<td>-2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DOMESTIC VIOLENCE</td>
<td>101</td>
</tr>
<tr>
<td>TRAFFIC TICKETS</td>
<td>102</td>
</tr>
</tbody>
</table>

C37B. IS MOTHER CURRENTLY IN JAIL?
(C42=5 OR C43=2)

YES ................................................. 1 ➔ GO TO C37D
NO ................................................. 2
**C37C.** How long did she spend in (jail/prison)?:

INTERVIEWER: ACCEPT ESTIMATE.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YEARS</td>
<td>MONTHS</td>
<td>WEEKS</td>
<td>DAYS</td>
</tr>
<tr>
<td>(C37C1)</td>
<td>(C37C2)</td>
<td>(C37C3)</td>
<td>(C37C4)</td>
</tr>
</tbody>
</table>

DON'T KNOW .............................................-2

**C37D.** When did (MOTHER) go to (jail/prison)?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>(C37D2)</td>
</tr>
</tbody>
</table>

DON'T KNOW .............................................-2

**C37E.** When will (MOTHER) be released from (jail/prison)?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>(C37E2)</td>
</tr>
</tbody>
</table>

DON'T KNOW .............................................-2

**C37F.** NOT FOR PUBLIC RELEASE

**C37G.** NOT FOR PUBLIC RELEASE

**C37H.** NOT FOR PUBLIC RELEASE
C38. Does (MOTHER) have any physical or mental health conditions that limit the kind or amount of work she can do?

YES .......................................................... 1
NO ........................................................... 2
DON’T KNOW ..............................................-2

C39. Does (MOTHER) have problems such as keeping a job or getting along with family and friends because of alcohol or drug use?

YES .......................................................... 1
NO ........................................................... 2
DON’T KNOW ..............................................-2
C40. Next, I’m going to read some statements that describe how (MOTHER) may behave. For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree that this is like (MOTHER).

**INTERVIEWER:** IF FATHER REPORTS THAT HE HASN’T SEEN MOTHER, ASK HIM TO BASE HIS ANSWER ON THE LAST TIME HE DID SEE HER.

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C40A. She often says and does things without considering the consequences</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C40B. She often gets into trouble because she doesn’t think before she acts</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

C41. Next I’m going to read activities that may describe (MOTHER). Please tell me whether each statement is very true, somewhat true, or not true of (MOTHER).

**INTERVIEWER:** IF FATHER REPORTS THAT HE HASN’T SEEN MOTHER, ASK HIM TO BASE HIS ANSWER ON THE LAST TIME HE DID SEE HER.

<table>
<thead>
<tr>
<th>VERY TRUE</th>
<th>SOMewhat TRUE</th>
<th>NOT TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C41A. She does things that may cause trouble with the law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C41B. She lies or cheats</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C41C. She frequently gets into fights</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C41D. She doesn’t seem to feel guilty when she misbehaves</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
(18 CITIES ONLY – 2 CITIES NOT ASKED)

C42A. Sometimes couples have problems in their relationship because one of the partners has cheated on the other by getting involved sexually with someone else.

(During the time when you were together as a couple,) Do you think (MOTHER) cheated on you with another person after (CHILD’s) birth?

YES ................................................................. 1
NO ........................................................................... 2
DON’T KNOW .......................................................-2
REFUSED ..............................................................-1

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C42B. (During the time you were together as a couple,) did you cheat on (MOTHER) with another person after (CHILD’s) birth?

YES ................................................................. 1
NO ........................................................................... 2
DON’T KNOW .......................................................-2
REFUSED ..............................................................-1

C43A. Since (CHILD) was born, has there been a time when (MOTHER) felt sad, blue or depressed, or lost interest in most things that usually give her pleasure?

INTERVIEWER: IF FATHER REPORTS THAT HE HASN’T SEEN MOTHER, ASK HIM TO BASE HIS ANSWER ON THE LAST TIME HE DID SEE HER.

YES ................................................................. 1
NO ........................................................................... 2
DON’T KNOW .......................................................-2

GO TO C44A

C43B. Has (MOTHER) felt sad, blue or depressed, or lost interest in things within the last twelve months?

YES ................................................................. 1
NO ........................................................................... 2
DON’T KNOW .......................................................-2
C44A. Since (CHILD) born, has (MOTHER) had a period lasting one month or longer when most of the time she felt worried, tense or anxious?

YES ................................................................. 1
NO ................................................................. 2
DON'T KNOW ..................................................-2 \rightarrow GO TO SECTION D

C44B. During the past twelve months, did (MOTHER) have a period lasting one month or longer when most of the time she felt worried, tense or anxious?

YES ................................................................. 1
NO ................................................................. 2
DON'T KNOW ..................................................-2
SECTION D: FATHER’S RELATIONSHIP WITH MOTHER  
(FOR FATHERS WHO ARE OR WERE IN A RELATIONSHIP)

D0. **IS MOTHER DEAD OR UNKNOWN?**  
(A4=-14 OR A9=-14)

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS TRUE</th>
<th>SOMETIMES TRUE</th>
<th>RARELY TRUE</th>
<th>NEVER TRUE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

→ GO TO SECTION E

D1. **DOES MOTHER HAVE ANY CONTACT WITH CHILD?**  
(C1C=1 OR C2=1)

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS TRUE</th>
<th>SOMETIMES TRUE</th>
<th>RARELY TRUE</th>
<th>NEVER TRUE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

→ GO TO D4

The following questions are about how parents work together in raising a child. Please tell me how often the following statements are true for you and (MOTHER).

(READ ITEM). Would you say it’s always true, sometimes true, rarely true, or never true?

D1A. When (MOTHER) is with (CHILD), she acts like the mother you want for your child....................... 1 2 3 4 -1

D1B. You can trust (MOTHER) to take good care of (CHILD)...... 1 2 3 4 -1

D1C. She respects the schedules and rules you make for (CHILD)............................... 1 2 3 4 -1

D1D. She supports you in the way you want to raise (CHILD)....... 1 2 3 4 -1

D1E. You and (MOTHER) talk about problems that come up with raising (CHILD).......... 1 2 3 4 -1

D1F. You can count on (MOTHER) for help when you need someone to look after (CHILD) for a few hours ......................... 1 2 3 4 -1

D1G. You respect (MOTHER)’s wishes about how (CHILD) should be raised.................... 1 2 3 4 -1

D1H. You are critical of the things (MOTHER) does.................... 1 2 3 4 -1
D1. **IS RELATIONSHIP WITH MOTHER REFUSED?**
   
   (A4=-1)
   
   YES ................................................................. 1 ➔ GO TO SECTION E
   NO ................................................................. 2

D2. If you had to go away for one week and could not take (CHILD) with you, how much would you trust (MOTHER) to take care of your child? Would you trust her very much, somewhat, or not at all?

   VERY MUCH .................................................. 1
   SOMEWHAT .................................................... 2
   NOT AT ALL ................................................... 3

D3. Could you trust anyone else to look after (CHILD)?

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

D4. Now I’d like to ask you some questions about your relationship with (MOTHER). In general, would you say that your relationship with her is excellent, very good, good, fair, or poor?

   EXCELLENT ...................................................... 1
   VERY GOOD ..................................................... 2
   GOOD ............................................................ 3
   FAIR .............................................................. 4
   POOR ............................................................ 5
   NEVER SEE HER ..............................................-10

D4A. (Since [DATE OF LAST INTERVIEW/During the last two years], have you participated in a program or received counseling to help or improve your relationship with (MOTHER)?

   YES ................................................................. 1
   NO ................................................................. 2
### D5.
**ARE FATHER AND MOTHER CURRENTLY MARRIED OR ROMANTICALLY INVOLVED WITH EACH OTHER?**
(A4=1 OR 2)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

**18 CITIES ONLY – 2 CITIES NOT ASKED**

### D6.
Next I’m going to read some statements that you may or not agree with. After I read each statement, please tell me whether or not you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. First …

(READ ITEM). Would you say strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D6A.</strong> My relationship with (MOTHER) is more important to me than almost anything else in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>D6B.</strong> I may not want to be with (MOTHER) a few years from now</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>D6C.</strong> I like to think of (MOTHER) and me more as a couple than as two separate people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>D6D.</strong> I want this relationship to stay strong no matter what rough times we may encounter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>D6E.</strong> I am happy with my sexual relationship with (MOTHER)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>D6F.</strong> I can trust that (MOTHER) will not cheat on me with other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Sometimes couples have serious problems in their relationship and have thoughts of breaking up. Even people who get along well with their partner sometimes wonder whether their relationship is working out. For the next set of statements, please tell me how often each is true about your relationship with (MOTHER) over the past year.

First, (READ ITEM) Would you say that over the past year this was often, sometimes or never true?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6G. (HOW OFTEN HAVE) you thought your relationship with (MOTHER) might be in trouble?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D6H. You and (MOTHER) discussed ending your relationship?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D6I. You talked to a close friend or relative about breaking up with (MOTHER)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Now, think about how (MOTHER) behaves towards you. For each statement I read, please tell me how often she behaves this way.

(First) (READ ITEM). Does (MOTHER) behave this way often, sometimes, or never?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7A. She is fair and willing to compromise when you have a disagreement.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7B. She expresses affection or love for you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7C. She insults or criticizes you or your ideas.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7D. She encourages or helps you to do things that are important to you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7E. She tries to keep you from seeing or talking with your friends or family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7F. She tries to prevent you from going to work or school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7G. She withholds money, makes you ask for money, or takes your money.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7H. She slaps or kicks you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7I. She hits you with a fist or an object that could hurt you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7J. She tries to make you have sex or do sexual things you don’t want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7K. She withholds sex to try to control your behavior.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7L. She insults or criticizes you for not taking good enough care of the child or your home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7M. She throws something at you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7N. She pushes, grabs, or shoves you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7O. She listens to you when you need someone to talk to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7P. She really understands your hurts and joys.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
D8. WERE PARENTS MARRIED OR ROMANTICALLY INVOLVED AT EITHER BASELINE, OR AT 12 MONTHS, OR AT 36 MONTHS, BUT NOT CURRENTLY?
(A4=3, 4, 5 OR 6 CHECK CONTACT SHEET FOR RELATIONSHIP STATUS AT BASELINE, 12-MONTH, AND 36-MONTH)

YES .................................................. 1
NO .................................................... 2 ➔ GO TO D10

D9. Now, think about how (MOTHER) behaved towards you during the last month of your relationship. For each statement I read, please tell me how often she behaved this way.

(First) (READ ITEM). Did (MOTHER) behave this way often, sometimes, or never?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
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<tbody>
<tr>
<td>D9A. She was fair and willing to compromise when you have a disagreement</td>
<td>1</td>
<td>2</td>
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<td>D9B. She expressed affection or love for you</td>
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<td>2</td>
<td>3</td>
</tr>
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<td>D9C. She insulted or criticized you or your ideas</td>
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<td>2</td>
<td>3</td>
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<td>D9E. She tried to keep you from seeing or talking with your friends or family</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>D9F. She tried to prevent you from going to work or school</td>
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<td>2</td>
<td>3</td>
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<td>D9G. She withheld money, made you ask for money, or took your money</td>
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<td>D9O. She listened to you when you need someone to talk to</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D9P. She really understood your hurts and joys</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
D10. Now I have some questions about events that may have happened since ([DATE OF LAST INTERVIEW])/in the last two years).

Have you and (MOTHER) had a physical fight in front of (CHILD) since ([DATE OF LAST INTERVIEW])/in the last two years)?

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

NO CONTACT WITH MOTHER DURING PERIOD (VOLUNTEERED) ......................-14 ➔ GO TO SECTION E

D10A. Have you been seriously hurt in a fight with (MOTHER) since([DATE OF LAST INTERVIEW])/in the last two years)?

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

NO CONTACT WITH MOTHER DURING PERIOD (VOLUNTEERED) ......................-14 ➔ GO TO SECTION E

D10B. Did you go to the hospital for any of these injuries?

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

D10C. Did you report the incident to the police?

YES .......................................................... 1
NO .............................................................. 2
D10D. Did you tell anyone else about this, such as a friend, a minister, a social worker, or someone else?

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

D10E. Did (MOTHER) hurt you in front of (CHILD)?

YES .................................................................1
NO .................................................................2
SECTION E: CURRENT PARTNER

E1. ARE FATHER AND MOTHER LIVING TOGETHER ALL, MOST, OR SOME OF THE TIME?
   (A4A1=1 OR 2)

   YES .........................................................1 ➔ GO TO SECTION F
   NO ..........................................................2

E2. Are you currently involved in a romantic relationship with someone (other than [MOTHER])?

   YES .........................................................1
   NO ..........................................................2
   REFUSED ..................................................-1 ➔ GO TO SECTION F

E2A. NOT FOR PUBLIC RELEASE

E2A1. ARE FATHER AND MOTHER MARRIED?
   (A4=1)

   YES .........................................................1 ➔ GO TO E2D
   NO ..........................................................0

E2A2. NOT FOR PUBLIC RELEASE
E2B. Are you married to (CURRENT PARTNER)?

YES ..............................................................1
NO .................................................................2  \(\Rightarrow\) GO TO E2D

E2C. When did you and (CURRENT PARTNER) get married?

|___|___| / |___|___|___|___|
MONTH             YEAR
(E2C1)           (E2C2)

E2D. Do you and (CURRENT PARTNER) live together most of the time?

YES ..............................................................1
NO .................................................................2  \(\Rightarrow\) GO TO E2F

E2E. When did you and (CURRENT PARTNER) start living together?

|___|___| / |___|___|___|___|
MONTH             YEAR
(E2E1)           (E2E2)

E2F. And, how long have you and (CURRENT PARTNER) been romantically involved?

|___|___| YEARS (E2F1)
|___|___| MONTHS (E2F2)

E2G. CHECK CONTACT SHEET: DID RESPONDENT HAVE A PARTNER AT LAST INTERVIEW?

YES ..............................................................1
NO .................................................................2  \(\Rightarrow\) GO TO E3

E2H. Is this partner the same partner that you reported (on [DATE OF LAST INTERVIEW]/two years ago)?

YES ..............................................................1  \(\Rightarrow\) GO TO E7
NO .................................................................2
E3. Now I’d like to ask you some questions about (CURRENT PARTNER).

First, how old is (CURRENT PARTNER)?

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

|____|____| YEARS OLD

DON’T KNOW .........................................-2
REFUSED ...............................................-1

GO TO E5

E4. **NOT FOR PUBLIC RELEASE**

E5. Which of the following best describes (CURRENT PARTNER)'s race? Is (she/he) . . .

White, .................................................. 1
Black or African American, ............................ 2
Asian or Pacific Islander, or ......................... 3
Native American or Alaskan Native? ............... 4
OTHER (NOT SPECIFIED) .............................. 5

____________________________________
DON’T KNOW .........................................-2
REFUSED ...............................................-1
HISPANIC ...............................................101
MULTI-RACIAL ........................................102

E5A. Is (CURRENT PARTNER) of Hispanic or Latino origin or descent?

YES .......................................................... 1
NO ............................................................ 2
DON’T KNOW ..............................................-2
REFUSED ..................................................-1

GO TO E6
E5B. Is (she/he) Mexican, Puerto Rican, Cuban, or Other Hispanic?

<table>
<thead>
<tr>
<th>Options</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXICAN, MEXICAN AMERICAN</td>
<td>1</td>
</tr>
<tr>
<td>PUERTO RICAN</td>
<td>2</td>
</tr>
<tr>
<td>CUBAN</td>
<td>3</td>
</tr>
<tr>
<td>OTHER HISPANIC/LATINO (NOT SPECIFIED)</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
</tbody>
</table>

E6. What is the highest grade of school (CURRENT PARTNER) has completed, or the highest degree (she/he) has received?

<table>
<thead>
<tr>
<th>Options</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>1</td>
</tr>
<tr>
<td>ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL</td>
<td>2</td>
</tr>
<tr>
<td>REGULAR HIGH SCHOOL</td>
<td>3</td>
</tr>
<tr>
<td>ABE OR GED PROGRAM</td>
<td>4</td>
</tr>
<tr>
<td>NURSING SCHOOL (LPN OR RN)</td>
<td>5</td>
</tr>
<tr>
<td>BUSINESS OR SECRETARIAL SCHOOL</td>
<td>6</td>
</tr>
<tr>
<td>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL</td>
<td>7</td>
</tr>
<tr>
<td>JUNIOR/COMMUNITY COLLEGE (2-YEAR)</td>
<td>8</td>
</tr>
<tr>
<td>COLLEGE (4-YEAR)</td>
<td>9</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSION SCHOOL</td>
<td>11</td>
</tr>
<tr>
<td>SOME COLLEGE</td>
<td>12</td>
</tr>
<tr>
<td>OTHER TYPE OF SCHOOL (NOT SPECIFIED)</td>
<td>13</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>
E7. What was (CURRENT PARTNER) doing most of last week—working at a regular job, going to school, or something else?

WORKING AT A REGULAR JOB ..................1  ➔ GO TO E8
LOOKING FOR WORK ................................2
IN SCHOOL.........................................3
UNABLE TO WORK.................................4
IN JAIL/PRISON.....................................5
STAY AT HOME PARENT/HOMEMAKER......6
WORKING AND IN SCHOOL.......................7  ➔ GO TO E8
OTHER (NOT SPECIFIED) .........................8

________________________________________
NOTHING......................................... 0
DON'T KNOW ....................................-2

E7A. In what month and year did (she/he) last work at a job lasting two consecutive weeks or more, either full or part-time, for which (she/he) received a regular paycheck?

|____|____|/|____|____|____|____|
MONTH | YEAR
(E7A1) | (E7A2)

NEVER WORKED FOR TWO CONSECUTIVE WEEKS .....................-10
DON'T KNOW .....................................-2
REFUSED .........................................-1
E8. Does (CURRENT PARTNER) engage in any activities (other than regular paid employment,) in order to generate income, or in exchange for meals, clothing, a place to live, or other basic necessities?

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

E9. Does (CURRENT PARTNER) have any physical or mental health conditions that limit the kind or amount of work (she/he) can do?

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

E10. Does (CURRENT PARTNER) have problems such as keeping a job or getting along with family and friends because of alcohol or drug use?

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

E11. Does (CURRENT PARTNER) have any biological children?

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

GO TO E16
E11A. How many biological children does (she/he) have?

|____|____| CHILDREN

ONLY ONE CHILD ........................................1 Go To E12

E11B. How many different men has (CURRENT PARTNER) had biological children with?

|___| MEN

DON'T KNOW ..................................................-2

E12. DO FATHER AND CURRENT PARTNER LIVE TOGETHER? (E2D=1)

YES .....................................................................1
NO .....................................................................2 Go To E14

E13. (Does this child/Do any of these children) live with you?

YES .....................................................................1
NO .....................................................................2 Go To E13B

E13A. DOES PARTNER HAVE ONE CHILD? (E11A=1)

YES .....................................................................1
NO .....................................................................2 Go To E14

E13B. Does (CURRENT PARTNER) have any biological children who do not reside with you?

YES .....................................................................1
NO .....................................................................2 Go To E14

DON'T KNOW ....................................................-2 Go To E14
E13C. Are any of these non-resident children under 18 years old?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO E13E
DON’T KNOW ......................................................-2

E13D. Does (CURRENT PARTNER) pay child support to any of these non-resident children?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW ......................................................-2

E13E. Does (CURRENT PARTNER) visit (her/his) nonresident children?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW ......................................................-2

E14. DOES FATHER HAVE CHILDREN WITH SOMEONE OTHER THAN MOTHER?
(ANY A10C=0)

YES .................................................................1
NO .................................................................2 ➔ GO TO E16

E14A. NOT FOR PUBLIC RELEASE
E15. Are you the biological father to (this child/any of these children?)

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

NO ........................................................................2

E16. DO FATHER AND CURRENT PARTNER LIVE TOGETHER?  
(E2D=1)

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

NO ........................................................................2 ➔ GO TO SECTION F

E17. DOES CHILD LIVE AWAY FROM FATHER?  
(A2=4)

YES ........................................................................1 ➔ GO TO SECTION F

NO ........................................................................2
E18. Now I would like to ask you some questions about things (CURRENT PARTNER) may do with (CHILD).

Please tell me how many days a week (she/he) does this activity in a typical week.

How many days a week does (she/he) (READ ITEM)?

**RECORD “NEVER” AS “0”.**

<table>
<thead>
<tr>
<th></th>
<th>DAYS PER WEEK</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>E18A. Sing songs or nursery rhymes with (CHILD)</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18B. Read stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18C. Tell stories to (him/her)</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18D. Play inside with toys such as blocks or legos with (CHILD)</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18E. Tell (CHILD) that (she/he) appreciated something (she/he) did</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18F. Play outside in the yard, park, or playground with (CHILD), such as</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18G. Take (CHILD) on an outing such as shopping, or to a restaurant, church, museum, or to a special activity or event</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
<tr>
<td>E18H. Watch TV or a video together</td>
<td>0 1 2 3 4 5 6 7  -2</td>
<td></td>
</tr>
</tbody>
</table>
E18I. Please think about the kind of parent you feel that (CURRENT PARTNER) is to (CHILD). Would you say that (she/he) is . . .

An excellent parent, ...........................................1
A very good parent, ...........................................2
A good parent, or .............................................3
Not a good parent? .........................................4

E19. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (CURRENT PARTNER) spanked (CHILD) because (he/she) was misbehaving or acting up?

YES .................................................................1
NO .................................................................2 → GO TO SECTION F

E19A. Did (CURRENT PARTNER) do this . . .

Every day or nearly every day, .........................1
A few times a week, .........................................2
A few times this past month, or ......................3
Only once or twice? .....................................4
SECTION F: DEMOGRAPHICS

F1. Not including yourself, how many people are currently living with you? (IF RESPONDENT NOT IN JAIL, SHELTER, OR HOMELESS, READ: Please include people who sleep in (your/this) home most nights.)

<table>
<thead>
<tr>
<th>PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDENT LIVES ALONE: 0 ➔ GO TO F3</td>
</tr>
<tr>
<td>RESPONDENT LIVES IN JAIL: -10 ➔ GO TO F3</td>
</tr>
<tr>
<td>RESPONDENT LIVES IN A SHELTER OR ON THE STREET: -12</td>
</tr>
</tbody>
</table>

HOUSEHOLD GRID INSTRUCTIONS:

F2A. I’d like to make a list of these (NUMBER) people who currently live (in your household/with you).

PUT THE NAMES IN COLUMN “NAME” IN THE GRID.

IF ONLY ONE PERSON: What is the person’s first name or initials?

IF MORE THAN ONE PERSON: Please tell me the first names of everyone currently living (in your household/with you), starting with the oldest and ending with the youngest. Please do not include yourself.

PROBE IF RESPONDENT IS HESITANT: Initials are fine, I just need to have some way to refer to them.

What is the name of the next oldest person who usually lives (here/with you)?

CONTINUE UNTIL YOU HAVE FINISHED COLLECTING ALL NAMES.

IF NECESSARY, RECONCILE NUMBER OF PEOPLE IN HOUSEHOLD IN F1 WITH NUMBER OF PEOPLE LISTED: You told me there are (NUMBER) of people living (in the household/with you), and you have given me (NUMBER) names. Please tell me which I should correct.

ASK F2B-F2F FOR EACH PERSON LISTED IN COLUMN A.

F2B. CODE WITHOUT ASKING IF OBVIOUS: Is (PERSON) male or female?

F2C. What is (his/her) age? ROUND AGE OF CHILDREN BETWEEN 6 MONTHS AND A YEAR TO “01”. ROUND CHILDREN BETWEEN BIRTH AND 5 MONTHS TO “00”.

CODE EXACT AGE IF GIVEN. IF DON’T KNOW OR REFUSED, ASK: Is (PERSON) . . .

a newborn to 15 year old, ..............................................-11
16 to 21, ...........................................................................-12
22 to 30, ...........................................................................-13
31 to 50, ...........................................................................-14
51 to 65, or .................................................................-15
older than 65? ...............................................................-16

F2D. What is (his/her) relationship to you?

F2E. IF PERSON IS RESPONDENT’S CHILD, ASK: Is (MOTHER) the mother of this child?

F2F. IF PERSON IS 16 OR OLDER, ASK: Is (PERSON) currently working?
<table>
<thead>
<tr>
<th>F2B. GENDER</th>
<th>F2C. AGE</th>
<th>F2D. RELATIONSHIP</th>
<th>F2E. CODE WITHOUT ASKING, IF KNOWN</th>
<th>F2F. EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (PERSON) male or female?</td>
<td></td>
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<tr>
<td>MALE</td>
<td>FEMALE</td>
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<tr>
<td>What is (his/her) age?</td>
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<td>AGE</td>
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<td>CODE WITHOUT ASKING, IF KNOWN</td>
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<tr>
<td>SPOUSE</td>
<td>1</td>
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<tr>
<td>PARTNER/(BOY/GIRLFRIEND)</td>
<td>2</td>
<td></td>
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<tr>
<td>RESPONDENT'S MOTHER</td>
<td>3</td>
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<tr>
<td>RESPONDENT'S FATHER</td>
<td>4</td>
<td></td>
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<tr>
<td>PARENT IN-LAW</td>
<td>5</td>
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<tr>
<td>BIOLOGICAL CHILD</td>
<td>6</td>
<td></td>
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<tr>
<td>STEPCHILD</td>
<td>7</td>
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<td>FOSTER CHILD</td>
<td>8</td>
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<tr>
<td>SIBLING (BROTHER/SISTER)</td>
<td>9</td>
<td></td>
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<tr>
<td>GRANDMOTHER OF RESPONDENT</td>
<td>10</td>
<td></td>
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<td>GRANDFATHER OF RESPONDENT</td>
<td>11</td>
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<tr>
<td>AUNT/UNCLE</td>
<td>12</td>
<td></td>
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<tr>
<td>COUSIN</td>
<td>13</td>
<td></td>
<td></td>
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<tr>
<td>NOT-RELATED ADULT</td>
<td>14</td>
<td></td>
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<tr>
<td>NOT-RELATED CHILD</td>
<td>15</td>
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<tr>
<td>ADOPTED CHILD</td>
<td>16</td>
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<tr>
<td>NIECE/NEPHEW</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GRANDCHILD</td>
<td>18</td>
<td></td>
<td></td>
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<tr>
<td>IF PERSON IS A CHILD:</td>
<td></td>
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<tr>
<td>Is (MOTHER) the mother of this (child/person)?</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
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</tr>
</tbody>
</table>

### Table:

<table>
<thead>
<tr>
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<tbody>
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</tbody>
</table>
Next, I have a few questions about your parents, your background, and the help you can get from other people.

H0. WAS FATHER INTERVIEWED AT EITHER 12 MONTHS OR 36 MONTHS?  
(CHECK CONTACT SHEET FOR PREVIOUS FOLLOW-UP INTERVIEW STATUS)

   YES .................................................................1  ➔ GO TO H1G  
   NO .................................................................2

H0A. WAS FATHER INTERVIEWED AT BASELINE?  
(CHECK CONTACT SHEET FOR BASELINE STATUS)

   YES .................................................................1  ➔ GO TO H1A  
   NO .................................................................2

H0B. NOT FOR PUBLIC RELEASE

H0C. Which of the following best describes your race?  Is it . . .

   White, .................................................................1  
   Black or African American, ...............................2  
   Asian or Pacific Islander, or .........................3  
   Native American or Alaskan Native? .............4  
   OTHER (NOT SPECIFIED) .................................5  

   ___________________________________________________________________________  
   DON’T KNOW .................................................-2  
   REFUSED .........................................................-1  
   HISPANIC ..........................................................101
H0D. Are you of Hispanic or Latino origin or descent?

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

GO TO H0E

HOE. Are you Mexican, Puerto Rican, Cuban, or Other Hispanic?

MEXICAN, MEXICAN AMERICAN ............1
PUERTO RICAN ............................................ 2
CUBAN .......................................................... 3
OTHER HISPANIC/LATINO (NOT SPECIFIED) ..................4

DON'T KNOW ..................................................-2
REFUSED ..........................................................-1

HOF. Were you living with both biological parents when you were age 15?

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

H1A. In what country or territory was your father born?

UNITED STATES .............................................. 1
AFRICA .......................................................... 101
ASIA .............................................................. 102
EUROPE ........................................................ 103
LATIN AMERICA – MEXICO ......................... 104
NON-LATIN AMERICA .............................. 105
DON'T KNOW ..................................................-2
H1B. In what country or territory was your mother born?

- UNITED STATES ........................................ 1
- AFRICA ............................................. 101
- ASIA .................................................. 102
- EUROPE ............................................... 103
- LATIN AMERICA – MEXICO ..................... 104
- NON-LATIN AMERICA ......................... 105
- DON'T KNOW ........................................ -2

H1C. WERE BOTH PARENTS BORN IN THE UNITED STATES?
(H1A=1 AND H1B=1)

- YES ......................................................... 1 ➔ GO TO H1E
- NO .................................................... 2
- DON'T KNOW .......................................... -2

H1D. Are you a United States citizen?

- YES ......................................................... 1
- NO .................................................... 2
- DON'T KNOW .......................................... -2
- REFUSED ............................................. -1
H1E. What is the highest grade of school that your biological mother completed?

NONE .................................................. 1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL ......................... 2
REGULAR HIGH SCHOOL ........................................ 3
ABE OR GED PROGRAM ...................................... 4
NURSING SCHOOL (LPN OR RN) ......................... 5
BUSINESS OR SECRETARIAL SCHOOL .............................. 6
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ................. 7
JUNIOR/COMMUNITY COLLEGE (2-YEAR) ...................... 8
COLLEGE (4-YEAR) ........................................... 9
GRADUATE OR PROFESSIONAL SCHOOL ...................... 11
SOME COLLEGE ............................................. 12
OTHER TYPE OF SCHOOL (NOT SPECIFIED) .................. 13

__________________________

DON'T KNOW ..............................................-1
REFUSED ..................................................-2
H1F. What is the highest grade of school that your biological father completed?

<table>
<thead>
<tr>
<th>Grade Completed</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE ..................................................................</td>
<td>1</td>
</tr>
<tr>
<td>ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL ............</td>
<td>2</td>
</tr>
<tr>
<td>REGULAR HIGH SCHOOL .......................................</td>
<td>3</td>
</tr>
<tr>
<td>ABE OR GED PROGRAM .........................................</td>
<td>4</td>
</tr>
<tr>
<td>NURSING SCHOOL (LPN OR RN) ..................................</td>
<td>5</td>
</tr>
<tr>
<td>BUSINESS OR SECRETARIAL SCHOOL ................................</td>
<td>6</td>
</tr>
<tr>
<td>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL .....................</td>
<td>7</td>
</tr>
<tr>
<td>JUNIOR/COMMUNITY COLLEGE (2-YEAR) ..........................</td>
<td>8</td>
</tr>
<tr>
<td>COLLEGE (4-YEAR) ............................................</td>
<td>9</td>
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<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL .............................</td>
<td>11</td>
</tr>
<tr>
<td>SOME COLLEGE ................................................</td>
<td>12</td>
</tr>
<tr>
<td>OTHER TYPE OF SCHOOL (NOT SPECIFIED) ......................</td>
<td>13</td>
</tr>
<tr>
<td>DON'T KNOW ..................................................</td>
<td>-2</td>
</tr>
<tr>
<td>REFUSED ......................................................</td>
<td>-1</td>
</tr>
</tbody>
</table>

H1G. (Now I have a few questions about your parents.)

Are both of your parents living?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, BOTH LIVING ...........................................</td>
<td>1</td>
</tr>
<tr>
<td>NO, FATHER DECEASED ........................................</td>
<td>2</td>
</tr>
<tr>
<td>NO, MOTHER DECEASED .........................................</td>
<td>3</td>
</tr>
<tr>
<td>NO, BOTH PARENTS DECEASED ..................................</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW ..................................................</td>
<td>-2</td>
</tr>
</tbody>
</table>
H1H. Are your parents currently living together?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW ....................................................-2

H1I. How do you get along with your (parents/mother/father)? Would you say you get along . . .

IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT

Very well, .......................................................... 1
Somewhat well, or .............................................. 2
Not very well? .................................................... 3
FATHER HAS NO CONTACT WITH/NEVER SEEKS HIS OWN PARENT(S)..........................-10 ➔ GO TO H1L

H1J. DOES FATHER HAVE ANY TYPE OF RELATIONSHIP WITH MOTHER?
(A4=1, 2, 3, 4, OR 5)

YES .................................................................1
NO .................................................................0 ➔ GO TO H1L

H1K. How well does (MOTHER) get along with your (parents/mother/father)?
Would you say she gets along with them . . .

Very well, .......................................................... 1
Somewhat well, or .............................................. 2
Not very well? .................................................... 3
MOTHER HAS NO CONTACT WITH/NEVER SEEKS FATHER’S PARENT(S)..................-10
H1L. How often does (CHILD) see your (parents/mother/father)?
Would you say . . .

IF ONLY ONE GRANDPARENT LIVING, CODE FOR THE LIVING ONE. IF
CHILD SEES ONE GRANDPARENT MORE THAN THE OTHER, CODE FOR
THE MOST FREQUENT ONE.

Once a week or more, ........................................1
A few times a month, ........................................2
A few times a year, .........................................3
Less often than that, or ....................................4
Never? ................................................................5

H1M. DOES FATHER HAVE ANY TYPE OF RELATIONSHIP WITH CHILD’S
MOTHER?
(A4=1, 2, 3, 4, OR 5)

YES ........................................................................1
NO ........................................................................2  ➔ GO TO H2

H1N. Now I have a few questions about (MOTHER’s) parents. Are both of her
parents living?

YES, BOTH LIVING.............................................. 1
NO, FATHER DECEASED................................. 2  ➔ GO TO H1P
NO, MOTHER DECEASED................................. 3
NO, BOTH PARENTS DECEASED ...................... 4  ➔ GO TO H2
DON’T KNOW ..................................................... 2

H1O. Are (MOTHER’s) parents currently living together?

YES ...................................................................... 1
NO ...................................................................... 2
DON’T KNOW ..................................................... 2
H1P. How do you get along with (MOTHER’s) (parents/mother/father)? Would you say you get along . . .

**IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT**

Very well, ...................................................... 1
Somewhat well, or .......................................... 2
Not very well? ................................................ 3
FATHER HAS NO CONTACT WITH/
NEVER SEES MOTHER’S PARENT(S) ..........-10

H1Q. How well does (MOTHER) get along with her (parents/mother/father)? Would you say she gets along with them . . .

Very well, ...................................................... 1
Somewhat well, or .......................................... 2
Not very well? ................................................ 3
MOTHER HAS NO CONTACT WITH/NEVER SEES HER OWN PARENT(S) .....................-10

H1R. How often does (CHILD) see (MOTHER’s) (parents/mother/father)? Would you say . . .

**IF ONLY ONE GRANDPARENT LIVING, CODE FOR THE LIVING ONE. IF CHILD SEE SEES ONE GRANDPARENT MORE THAN THE OTHER, CODE FOR THE ONE MOST FREQUENTLY SEEN.**

Once a week or more, .................................1
A few times a month, ....................................2
A few times a year, .......................................3
Less often than that, or ..............................4
Never? .......................................................5
H2. In the past twelve months, have you received any financial help or money from anyone other than (MOTHER)? Please include your relatives and friends, and his relatives and friends, but don’t include help from any government or private agency.

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

NO .................................................................2 ➔ GO TO H3

H2A. Who gave you financial help or money?

PROBE: Anyone else?

CIRCLE ALL THAT APPLY

| H2A_1 | RESPONDENT’S PARENTS ......................1 |
| H2A_2 | OTHER RELATIVES OF FATHER ..............2 |
| H2A_3 | MOTHER’S PARENTS .........................3 |
| H2A_4 | OTHER RELATIVES OF MOTHER .............4 |
| H2A_5 | FRIEND(S) ....................................5 |
| H2A_6 | GIRLFRIEND/PARTNER ......................6 |
| H2A_7 | PARTNER’S FAMILY .........................7 |
| H2A_8 | OTHER (NOT SPECIFIED) ....................8 |

H2B. About how much financial help or money were you given in the past twelve months?

$ |________|________|________|________| ➔ GO TO H3

DON’T KNOW ..............................................-2

REFUSED .....................................................-1
H2C. I just need to know a range. Can you tell me if it was . . .

- Less than $500, .............................................. 1
- $501 to $1,000, .................................................. 2
- $1,001 to $2,000, .................................................. 3
- $2,001 to $3,000, .................................................. 4
- $3,001 to $4,000, .................................................. 5
- $4,001 to $5,000, .................................................. 6
- $5,001 to $10,000, or ............................................. 7
- More than $10,000? ............................................. 8
- DON'T KNOW ....................................................-2
- REFUSED ..........................................................-1

H3. Next, I want to ask you about help you could get during this next year if you needed it.

If you needed help during the next year, could you count on someone to . . .

- Loan you $200?
  - YES ............................................................1
  - NO ...........................................................2 ➔ GO TO H4

H3A. What about $1,000?

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

H4. Is there someone you could count on to provide you with a place to live?

- YES ............................................................1
- NO ...........................................................2
H5. Is there someone you could count on to help you with emergency child care?

YES ................................................................. 1
NO ................................................................. 2
NO CHILD(REN)/NO NEED FOR CARE........-10

H6. Is there someone you could count on to co-sign for a bank loan with you for $1,000?

YES .................................................................1
NO .................................................................2 ➔ GO TO SECTION I

H6A. What about co-signing for $5,000?

YES .................................................................1
NO .................................................................2
SECTION I: ENVIRONMENT AND PROGRAMS

10. IS/WAS CHILD IN A DAYCARE CENTER, HEAD START PROGRAM, PRESCHOOL, NURSERY SCHOOL, OR KINDERGARTEN?
(B7=1)

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

NO .............................................................................. 2 ➔ GO TO I0J

10A. The next questions are about the (PROGRAM IN B07A) that (CHILD) (attends/attended).

(Is/Was) (CHILD’s) (school/center/program) within five miles of your home?

IF CHILD NO LONGER IN PROGRAM PROBE TO DETERMINE IF WITHIN FIVE MILES WHEN ATTENDING.

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

NO .............................................................................. 2

10B. (Does/Did) the (school/center/program) that (CHILD) attend(s/ed) have a parent group, parent advisory committee (PAC), a PTA, or other parental organization?

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

NO .............................................................................. 2

DON’T KNOW .................................................................. 2 ➔ GO TO I0E

10C. How often (does/did) the parent group have meetings? Would you say . . .

Every month or more, ............................................. 1

Every few months, .................................................... 2

Only once or twice a year, or ......................... 3

Never? ................................................................. 4 ➔ GO TO I0E

10D. How often (do/did) you attend the parent group meetings? Would you say . . .

Always or almost always, ........................................ 1

Sometimes, ............................................................ 2

Rarely, or ............................................................... 3

Never? ....................................................................... 4
I0E. (Have/Did) you ever attended any workshops, talks or information sessions at (CHILD's) (school/center/program)?

YES .................................................................1
NO .................................................................2 \( \Rightarrow \) GO TO I0G

I0F. (Have/Did) you attended workshops or sessions at (CHILD's) (school/center/program) on any of the following topics? How about . . .

READ EACH CATEGORY AND CODE YES OR NO FOR EACH

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
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<tr>
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</tr>
<tr>
<td>Child rearing including discipline ................................ 1</td>
</tr>
<tr>
<td>Nutrition and health .................................................. 1</td>
</tr>
<tr>
<td>Finding jobs or job training .......................................... 1</td>
</tr>
<tr>
<td>Legal issues, including legal aid ..................................... 1</td>
</tr>
<tr>
<td>Educational issues, including ESL, computers, and reading .......................................................... 1</td>
</tr>
<tr>
<td>Anything else (NOT SPECIFIED) ........................................ 1</td>
</tr>
</tbody>
</table>

I0G. Do you currently have any friends whom you've met through (CHILD's) (school/center/program)?

YES .................................................................1
NO .................................................................2 \( \Rightarrow \) GO TO I0J

I0H. About how many friends do you have that you've met through (CHILD's) (school/center/program)?

[ ] [ ] [ ] FRIENDS MET THROUGH CHILD’S SCHOOL
**I01.** And how many of them are close friends? By close friends we mean someone you spend time with or talk to outside of the (school/center/program) on a frequent basis.

- ONE TO TWO .......................................................1
- THREE TO SIX ....................................................2
- MORE THAN SIX .....................................................3
- NONE .................................................................4

**I0J.** In general, how many close friends do you have overall (including friends that you didn’t meet through [CHILD]’s [school/center/program])? Your best estimate is fine.

[___ | ___] CLOSE FRIENDS

**I0K.** Is there any special person you know that you feel very close with—someone you share confidences and feelings with; someone you can depend on?

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

**I0L.** How many of the families on your block would you say that you know well? Would you say you know . . .

- Almost all, .......................................................1
- Most, ..............................................................2
- Some, .............................................................3
- Very few, or ....................................................4
- None? ...........................................................5
IOO. The next question is about the people living in your neighborhood. For each item I read, please tell me how likely it would be for your neighbors to intervene or get involved.

(READ ITEM). Would you say it is very likely they would intervene, somewhat likely, not very likely, or very unlikely?

| 1. If children were skipping school and hanging out on the street ..... | 1 | 2 | 3 | 4 | -2 |
| 2. If children were spray painting buildings with graffiti............... | 1 | 2 | 3 | 4 | -2 |
| 3. If children were showing disrespect to an adult.................. | 1 | 2 | 3 | 4 | -2 |
| 4. If a fight broke out in front of the house ......................... | 1 | 2 | 3 | 4 | -2 |
| 5. If the fire station closest to the neighborhood was threatened and its budget was cut ............... | 1 | 2 | 3 | 4 | -2 |

ION. Now I’m going to read some statements about your neighborhood and the people who live there. For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

(READ ITEM). Do you strongly agree, agree, disagree, or strongly disagree?

| 1. People around here are willing to help their neighbors.. | 1 | 2 | 3 | 4 | -2 |
| 2. This is a close-knit neighborhood ...................... | 1 | 2 | 3 | 4 | -2 |
| 3. People in this neighborhood generally don’t get along with each other ....................... | 1 | 2 | 3 | 4 | -2 |
| 4. People in this neighborhood do not share the same values .................................. | 1 | 2 | 3 | 4 | -2 |
| 5. Gangs are a problem in this neighborhood ...................... | 1 | 2 | 3 | 4 | -2 |
I0O. Have you ever been afraid to let (CHILD) go outside because of violence in your neighborhood.

   YES ......................................................................................... 1
   NO ......................................................................................... 2
   CHILD DOES NOT STAY WITH FATHER/
   NO CONTACT WITH CHILD............................................-10

I0P. Do you participate in any groups such as a senior center, social or work group, church related group, charity, public service or community group?

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

Now I would like to ask you some questions about your housing situation.

I1. Have you moved since ([DATE OF LAST INTERVIEW])/in the last two years)?

   YES .........................................................................................1
   NO .........................................................................................2 ➔ GO TO I7

I1A. How many times have you moved since ([DATE OF LAST INTERVIEW])/in the last two years)?

   |___|___| MOVES
I2. What is your current housing situation? Please stop me when I read the statement that describes your situation. Do you . . .

CIRCLE ONE

Rent your own apartment or house, ....................1
Live with family or friends and contribute part of the rent, ..............................................2
Live with family or friends and do not pay rent, .................................................................3
Own your own home, .................................................4
Live in a house or condo owned by another family member, ..............................................5
Live in temporary housing or a group shelter, or .................................................................6
Do you live in some other housing arrangement? (NOT SPECIFIED) ..................7

HALFWAY HOUSE/TREATMENT FACILITY.................................................8
JAIL/PRISON .................................................................9
ON THE STREET, HOMELESS ........................................10
MILITARY .....................................................................101

GO TO I3

GO TO I4

GO TO I5

GO TO I7

I3. Approximately, how much do you think (you/they) could sell this home for today?

PROBE FOR APPROXIMATE AMOUNT.

$ |___|___|___|,|___|___|___|

DON'T KNOW ..................................................-2

REFUSED .........................................................-1
I3A. Approximately, how much do (you/they) owe on this house?

$ |___|___|___|,|___|___|___|

DON’T KNOW ............................................-2
REFUSED ..................................................-1

I3B. What are (your/their) monthly mortgage payments? Please include taxes and any insurance payments that are included in the monthly payments.

$ |___|___|,|___|___|___|

DON’T KNOW ............................................-2
REFUSED ..................................................-1

I3B1. Whose name is on the mortgage for this house?

CIRCLE ONE

FATHER’S NAME ONLY ..................................1
MOTHER’S OR CURRENT PARTNER’S NAME ONLY ........................................2
BOTH FATHER’S NAME AND MOTHER’S OR CURRENT PARTNER’S NAMES ........3
FAMILY MEMBER(S) ON THE FATHER’S SIDE..............................................4
FAMILY MEMBER(S) ON THE MOTHER’S OR CURRENT PARTNER’S SIDE ..........5
OTHER (NOT SPECIFIED) ........................................6

________________________________________________________
DON’T KNOW ............................................-2
REFUSED ..................................................-1
DOES RESPONDENT LIVE IN A HOUSE OR CONDO OWNED BY ANOTHER FAMILY MEMBER?  
(I2=5)

YES .................................................................. 1
NO .................................................................. 2 ➔ GO TO I7

How much rent do you pay each month?

$ |___|,|____|,|____| PER MONTH

NONE .............................................................. 0
DON'T KNOW ............................................... 2
REFUSED ......................................................... 1

Whose name is on the lease for this (apartment/house/condo)?

FATHER’S NAME ONLY .................................... 1
MOTHER’S OR CURRENT PARTNER’S NAME ONLY ........................................ 2
BOTH FATHER’S NAME AND MOTHER’S OR CURRENT PARTNER’S NAMES ........... 3
FAMILY MEMBER(S) ON THE FATHER’S SIDE ................................................. 4
FAMILY MEMBER(S) ON THE MOTHER’S OR CURRENT PARTNER’S SIDE .............. 5
OTHER (NOT SPECIFIED) .............................................. 6

______________________________

NOT APPLICABLE—DOES NOT HAVE A LEASE ........................................ 10
DON’T KNOW .................................................. 2
REFUSED ......................................................... 1
OTHER FAMILY MEMBER ............................... 101
FRIEND .......................................................... 102
I4B. Are you required to report your income and assets to your landlord on an annual basis?

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

CODE WITHOUT ASKING IF KNOWN:

I5. Is this home in a public housing project?

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

I5A. DOES RESPONDENT LIVE WITH FAMILY OR FRIENDS, BUT PAY NO RENT?
(I2=3, OR I2=5 AND I4=0)

YES ................................................................. 1 ➔ GO TO I7
NO ................................................................. 2

I6. Is the federal, state, or local government helping to pay for your rent?

PROBE: This help can be in the form of additional money added to your benefits, as a voucher that you give your landlord, or as assistance from Section 8.

YES ................................................................. 1
NO ................................................................. 2
I7. My next questions are about help you may have received from some agencies and government programs.

In the past twelve months, have you received help from any of the following agencies or programs?

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

A. An agency to help you collect child support ............................................................... 1 2
B. Head Start or Early Head Start ................................................................. 1 2
C. A child care referral agency ................................................................. 1 2
D. W.I.C. ........................................................................................................ 1 2
E. An Employment Office ........................................................................... 1 2
F. A welfare office or welfare job placement ........................................... 1 2

NO I7G THIS VERSION

I7H. Have you heard of or attended any marriage promotion programs?

YES .............................................................................................................1
NO .............................................................................................................2
I8. In the last twelve months, have you or anyone else in your household received income from any of the following programs?

I8A. Have you received income from (ITEM)?

FIRST, CODE “YES” OR “NO” FOR EACH PROGRAM. THEN, FOR EACH PROGRAM CODED “YES”, ASK:

I8B. How many months did you receive help from (PROGRAM) in the last twelve months?

I8C. Approximately how much did you receive (last month/the last month you received [BENEFIT])?

<table>
<thead>
<tr>
<th>I8A.</th>
<th>I8B.</th>
<th>I8C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>MONTHS RECEIVED</td>
</tr>
<tr>
<td>1. Welfare or TANF</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Food Stamps</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Other assistance such as Unemployment Insurance, or Worker’s Compensation (SPECIFY)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

I9. DID FATHER RECEIVE WELFARE OR TANF IN THE LAST 12 MONTHS? (I8A1=1)

YES ..............................................................................1
NO ..............................................................................2 \( \rightarrow \) GO TO I12

CODE WITHOUT ASKING IF KNOWN:

I10. Are you currently receiving welfare or TANF?

YES ..............................................................................1
NO ..............................................................................2 \( \rightarrow \) GO TO I13
I11. For how long have you been receiving welfare this time?

|___|___| YEARS  |___|___| MONTHS |
|   |   | (I11A)   |   |   | (I11B)   |

DON'T KNOW .................................................-2
REFUSED ....................................................-1

GO TO I15

I12. Have you ever received welfare or TANF?

YES .................................................................1
NO .................................................................2  ➔ GO TO I15

I13. When did you last receive welfare or TANF?

|___|___| / |___|___|___|___|   
|   |   |   |   |   |   | (I13A)   | (I13B)   |

I14. When you stopped receiving welfare or TANF benefits, was it your decision to leave welfare or did the welfare department stop your cash grant?

OWN DECISION ...............................................1
CUT BY WELFARE DEPT. .................................2  ➔ GO TO I14B
I14A. Why did you decide to stop receiving cash aid?

**IF MORE THAN ONE REASON GIVEN, PROBE FOR MAIN REASON.**

**CIRCLE ONE**

GOT A JOB .................................................. 1
GOT A DIFFERENT OR BETTER JOB ............ 2
WORKED MORE HOURS OR GOT A RAISE OR GOT MORE EARNINGS .......... 3
MARRIED/REMARRIED ................................. 4
MOVED IN WITH PARTNER WHO HELPED SUPPORT FAMILY ...................... 5
MOVED IN WITH FAMILY ............................... 6
MOVED TO ANOTHER COUNTY OR STATE ............................................. 7
WANTED TO SAVE UP SOME MONTHS ON THE TIME CLOCK ......................... 8
WANTED TO AVOID THE WORK OR OTHER PARTICIPATION REQUIREMENTS .. 9
COULDN'T STAND THE HASSLES ................. 10
OTHER (NOT SPECIFIED) ............................... 11

________________________________________________________________________

DON'T KNOW ....................................................-2
REFUSED .........................................................-1
DIDN'T WANT .................................................... 101
OTHER SUPPORT ........................................... 102
INCARCERATED ............................................. 103
INELIGIBLE ..................................................... 104

**GO TO I15**
I14B. Why did the welfare office stop or cut off your cash aid?

**IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.**

CIRCLE ONE

- EARNINGS INCREASED AND MADE FAMILY INELIGIBLE ........................................1
- ASSETS WERE TOO HIGH........................................2
- REACHED END OF WELFARE TIME LIMIT .................................................................3
- DID NOT FOLLOW PROGRAM RULES AND WAS CUT OFF/SANCTIONED ..................4
- MARRIED/REMARRIED/MOVED IN WITH PARTNER ...........................................5
- MOVED IN WITH FAMILY ..................................................6
- MOVED TO ANOTHER COUNTY OR STATE .........................................................7
- OTHER (NOT SPECIFIED) .................................................8

____________________________________________________

- DON'T KNOW ..................................................-2
- REFUSED ..............................................................-1
- CHILD MOVED OUT ................................................101
- AGE LIMIT ...........................................................102
- INCARCERATED .......................................................103
- OTHER SUPPORT ......................................................104

I15. WAS RESPONDENT ON WELFARE/TANF IN THE LAST 12 MONTHS?  
(I8A1=1)

- YES .................................................................1
- NO .................................................................2 ➔ GO TO I18
I16. Were you required to do anything, such as work, go to school, look for a job, or claim paternity of your child in return for your welfare benefits?

YES ..............................................................1
NO ..............................................................2 ➔ GO TO I18D

I16A. What were you required to do?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>I16A_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOOK FOR A JOB ................................1</td>
</tr>
<tr>
<td>I16A_2</td>
</tr>
<tr>
<td>WORK IN A PAID JOB ..........................2</td>
</tr>
<tr>
<td>I16A_3</td>
</tr>
<tr>
<td>WORK IN AN UNPAID JOB .....................3</td>
</tr>
<tr>
<td>I16A_4</td>
</tr>
<tr>
<td>ATTEND SCHOOL OR TRAINING ...............4</td>
</tr>
<tr>
<td>I16A_5</td>
</tr>
<tr>
<td>BE NAMED AS THE FATHER OF CHILD ......5</td>
</tr>
<tr>
<td>I16A_6</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED) .....................6</td>
</tr>
</tbody>
</table>

I17. Were your welfare benefits reduced or cut at any time in the past twelve months because you did not fulfill these requirements?

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

GO TO I18D

I18. Was there ever a time in the past twelve months that you thought you might be eligible for welfare?

YES ..............................................................1
NO ..............................................................2 ➔ GO TO I18D
I18A. Did you apply for welfare in the past twelve months?

YES, APPLIED ..................................... 1

NO, DID NOT APPLY (OR DID NOT FINISH APPLYING) ....................... 2 ➔ GO TO I18C

I18B. What happened with the application? Was it turned down, did you get the benefits, or are you still waiting to hear?

CIRCLE ONE

TURNED DOWN ...................................... 1
RECEIVED BENEFITS ................................ 2
STILL WAITING TO HEAR ........................... 3
DON'T KNOW ........................................ 2
REFUSED ............................................ 1

GO TO I18D
I18C. Why didn't you apply for welfare? Was it because you didn't know how to apply, you did not want to go on welfare, or some other reason?

CIRCLE ONE

DIDN'T KNOW HOW ......................................1
DON'T WANT WELFARE ...............................2
NEVER GOT AROUND TO IT .........................3
OTHER (NOT SPECIFIED) ............................4

DIDN'T KNOW ................................----------2
REFUSED ...............................................-1
DID NOT NEED .......................................101
STIGMA ...............................................102
FOUND WORK .......................................103
TROUBLE APPLYING .................................104
OTHER HEP ..........................................105
INCARCERATED .......................................106
INELIGIBLE ........................................107

I18D. Have you or (CHILD) received Supplemental Security Income (SSI) in the past twelve months?

YES ......................................................1
NO ....................................................2 \( \Rightarrow \) GO TO I19
I18E. Who has received SSI in the past twelve months?

CIRCLE ONE

RESPONDENT...............................................1
CHILD.................................................................2
BOTH RESPONDENT AND CHILD ......................3
OTHER (NOT SPECIFIED).................................4

I18F. How many months did (you/[CHILD]/you and [CHILD]/[OTHER]) receive SSI in the past twelve months?

|___|___| MONTHS

I18G. Approximately how much did (you/[CHILD]/you and [CHILD]/[OTHER]) receive each month?

$ |___|___|___|

I19. DID FATHER RECEIVE FOOD STAMPS IN THE PAST 12 MONTHS?
(I8A2=1)

YES .................................................................1 ➔ GO TO I21
NO .................................................................2

I20. Was there ever a time in the past twelve months that you thought you might be eligible for food stamps?

YES .................................................................1
NO .................................................................2 ➔ GO TO I21

I20A. Did you apply for food stamps in the past twelve months?

YES, APPLIED .....................................................1
NO, DID NOT APPLY (OR DID NOT FINISH APPLYING) ........................................2 ➔ GO TO I21
I20B. What happened with the application? Was it turned down, did you get the food stamps, or are you still waiting to hear?

CIRCLE ONE

TURNED DOWN ...........................................1
RECEIVED BENEFITS ......................................2
STILL WAITING TO HEAR ..................................3
OTHER (NOT SPECIFIED) .................................4

DON'T KNOW .............................................-2
REFUSED ....................................................-1

I21. Did you fill out a federal tax return for 2002 or 2003?

YES ......................................................................1
NO ......................................................................2
NOT YET, BUT WILL ........................................3

GO TO I23

I22. As part of filling out your federal tax return the last time, did you fill out a special form to claim the Earned Income Credit, called Schedule EIC?

PROBE IF DON'T KNOW WHAT EIC IS: The federal government has a special rule that allows working people who make less than about $29,000 a year to get a tax refund. It's called the Earned Income Credit or EIC. Sometimes, if the IRS thinks that someone is eligible for the EIC they send out a letter asking that person to fill out a special form so that they can claim the EIC.

YES ................................................................. 1
NO ................................................................. 2
DON'T KNOW ..................................................-2
We are also interested in some of the problems that families face making ends meet. In the past twelve months, did you do any of the following because there wasn’t enough money?

**NOTE: REPEAT AS NEEDED** “because there wasn’t enough money”

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I23</strong>.</td>
<td>We are also interested in some of the problems that families face making ends meet. In the past twelve months, did you do any of the following because there wasn’t enough money?</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE: REPEAT AS NEEDED</strong> “because there wasn’t enough money”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I23A.</strong></td>
<td>In the past twelve months, did you receive free food or meals?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23B.</strong></td>
<td>(In the past twelve months,) Was (CHILD/ were the children) ever hungry, but you just couldn’t afford more food?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23C.</strong></td>
<td>(In the past twelve months,) were you ever hungry, but didn’t eat because you couldn’t afford enough food?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23D.</strong></td>
<td>(In the past twelve months,) Did you not pay the full amount of rent or mortgage payments?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23E.</strong></td>
<td>(In the past twelve months,) Were you evicted from your home or apartment for not paying the rent or mortgage?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23F.</strong></td>
<td>(In the past twelve months,) Did you not pay the full amount of a gas, oil, or electricity bill?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23G.</strong></td>
<td>(In the past twelve months,) Was your gas or electric service ever turned off or the heating oil company not deliver oil, because there wasn’t enough money to pay the bills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23H.</strong></td>
<td>(In the past twelve months,) Did you borrow money from friends or family to help pay bills?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23I.</strong></td>
<td>(In the past twelve months,) Did you move in with other people even for a little while because of financial problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23J.</strong></td>
<td>(In the past twelve months,) Did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing, even for one night?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23K.</strong></td>
<td>(In the past twelve months,) Was there anyone in your household who needed to see a doctor or go to the hospital but couldn’t go because of the cost?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23L.</strong></td>
<td>(In the past twelve months,) Have you cut back on buying clothes for yourself?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>I23M.</strong></td>
<td>(In the past twelve months,) Have you worked overtime or taken a second job?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
I23N. In the past twelve months, was your telephone service ever disconnected by the telephone company because there wasn’t enough money to pay the bill?

YES .................................................................1
NO .................................................................2 ➔ GO TO I23P

I23O. About how many days in the past twelve months were you without phone service?

[ ] [ ] [ ] [ ] DAYS

I23P. Next I’m going to read some opinions other people have expressed about welfare. For each statement, please tell me whether you strongly agree, agree, disagree or strongly disagree with it. Welfare…..(READ ITEM).

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Makes people work less than they would if there wasn’t a welfare system .................. 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family ............... 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Encourages young women to have babies before marriage .. 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Helps keep people’s marriage together in times of financial problem 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Helps to prevent hunger and starvation............................... 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Discourages young women who get pregnant from marrying the father of the child....................... 1 2 3 4 -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I23Q. The next two statements have to do with applying for welfare. Again, for each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree with it.

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The application process to apply for welfare is humiliating ..................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The rules of the welfare program take away your personal freedom ……………..</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

I24. My next questions are about some experiences you may have had (since [DATE OF LAST INTERVIEW]/in the last two years).

(Since [DATE OF LAST INTERVIEW]/During the last two years), other than for a minor traffic violation, have you been stopped by the police, but not picked up or arrested?

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

I25. And, (Since [DATE OF LAST INTERVIEW]/During the last two years), not counting minor traffic offenses, have you ever been booked or charged with breaking a law, either by the police or by someone connected with the courts? Please include juvenile offenses.

YES ...............................................................1
NO ...............................................................2 ➔ GO TO SECTION J

I26. Do you currently have any charges pending against you?

YES ...............................................................1
NO ...............................................................2 ➔ GO TO I27
I26A. How many charges do you currently have pending?

___ _____ CHARGES

I26B. What charges do you currently have pending?

PROBE: What other charges?

INTERVIEWER: IF “ASSAULT,” PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

<table>
<thead>
<tr>
<th>CHARGES</th>
<th>CIRCLE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)</td>
<td>1 (I26B_1)</td>
</tr>
<tr>
<td>ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting)</td>
<td>2 (I26B_2)</td>
</tr>
<tr>
<td>POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS</td>
<td>3 (I26B_3)</td>
</tr>
<tr>
<td>MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license)</td>
<td>4 (I26B_4)</td>
</tr>
<tr>
<td>NON-PAYMENT OF CHILD SUPPORT</td>
<td>5 (I26B_5)</td>
</tr>
<tr>
<td>PAROLE OR PROBATION VIOLATION</td>
<td>6 (I26B_6)</td>
</tr>
<tr>
<td>SIMPLE ASSAULT</td>
<td>7 (I26B_7)</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>8 (I26B_8)</td>
</tr>
</tbody>
</table>

- DON’T KNOW -2
- REFUSED -1

I27. And, (Since [DATE OF LAST INTERVIEW]/during the last two years), have you been convicted of any charges? Do not count minor traffic violations.

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

NO ..................................................... 2 ➔ GO TO I29
I27A. How many times have you been convicted of something (since [DATE OF LAST INTERVIEW]/during the last two years),?

|___|___| TIMES

I28A. Please tell me the charges you were convicted of (since [DATE OF LAST INTERVIEW]/during the last two years).

**PROBE:** What other charges?

**INTERVIEWER:** IF “ASSAULT,” PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

<table>
<thead>
<tr>
<th>CIRCLE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)</td>
</tr>
<tr>
<td>ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting)</td>
</tr>
<tr>
<td>POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS</td>
</tr>
<tr>
<td>MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license)</td>
</tr>
<tr>
<td>NON-PAYMENT OF CHILD SUPPORT</td>
</tr>
<tr>
<td>PAROLE OR PROBATION VIOLATION</td>
</tr>
<tr>
<td>SIMPLE ASSAULT</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>
I29. Were you ever required to perform community service or have you been on probation?

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

NO .................................................................2
J0. My next question is about how satisfied you are with your life overall. In general, would you say you are . . .

   Very satisfied with your life overall, ................ 1
   Somewhat satisfied, ........................................ 2
   Somewhat dissatisfied, or ................................. 3
   Very dissatisfied? ........................................... 4

J1. Now I’d like to ask you some questions about your health and how you’ve been feeling in the past twelve months.

In general, how is your health? Would you say it is . . .

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

J2. Do you have a serious health problem that limits the amount or kind of work you can do?

   YES ................................................................. 1
   NO ................................................................. 2 ➔ GO TO J2B
J2A. What is this health problem?

| J2A_1 | DIABETES...........................................................1 |
| J2A_2 | ASTHMA ..............................................................2 |
| J2A_3 | HIGH BLOOD PRESSURE .............................................3 |
| J2A_4 | PAIN ........................................................................4 |
| J2A_5 | SEIZURES/EPILEPSY ...................................................5 |
| J2A_6 | HEART DISEASE .........................................................6 |
| J2A_7 | BACK PROBLEMS .......................................................7 |
| J2A_8 | OTHER (NOT SPECIFIED) ..............................................8 |
|       | TRAUMA ....................................................................101 |
|       | ARTHRITIS ..................................................................102 |
|       | MENTAL HEALTH ........................................................103 |
|       | CANCER ....................................................................104 |
|       | VISION ......................................................................105 |
|       | KNEE/LEG ..................................................................106 |
|       | WRIST/ARM/SHOULDER ...............................................107 |
|       | KIDNEY PROBLEM .....................................................108 |
|       | GASTRO PROBLEMS ...................................................109 |
J2B. Do you regularly take any prescribed medication for physical or mental health problems?

YES .................................................................1
NO .................................................................2 \(\Rightarrow\) GO TO J2C

J2B1. For which of the following conditions do you take prescribed medication? Do you take them for . . .

CIRCLE YES OR NO FOR EACH

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2B1_1 Diabetes?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_2 Asthma?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_3 High Blood Pressure?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_4 Depression?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_5 Anxiety?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_6 Attention Deficit?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_7 Pain?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_8 Seizures or Epilepsy?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J2B1_9 Anything else? (NOT SPECIFIED)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

ALLERGIES ..................................................101
THYROID .....................................................102
HEART/STROKE .............................................103
GASTROINTESTINAL .................................104
MIGRAINES ................................................105
MENTAL HEALTH ......................................106
CANCER .....................................................107
OTHER PROBLEM .......................................108
CHOLESTEROL ........................................109
DON'T KNOW ...........................................-2
REFUSED .................................................-1
J2C.  In the past twelve months, have you stayed overnight in a hospital or gone to the emergency room? (Please do not include hospital stays related to the birth of a baby.)

YES .................................................................1
NO ...........................................................................2 \GO TO J2E

J2D.  How many times have you stayed overnight in a hospital in the past twelve months?

PROBE:  Count each stay—even if it lasted more than one overnight—as just one stay.

|____|____| TIMES
NONE ...........................................................................0

J2D1.  How many times have you gone to the emergency room because of your own injury or illness in the past twelve months?

|____|____| TIMES
NONE ...........................................................................0

J2E.  How much do you weigh?

PROBE:  Your best guess is fine.

|____|____|____| POUNDS
DON'T KNOW .......................................................-2
REFUSED .....................................................................-1

J2F.  How much does (MOTHER) weigh?

PROBE:  Your best guess is fine.

|____|____|____| POUNDS
DON'T KNOW .......................................................-2
REFUSED .....................................................................-1
J3. Are you or your child(ren) (who live with you) currently covered by Medicaid (CA: Medi-Cal) or by another public, federal or state assistance program which pays for medical care, or do you belong to a Medicaid HMO?

YES .................................................................1
NO .................................................................2  ➔ GO TO J4

J3A. Who is covered by this program? Is it . . .

CIRCLE ONE

You only, .........................................................1
Your child(ren) only, or .....................................2
Both you and your child(ren)? .........................3  ➔ GO TO J5

J4. Are you or your child(ren) currently covered by a private health insurance plan?

YES .................................................................1
NO .................................................................2  ➔ GO TO J5

J4A. Who is covered by private insurance? Is it . . .

CIRCLE ONE

You only, .........................................................1
Your child(ren) only, or .....................................2
Both you and your child(ren)? .........................3
J4B. Did you purchase the plan yourself, did someone else purchase it, or did you get it through an employer?

PROBE: Any others?

CIRCLE ALL THAT APPLY

Purchased by self ........................................... 1
Purchased by other ........................................... 2
Through respondent’s employer .......... 3
Through child’s mother’s employer ................ 4
Through partner’s employer .......... 5
Other (not specified) ................ 6

Veteran ........................................... 101
Relative ........................................... 102

J5. During the past twelve months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?

Yes ................................................................. 1
No ................................................................. 2
No, on medication/ anti-depressants (volunteered) ...... 14

GO TO J9

J6. For the next questions, please think of the two-week period during the past twelve months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last . . .

All day long, ................................................................. 1
Most of the day, ................................................................. 2
About half of the day, or ................................................................. 3
Less than half the day? ................................................................. 4

GO TO J9
J7. During those two weeks, did you feel this way . . .

- Every day, .................................................. 1
- Almost every day, or .................................. 2
- Less often? ................................................. 3 → GO TO J9

J8. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

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

GO TO J12

J9. During the past twelve months, has there ever been a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- YES ............................................................. 1
- NO ............................................................. 2
- NO, ON MEDICATION/ ANTI-DEPRESSANTS (VOLUNTEERED) ...... 14 → GO TO J18

J10. For the next few questions, please think of the two-week period during the past twelve months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last . . .

- All day long, .................................................. 1
- Most of the day, .............................................. 2
- About half of the day, or ............................... 3
- Less than half the day? ................................. 4 → GO TO J18
J11. Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY ..............................................1
ALMOST EVERY DAY .................................2
LESS OFTEN ..........................................3 \( \rightarrow \) GO TO J18

J12. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

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

J13. During these two weeks, did you gain or lose weight without trying, or did you stay about the same?

PROBE: We are still talking about the same two weeks.

GAIN....................................................1
LOSE......................................................2
IF VOLUNTEERED: BOTH GAINED AND LOST WEIGHT ..............3
STAYED ABOUT THE SAME .......................4 \( \rightarrow \) GO TO J14
IF VOLUNTEERED: WAS ON A DIET ..........5

J13A. About how much did (you gain/you lose/your weight change) during these two weeks?

INTERVIEWER: IF RESPONDENT OFFERS A RANGE, TAKE THE NUMBER AT THE LOWER END.

|   |   | POUNDS

DON'T KNOW ......................................-2
REFUSED ..........................................-1
J14. Did you have more trouble falling asleep than you usually do during those two weeks?

YES .................................................................1
NO .................................................................2 ➔ GO TO J15

J14A. Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT ......................................................1
NEARLY EVERY NIGHT ........................................2
LESS OFTEN ......................................................3

J15. During those two weeks, did you have a lot more trouble concentrating than usual?

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

J16. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

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

J17. Did you think a lot about death--either your own, someone else's, or death in general during those two weeks?

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

J18. In the past month, did you smoke cigarettes?

YES .................................................................1
NO .................................................................2 ➔ GO TO J20
J19. How many packs per day do you usually smoke?

   LESS THAN HALF A PACK A DAY ..............1
   ABOUT A PACK ......................................2
   A PACK AND A HALF ...............................3
   ABOUT 2 PACKS .................................4
   MORE THAN TWO PACKS ......................5

J20. 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. With these definitions in mind, what is the largest number of drinks you had in any single day during the past twelve months—none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

   NOTE: IF RESPONDENT VOLUNTEERS “I never drink,” ACCEPT THE ANSWER AND CODE AS “NONE.”

   NONE ....................................................0  → GO TO J22
   1-3 .....................................................1
   4-10 ....................................................2
   11-20 ..................................................3
   MORE THAN 20 ......................................4

IF NEEDED:

   ALCOHOL EQUIVALENTS

   Beer
   1 12 or 16 oz bottle = 1 drink
   1 case of beer = 24 drinks

   Wine
   1 4 oz. glass of wine = 1 drink
   1 liter or quart bottle = 6 drinks
   1 wine cooler = 1 drink

   Hard Liquor
   1 highball = 1 drink
   1 shot glass = 1 drink
   ½ pint of liquor = 6 drinks
   1 pint of liquor = 12 drinks
   1 fifth of liquor = 20 drinks
   1 quart of liquor = 24 drinks
J20A. In the past twelve months, how often did you have four or more drinks in one day? Was it . . .

   Every day or almost every day, ..................  1
   A few times a week, ...............................  2
   A few times a month, ...............................  3
   About once a month, ...............................  4
   Less than once a month? ...........................  5
   DON’T KNOW ...........................................-2
   REFUSED .............................................-1

J21. In the past twelve months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?

   YES .........................................................1
   NO ..........................................................2
   I AM A CASUAL/SOCIAL DRinker
   (VOLUNTEERED) ......................................3
The next questions are about your use of drugs on your own. By “on your own,” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you use any of these drugs on your own during the past twelve months?

During the past twelve months did you use . . .

| J22A. Sedatives, including either barbiturates or sleeping pills on your own? (e.g., Seconal, Halcion, Methaqualone) | YES | NO |
| J22B. Tranquilizers or “nerve pills” on your own? (e.g., Librium, Valium, Ativan, Meprobamate, Xanax) | YES | NO |
| J22C. Amphetamines or other stimulants on your own? (e.g., Methamphetamine, Preludin, Dextedrine, Ritalin, “Speed”) | YES | NO |
| J22D. Analgesics or other prescription painkillers on your own? (NOTE: This does not include normal use of aspirin, Tylenol without codeine, etc. but does include use of Tylenol with-codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone) | YES | NO |
| J22E. Inhalants that you sniff or breathe to get high or to feel good? (e.g., Amylnitrate, Freon, Nitrous Oxide (“Whippets”), Gasoline, Spray paint) | YES | NO |
| J22F. Marijuana or hashish? | YES | NO |
| J22G. Cocaine or crack or free base? | YES | NO |
| J22H. LSD or other hallucinogens? (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)? | YES | NO |
| J22I. Heroin? | YES | NO |
J22J. DID RESPONDENT USE ONE OR MORE DRUGS IN J22A-J22I?

YES .................................................................1
NO .................................................................2 ➔ GO TO J24A

J22K. In the past twelve months, how often did you use ([DRUG]/any of those drugs)? Was it . . .

Every day or almost every day, ....................... 1
A few times a week, ....................................... 2
A few times a month, ................................. 3
About once a month, or ............................. 4
Less than once a month? ............................ 5
DON'T KNOW .............................................-2
REFUSED ..................................................-1

J23. In the past twelve months, did your use of (NAME OF DRUG/any of these substances) ever interfere with your work at school, or a job, or at home?

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

J24A. In the past twelve months, have you received counseling, therapy, or other treatment for personal problems, for example, feelings of depression, worry, alcohol, or drug use problems?

YES .................................................................1
NO .................................................................2 ➔ GO TO J25A
J24B. Was this counseling or therapy for . . .

CIRCLE ALL THAT APPLY

| J24B_1 | Depression? ........................................1 |
| J24B_2 | Anxiety? ................................................2 |
| J24B_3 | Attention problems? ................................3 |
| J24B_4 | Alcohol problems? .....................................4 |
| J24B_5 | Drug use problems? ....................................5 |
| J24B_6 | Anything else? (SPECIFY) ..............................6 |

DON'T KNOW .................................................-2
REFUSED .....................................................-1
ANGER MANAGEMENT .................................101

J25A. Now I am going to read you some statements that describe how people sometimes behave. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement.

| J25A1 | I often say and do things without considering the consequences. Do you. . . ................................ 1 2 3 4 |
| J25A2 | I often get into trouble because I don’t think before I act. Do you. . . ........................................ 1 2 3 4 |

J25B. For the next statements, please tell me whether this is very true, somewhat true, or not true.

| J26B1 | I do things that may cause trouble with the law................................. 1 2 3 |
| J26B2 | I lie or cheat.......................... 1 2 3 |
| J26B3 | I frequently get into fights ............. 1 2 3 |
| J26B4 | I don’t seem to feel guilty when I misbehave.............................. 1 2 3 |
(CONSTRUCTED FOR 2 CITIES)
J25C. WAS RESPONDENT INTERVIEWED AT THREE-YEAR?

YES ................................................................. 1 ➔ GO TO SECTION R
NO ................................................................. 2

J26. Now I have some questions about your biological father.

Did your biological father ever have periods lasting two weeks or more when he was depressed, down in the dumps, or blue most of the time?

YES................................................................. 1
NO ................................................................. 2 ➔ GO TO J27
VOLUNTEERED: NO KNOWLEDGE ABOUT FATHER...........................................-14 ➔ GO TO J31
DON’T KNOW ....................................................-2 ➔ GO TO J27
REFUSED..........................................................-1 ➔ GO TO J27

J26A. Did he ever get professional treatment for depression?

YES................................................................. 1
NO ................................................................. 2 ➔ GO TO J27
DON’T KNOW ....................................................-1
REFUSED..........................................................-2

J26B. Was he ever hospitalized for depression?

YES................................................................. 1
NO ................................................................. 2
DON’T KNOW ....................................................-1
REFUSED..........................................................-2
J27. Did your biological father have periods of a month or more when he was constantly nervous, edgy, or anxious?

YES............................................................... 1
NO ............................................................ 2
DON’T KNOW ............................................... -2
REFUSED..................................................... -1

GO TO J28

J27A. Did he ever get professional treatment for his nervousness?

YES............................................................... 1
NO ............................................................ 2
DON’T KNOW ............................................... -2
REFUSED..................................................... -1

GO TO J28

J27B. Was he ever hospitalized for his nervousness?

YES............................................................... 1
NO ............................................................ 2
DON’T KNOW ............................................... -2
REFUSED..................................................... -1

J28. Did your biological father ever have a problem with drinking?

YES............................................................... 1
NO ............................................................ 2
DON’T KNOW ............................................... -2
REFUSED..................................................... -1
J28A. Did he ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

YES.............................................................. 1
NO ............................................................... 2
DON’T KNOW ..................................................-2
REFUSED.......................................................-1

J28B. Did he ever have a problem with illegal drugs?

YES.............................................................. 1
NO ............................................................... 2
DON’T KNOW ..................................................-2
REFUSED.......................................................-1

J29. DID BIOLOGICAL FATHER HAVE PROBLEMS WITH DRINKING OR DRUGS?
(J28 OR J28A OR J28B = 1)

YES.............................................................. 1
NO ............................................................... 2
ALL REFUSED .................................................-1

J29A. Did he ever get professional treatment for his (drinking/(or)/drug) problem(s)?

YES.............................................................. 1
NO ............................................................... 2
DON’T KNOW ..................................................-2
REFUSED.......................................................-1

J29B. Was he ever hospitalized for his (drinking/(or)/drug use)?

YES.............................................................. 1
NO ............................................................... 2
DON’T KNOW ..................................................-2
REFUSED.......................................................-1
J30. NOT FOR PUBLIC RELEASE

J30A. NOT FOR PUBLIC RELEASE

J31. The next questions are about your biological mother.

Did your biological mother ever have periods lasting two weeks or more when she was depressed, blue, or down in the dumps most of the time?

YES................................................................. 1
NO ................................................................. 2 ➔ GO TO J32
VOLUNTEERED: NO KNOWLEDGE ABOUT MOTHER........................................14 ➔ GO TO SECTION R
DON’T KNOW .................................................. -2 ➔ GO TO J32
REFUSED........................................................... -1

J31A. Did she ever get professional treatment for depression?

YES................................................................. 1
NO ................................................................. 2 ➔ GO TO J32
DON’T KNOW .................................................. -2 ➔ GO TO J32
REFUSED........................................................... -1
J31B. Was she ever hospitalized for depression?

YES................................................................. 1
NO ................................................................. 2
DON’T KNOW .....................................................-2
REFUSED..........................................................-1

J32. Did your biological mother have periods of a month or more when she was constantly nervous, edgy, or anxious?

YES................................................................. 1
NO ................................................................. 2
DON’T KNOW .....................................................-2
REFUSED..........................................................-1

GO TO J33

J32A. Did she ever get professional treatment for her nervousness?

YES................................................................. 1
NO ................................................................. 2
DON’T KNOW .....................................................-2
REFUSED..........................................................-1

GO TO J33

J32B. Was she ever hospitalized for her nervousness?

YES................................................................. 1
NO ................................................................. 2
DON’T KNOW .....................................................-2
REFUSED..........................................................-1
J33. Did your biological mother ever have a problem with drinking?

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

J33A. Did she ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

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

J33B. Did she ever have a problem with illegal drugs?

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

J34. DID BIOLOGICAL MOTHER HAVE PROBLEMS WITH DRINKING OR DRUGS?  
(J33 OR J33A OR J33B = 1)

YES .................................................. 1
NO ...................................................... 2
ALL REFUSED .......................................-1  \[GO TO J35\]

J34A. Did she ever get professional treatment for her (drinking/(or)/drug) problem(s)?

YES .................................................. 1
NO ...................................................... 2
DON'T KNOW ........................................-2
REFUSED ..............................................-1  \[GO TO J35\]
J34B.  Was she ever hospitalized for her (drinking/(or)/drug use)?

YES.......................................................... 1
NO ........................................................... 2
DON’T KNOW ...............................................-2
REFUSED .....................................................-1

J35.  NOT FOR PUBLIC RELEASE

J35A.  NOT FOR PUBLIC RELEASE
Now I’d like to ask you about your religious beliefs and practices.

R1. My religious faith is an important guide for my daily life. Do you . . .
   - Strongly agree, ........................................1
   - Somewhat agree, .......................................2
   - Somewhat disagree, or .................................3
   - Strongly disagree? .....................................4

R2. How often do you attend religious services? Do you attend services . . .
   - Every day, ..................................................1
   - A few times a week, ......................................2
   - Once a week, ..............................................3
   - A few times a month, .................................4
   - A few times a year, .....................................5
   - Less often than that, or .................................6
   - Never? ........................................................7

R3. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you
    had any religious experiences that transformed your life?
   - YES..............................................................1
   - NO.............................................................2
K1. Now I’d like to ask you a few questions about your education and employment.

Are you currently attending any school or participating in any training programs or taking any classes? Please include regular high school, GED classes, vocational or trade school, Job Corps, college or other types of school as well as training programs to learn job skills.

YES .................................................................1
NO ....................................................................2 ➔ GO TO K3

K2. What kind of school or program are you attending?

| K2_1 | REGULAR HIGH SCHOOL .................................................1 |
| K2_2 | GENERAL EQUIVALENCY DEGREE (GED) OR ADULT BASIC EDUCATION (ABE) PROGRAM........2 ➔ Which one? |
| K2_3 | ESL PROGRAM .............................................................3 |
| K2_4 | NURSING SCHOOL (LPN OR RN) ....................................4 |
| K2_5 | BUSINESS OR SECRETARIAL SCHOOL ...............................5 |
| K2_6 | PROGRAM TO IMPROVE READING ...................................6 |
| K2_7 | VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ......................7 |
| K2_8 | JOB CORPS ..............................................................8 |
| K2_9 | JUNIOR/COMMUNITY COLLEGE (2-YEAR) ........................9 |
| K2_10 | COLLEGE (4-YEAR) ...................................................10 |
| K2_11 | OTHER TYPE OF SCHOOL (NOT SPECIFIED) ...........11 |

___________________________________________
K2_12 OTHER TYPE OF TRAINING (NOT SPECIFIED) .....12

___________________________________________
K2_13 PROGRAM TO LEARN JOB SKILLS ....................13
K2_14 PROGRAM TO HELP GET A JOB .........................14
K2_15 GRADUATE/PROFESSIONAL SCHOOL ..............15
K3. Have you completed any training programs or any years of schooling (since [DATE OF LAST INTERVIEW]/during the last two years)?

YES .................................................................1
NO ...........................................................................2 ➔ GO TO K3B
K3A. What program or schooling have you completed?

CIRCLE ALL THAT APPLY

K3A_1 REGULAR HIGH SCHOOL..........................1 ➔ GRADE COMPLETED: [ ]

K3A_2 GENERAL EQUIVALENCY DEGREE (GED) OR ADULT BASIC EDUCATION (ABE) PROGRAM........2 ➔ Which one?

K3A_3 ESL PROGRAM........................................3

K3A_4 NURSING SCHOOL (LPN OR RN)..................4

K3A_5 BUSINESS OR SECRETARIAL SCHOOL...........................5

K3A_6 PROGRAM TO IMPROVE READING.....................6

K3A_7 VOCATIONAL, TECHNICAL, OR TRADE SCHOOL.............................7

K3A_8 JOB CORPS ...........................................8

K3A_9 JUNIOR/COMMUNITY COLLEGE (2-YEAR).......................9

K3A_10 COLLEGE (4-YEAR)................................10

K3A_11 OTHER TYPE OF SCHOOL (NOT SPECIFIED)..........................11

_________________________________________________________

K3A_12 OTHER TYPE OF TRAINING (NOT SPECIFIED)..........................12

PROFESSIONAL .............................................101

PARENTING, LIFE SKILLS ..................................102

POLICE, FIRE, EMT ........................................103

NURSING/HEALTH CARE ..................................104

CHILD CARE ................................................105

THEOLIGICAL TRAINING ..................................106

MILITARY ..................................................107

_________________________________________________________

K3A_13 PROGRAM TO LEARN JOB SKILLS......................13

K3A_14 PROGRAM TO HELP GET A JOB.........................14

K3A_15 SOME COLLEGE........................................15

K3A_16 GRADUATE/PROFESSIONAL SCHOOL ...............16
K3B.  (Since [DATE OF LAST INTERVIEW]/During the last two years), have you taken any classes to improve your job skills, such as computer training or literacy classes?

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

K3C.  (Since [DATE OF LAST INTERVIEW]/During the last two years), have you received any kind of employment counseling?

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

K4.  Now I’d like to ask you about your current work status. Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular paycheck.

NOTE: IF RESPONDENT WAS ON VACATION IN LAST WEEK, ASK FOR THE WEEK BEFORE VACATION.

YES .................................................................1 ➔ GO TO K10
NO .................................................................2

K5.  Are you currently looking for a regular job?

YES .................................................................1
NO .................................................................2 ➔ GO TO K7

K6.  How long have you been looking for a regular job? Would you say . . .

Less than a week, ..............................................1
More than a week, but less than a month, .............................................2
Between a month and six months, .................3
Between six months and a year, or ..............4
More than a year? ...............................................5

GO TO K8
K7. Why aren’t you looking for a regular job?

OWN BUSINESS ..............................................1
ALREADY HAVE A JOB (ON VACATION, ILL OR ON TEMPORARY LAYOFF) ............2
IN SCHOOL OR TRAINING PROGRAM ......3
DISABLED..............................................................4
DON’T WANT/NEED TO WORK ..................5
PERSONAL/FAMILY REASONS .................6
BELIEVE NO WORK AVAILABLE ...............7
IN JAIL/PRISON ....................................................8
STAY AT HOME PARENT/HOMEMAKER.....9
OTHER (NOT SPECIFIED) .........................10

__________________________

HEALTH REASONS.................................101
RETIRED.......................................................102

K8. What would the hourly wage have to be in order for you to take a job?

$ |____|____ . |____|____| PER HOUR

DON’T KNOW .................................................-2

WOULD NOT TAKE A JOB AT ANY
WAGE RIGHT NOW ........................................-10

K9. When did you last work at a regular job lasting two weeks in a row or more, for which you received a regular paycheck?

|____|____ | / |____|____|____|____| | MONTH | YEAR |
| (K9A) | (K9B) |

NEVER WORKED FOR TWO
CONSECUTIVE WEEKS .........................-10 ➔ GO TO K24
K10. My next few questions are about your (current/most recent) job.

How many hours (do/did) you usually work per week at (this/that) job? Include regular overtime hours.

INTERVIEWER: IF RESPONDENT WORKS/WORKED MORE THAN ONE JOB AT A TIME, ASK ABOUT THE ONE AT WHICH HE USUALLY WORKS/WORKED THE MOST HOURS.

|___|___|___| HOURS PER WEEK

K11. (Do/Did) you work for yourself or for someone else in this job?

   SELF ................................................................. 1
   SOMEONE ELSE ...................................................... 2

K12. What (do/did) you do at (this/that) job?

   PROFESSIONAL/TECHNICAL ....................................... 101
   EXECUTIVE/ADMINISTRATIVE/MANAGERIAL ................. 102
   SALES .......................................................................... 103
   ADMINISTRATIVE SUPPORT/CLERICAL ....................... 104
   PRECISION/CRAFT/REPAIR ....................................... 105
   MACHINE OPERATORS/ASSEMBLERS ............................ 106
   TRANSPORATION/MOVING ......................................... 107
   HANDLERS/HELPERS/LABORERS ................................. 108
   SERVICE OCCUPATIONS ............................................ 109
   OTHER (NOT SPECIFIED) ........................................... 110
   MILITARY ..................................................................... 112
K13.  About how much (do/did) you usually earn in (this/that) job, before taxes and deductions?

$ | | | | | | | | | | PER

HOUR..............................................1
DAY .....................................................2
WEEK..................................................3
EVERY 2 WEEKS
(26 CHECKS PER YEAR) .........................4
TWICE A MONTH
(24 CHECKS PER YEAR) .........................5
MONTH ..................................................6
YEAR....................................................7
OTHER (NOT SPECIFIED) .........................8

K14A. (At your primary job,) (Do/Did) you regularly work . . .

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>1. Weekdays?..............................</td>
</tr>
<tr>
<td>2. Evenings (6 pm-11 pm)? ..................</td>
</tr>
<tr>
<td>3. Nights (11 pm-7 am)?....................</td>
</tr>
<tr>
<td>4. Weekends? ..................................</td>
</tr>
<tr>
<td>5. Different times each week? ...............</td>
</tr>
</tbody>
</table>
K14B. In addition to your regular working shift, (do/did) you sometimes also work . . .

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>1. Weekdays?..........................</td>
</tr>
<tr>
<td>2. Evenings?...........................</td>
</tr>
<tr>
<td>3. Nights? .............................</td>
</tr>
<tr>
<td>4. Weekends? ...........................</td>
</tr>
</tbody>
</table>

K15. **HAS FATHER WORKED SINCE CHILD WAS BORN?**
(K4=1, OR DATE IN K9 IS MORE RECENT THAN DATE OF CHILD’S BIRTH ON CONTACT SHEET)

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

NO ..............................................................................2 ➔ **GO TO K22**
K16. Please tell me how true the following statements are.

(READ ITEM). (Is/Was) this always true, often true, sometimes true, or never true for you?

<table>
<thead>
<tr>
<th></th>
<th>ALWAYS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>K16A. My shift and work schedule (cause/caused) extra stress for me and my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K16B. Where I (work/worked), it (is/was) difficult to deal with child care problems during working hours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K16C. In my work schedule I (have/had) enough flexibility to handle family needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

K17. Some people work more than one regular job. Was there ever a time in the past twelve months that you worked more than one regular job at the same time?

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

NO .................................................................2 ➔ GO TO K19

K18. When you were working more than one regular job at the same time, about how many hours per week did you usually work altogether?

|___|___|___| HOURS PER WEEK

K19. About how much did you earn from (all of) your regular job(s) in the past twelve months? Please do not count earnings from any “off-the-books” or “under-the-table” jobs.

INTERVIEWER: IF AMOUNT IS LESS THAN $1,000 OR MORE THAN $100,000, CONFIRM: You told me you made (AMOUNT) dollars in the last twelve months. Is that correct? CORRECT ANSWER IF APPROPRIATE.

$ |___|___|___|,|___|___|___| ➔ GO TO K21

NOTHING/DID NOT WORK IN THE LAST 12 MONTHS .........................0 ➔ GO TO K22

DON’T KNOW ..................................................-2

REFUSED ..........................................................-1
K20. I just need to have a range. Can you tell me if it was . . .

Less than $5,000, ................................................. 1
$5,001 to $10,000, ............................................... 2
$10,001 to $15,000, ............................................. 3
$15,001 to $20,000, ............................................. 4
$20,001 to $25,000, ............................................. 5
$25,001 to $30,000, ............................................. 6
$30,001 to $40,000, ............................................. 7
$40,001 to $60,000, or ........................................ 8
More than $60,000? ........................................... 9
DON'T KNOW ..................................................-2
REFUSED .......................................................-1

K21. In the past twelve months, how many weeks did you work (at your job/at all of your regular jobs)? If you worked the entire year, but used paid vacation time or sick time, you worked 52 weeks.

[ ] [ ] NUMBER OF WEEKS

K22. In the past twelve months, how many regular jobs have you had that lasted two weeks or more?

[ ] [ ] JOBS → GO TO K24

DON'T KNOW ..................................................-2

K23. All I need is a range. Would you say it was . . .

1 to 2 jobs, ......................................................... 1
3 to 5 jobs, ......................................................... 2
5 to 10 jobs, ....................................................... 3
10 to 20 jobs, or .................................................. 4
More than 20 jobs? ............................................ 5
DON'T KNOW ..................................................-2
REFUSED .......................................................-1
We are interested in finding out about some ways, other than regular work, in which people make money. This kind of activity may be paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else.

Please tell me if you have done any of the following in the past twelve months.

RECORD "YES" OR "NO" IN ROW A THEN ASK B TO F FOR EACH ACTIVITY CODED "YES"

<table>
<thead>
<tr>
<th>During the past twelve months, did you ...</th>
<th>K24</th>
<th>K25</th>
<th>K26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in your own business? Please do not include work you already told me about. (PROBE: This could include things such as doing other people's hair, either in your home or theirs.)</td>
<td>YES ......................................................1 ↓ What type of business? SPECIFY: ______________________ NO ................. (ASK K25) .........2</td>
<td>YES ......................................................1 SPECIFY: ______________________ NO ................. (ASK K26) .........2</td>
<td>YES ......................................................1 SPECIFY: ______________________ NO ................. (ASK K26) .........2</td>
</tr>
<tr>
<td>In the last twelve months, about how many weeks did you (ACTIVITY) ...</td>
<td>IF K24A=YES, ASK K24B. IF NO, GO TO K25A</td>
<td>IF K25A=YES, ASK K25B. IF NO, GO TO K26A</td>
<td>IF K26A=YES, ASK K26B. IF NO, GO TO SECTION L</td>
</tr>
<tr>
<td>OTHER ......................... 2 - ASK K24F</td>
<td>OTHER ......................... 2 - ASK K25F</td>
<td>OTHER ......................... 2 - ASK K26F</td>
<td></td>
</tr>
<tr>
<td>BOTH CASH .................. 3 - ASK K24E &amp; K24F</td>
<td>BOTH CASH .................. 3 - ASK K25E &amp; K26F</td>
<td>BOTH CASH .................. 3 - ASK K26E &amp; K26F</td>
<td></td>
</tr>
<tr>
<td>AND OTHER</td>
<td>AND OTHER</td>
<td>AND OTHER</td>
<td></td>
</tr>
<tr>
<td>B. In the last twelve months, about how many weeks did you (ACTIVITY) ...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. And, during those (NUMBER FROM B) weeks, about how many hours per week did you (ACTIVITY) ...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. When you did this, were you paid in cash, or did you receive something else such as meals, clothing, or a place to live?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

162
### E. **MONEY**: How much did you receive in the last twelve months for this activity?

<table>
<thead>
<tr>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ GO TO K25F</td>
<td>→ GO TO K26F</td>
<td>→ GO TO K27F</td>
</tr>
</tbody>
</table>

- **DON’T KNOW**: ........... -2
- **REFUSED**: ........... -1

### E(1). I just need to know a range. Please tell me if it was...

<table>
<thead>
<tr>
<th>Under $500,</th>
<th>$501 to $1,000,</th>
<th>$1,001 to $3,000,</th>
</tr>
</thead>
<tbody>
<tr>
<td>........... 1</td>
<td>........... 2</td>
<td>........... 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$3,001 to $5,000,</th>
<th>$5,001 to $10,000,</th>
<th>$10,001 to $15,000,</th>
</tr>
</thead>
<tbody>
<tr>
<td>........... 4</td>
<td>........... 5</td>
<td>........... 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$15,001 to $20,000,</th>
<th>$20,001 to $25,000,</th>
<th>$25,001 to $30,000,</th>
</tr>
</thead>
<tbody>
<tr>
<td>........... 7</td>
<td>........... 8</td>
<td>........... 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$30,001 to $40,000,</th>
<th>More than $40,000...</th>
</tr>
</thead>
<tbody>
<tr>
<td>........... 10</td>
<td>........... 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>........... -2</td>
<td>........... -1</td>
</tr>
</tbody>
</table>

### F. **WAS OTHER TYPE OF PAYMENT RECEIVED? (K24D = 2 OR 3)?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>.......... 1</td>
<td>.......... 2 ➔ GO TO K25A</td>
</tr>
</tbody>
</table>

### F(1). What (else) did you get in exchange for this?

<table>
<thead>
<tr>
<th>MEALS</th>
<th>CLOTHING</th>
<th>PLACE TO LIVE</th>
<th>OTHER (SPECIFY)</th>
<th>CHILD CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>.......... 1</td>
<td>.......... 1</td>
<td>.......... 1</td>
<td>.......... 1</td>
<td>.......... 1</td>
</tr>
</tbody>
</table>

| GO TO K25A | GO TO K26A | GO TO SECTION L |

---

**Section Notes:**

- **K24**: Go to K25 for $200,000 or more.
- **K25**: Go to K26 for $100,000 or more.
- **K26**: Go to Section L.
SECTION L: INCOME

L1. In the past twelve months, what was the total income 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 rent, interest, and dividends.

INTERVIEWER: IF AMOUNT IS LESS THAN $1,000 OR MORE THAN $100,000, CONFIRM: You say your household income was (AMOUNT) in the last twelve months. Is that correct? CORRECT ANSWER IF APPROPRIATE.

$ |___|___|___|,|___|___|___| → GO TO L2

DON’T KNOW .............................................................. -2
REFUSED ................................................................. -1

L1A. I just need to know a range. Can you tell me if it was . . .

Less than $5,000, .................................................. 1
$5,001 to $10,000, ................................................ 2
$10,001 to $15,000, ............................................. 3
$15,001 to $20,000, ............................................ 4
$20,001 to $25,000, ............................................ 5
$25,001 to $30,000, ............................................ 6
$30,001 to $40,000, ............................................ 7
$40,001 to $60,000, or ....................................... 8
More than $60,000? ............................................. 9
DON’T KNOW .......................................................... -2
REFUSED ............................................................... -1
L2. In the past twelve months, have you given or loaned any money to friends or relatives?

  YES .................................................................1
  NO .................................................................2 ➔ GO TO L3

L2A. All together, during the past twelve months, how much money did you give or loan to friends or relatives?

  $ |___|___| |___|___|___| |___|___|___| |___|___|___| |___|___|___|
  DON'T KNOW ....................................................-2
  REFUSED ..........................................................-1

L3. IS FATHER LIVING WITH MOTHER OR LIVING WITH A CURRENT PARTNER?
(A4A1=1 OR 2 OR E2D=1)

  YES .................................................................1
  NO .................................................................2 ➔ GO TO L7

L4. Do you or your (wife/partner) have a bank account?

  YES .................................................................1
  NO .................................................................2 ➔ GO TO L5
  MULTIPLE ACCOUNTS ...........................................3

L4A. (Is the account/Are the accounts) in your name, (her/his) name, or both?

  CIRCLE ONE

  FATHER’S NAME ............................................. 1
  WIFE’S/PARTNER’S NAME ................................. 2
  BOTH NAMES (JOINT ACCOUNT) ......................... 3
  BOTH JOINT AND SEPARATE ACCOUNTS .............. 4
  SEPARATE ACCOUNTS ....................................... 5
L5. Do you or your (wife/partner) have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

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

NO ................................................................. 2 ➔ GO TO L5B

L5A. Is the card in your name, (her/his) name, or both?

CIRCLE ONE

FATHER’S NAME ............................................. 1
WIFE’S/PARTNER’S NAME ................................. 2
BOTH NAMES (JOINT CARD) ......................... 3
BOTH JOINT AND SEPARATE CARDS ............. 4
SEPARATE CARDS ........................................... 5

L5B. Couples handle money differently. Which of the following do you do? Do you . . .

CIRCLE ONE

Keep your own money separate, ............... 1
Put some of your money together but keep the rest separate, or ......................... 2
Put all of your money together? ............... 3
DON’T KNOW .................................................-2
REFUSED .....................................................-1
L5C. Couples also make different arrangements for handling financial responsibilities, such as paying the rent, mortgage, or other household bills. In your household, who is usually responsible for making sure the bills get paid?

<table>
<thead>
<tr>
<th>CIRCLE ONE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER USUALLY PAYS THE BILLS ........ 1</td>
<td></td>
</tr>
<tr>
<td>WIFE OR PARTNER USUALLY PAYS THE BILLS ........ 2</td>
<td></td>
</tr>
<tr>
<td>FATHER AND WIFE OR PARTNER PAY BILLS TOGETHER OR TAKE TURNS/ALTERNATE MONTHS .......... 3</td>
<td></td>
</tr>
<tr>
<td>FATHER AND WIFE OR PARTNER HAVE SPECIFIC BILLS EACH IS RESPONSIBLE FOR PAYING EACH MONTH ..................................... 4</td>
<td></td>
</tr>
<tr>
<td>OTHER (E.G., SOMEONE ELSE IN THE HOUSEHOLD IS RESPONSIBLE FOR PAYING THE BILLS) .................. 5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................... -2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ...................................... -1</td>
<td></td>
</tr>
</tbody>
</table>

L5D. Who would you say controls the money in this household?

<table>
<thead>
<tr>
<th>CIRCLE ONE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDENT ..................................... 1</td>
<td></td>
</tr>
<tr>
<td>WIFE/PARTNER .................................... 2</td>
<td></td>
</tr>
<tr>
<td>BOTH EQUALLY .................................... 3</td>
<td></td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED) ............................ 4</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..................................... -2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ........................................ -1</td>
<td></td>
</tr>
</tbody>
</table>
L6. Do you or your (wife/partner) own a car, truck or van?

YES ................................................................. 1
NO ................................................................. -2 END INTERVIEW
LEASE ............................................................. -10

L6A. Can you rely on the (car/truck/van) to get you to school or work, or other places?

IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS THE BEST.

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

L6B. How much do you owe on your (car/truck/van)?

$ |___|___|,|___|___|___|
NOTHING .......................................................... 0
DON'T KNOW ............................................... -2
REFUSED ....................................................... -1
LEASE ............................................................. -10 END INTERVIEW

L6C. About how much could you get if you sold your (car/truck/van) now?

$ |___|___|,|___|___|___|
NOTHING .......................................................... 0
DON'T KNOW ............................................... -2

END INTERVIEW

L7. Do you have a bank account?

YES ................................................................. 1
NO ................................................................. -2
L8. Do you have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

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

L9. Do you own a car, truck or van?

YES ................................................................. 1
NO ................................................................. 2 ➔ END INTERVIEW
LEASE ............................................................. -10

L9A. Can you rely on the (car/truck/van) to get you to school, work or other places?

IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS THE BEST.

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

L9B. How much do you owe on your (car/truck/van)?

$ |___|___|___|___|___|
NOTHING ....................................................... 0
DON’T KNOW ................................................... -2
REFUSED ......................................................... -1
LEASE ........................................................... -10 ➔ END INTERVIEW

L9C. About how much could you get if you sold your (car/truck/van) now?

$ |___|___|___|___|___|
NOTHING ....................................................... 0
DON’T KNOW ................................................... -2