

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

Mothers' Three-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 Columbia University Population Center.

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SECTION A: FAMILY CHARACTERISTICS

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

A1. **NOT FOR PUBLIC RELEASE**

A2. How much of the time does (CHILD) live with you? Is it . . .

- 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 A3
- None of the time? 4 → GO TO A3
- 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**

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

CODE WITHOUT ASKING IF KNOWN.

A3A. Who does (CHILD) (usually) live with?

- BIOLOGICAL FATHER1 → GO TO A3C
- MATERNAL GRANDPARENT(S).....2 → GO TO A3B1
- PATERNAL GRANDPARENT(S)3 → GO TO A3B1
- OTHER RELATIVE(S).....4 → GO TO A3B1
- FRIEND5 → GO TO A3B1
- FOSTER CARE6
- ADOPTIVE PARENT7 → THANK MOTHER AND
END INTERVIEW.
UPDATE ADDRESS
- CHILD DECEASED8 → RECODE A2 AND
FOLLOW NEW PATH
- OTHER (NOT SPECIFIED)9 → GO TO A3C

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

YES.....1

NO2

GO TO A3C

A3B1. Does (PERSON IN A3A) receive any kind of payment for taking care of (CHILD)?

YES 1

NO 2

DON'T KNOW-2

REFUSED-1

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?

YES1

NO2

A3E. About how many days did you see (CHILD) in the past 30 days?

|__|__| NUMBER OF DAYS

NONE0

GO TO A4

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

- BIOLOGICAL FATHER1
- MATERNAL GRANDPARENT(S).....2
- PATERNAL GRANDPARENT(S)3
- OTHER RELATIVE(S).....4
- FRIEND5
- OTHER (NOT SPECIFIED)6

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

A3H. **NOT AVAILABLE**

A4.

Next, I have a few questions about your relationship with (CHILD's) father, (FATHER).

IOWA

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

- Married, 1 → GO TO A4A
- Romantically involved, 2
- Separated/Divorced, 3 → GO TO A7
- Just friends, or 4 → GO TO A7
- Not in any kind of a relationship?..... 5 → GO TO A4E
- FATHER NOT KNOWN-13 → GO TO A10
- VOLUNTEERED, FATHER DIED.....-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?

- STEADY1
- ON-AGAIN, OFF-AGAIN2

CODE WITHOUT ASKING IF KNOWN:

A4A1. Are you and (FATHER) currently living together . . .

- All or most of the time,1
- Some of the time,2
- Rarely, or3
- Never?4

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

- YES1 → GO TO A5
- NO2

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

|__| NIGHTS

NONE 0

REFUSED-1

GO TO A5

OFFER CONDOLENCES:

A4C. When did (FATHER) die?

|__|_|_|_|_|
YEAR
(A4C2)

CODE WITHOUT ASKING IF KNOWN:

A4D. What was the cause of his death?

WON'T DISCUSS 1

ILLNESS (NOT SPECIFIED) 2

ACCIDENT (NOT SPECIFIED) 3

OTHER (NOT SPECIFIED) 4

DON'T KNOW-2

GO TO A9

A4E. Do you know who the father is?

YES1

NO2 → **GO TO A10**

A5. **WERE MOTHER AND FATHER UNMARRIED AT LAST INTERVIEW BUT MARRIED NOW?**
(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET AND A4=1)

YES1

NO2 → GO TO A6

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

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

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR
(A5A1) (A5A2)

A6. **WERE MOTHER AND FATHER LIVING APART AT LAST INTERVIEW BUT LIVING TOGETHER NOW? (A4A=1 OR 2)**
(CHECK LAST INTERVIEW COHAB STATUS ON CONTACT SHEET)

YES1

NO2 → GO TO A7

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

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

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR
(A6A1) (A6A2)

A7. **WERE MOTHER AND FATHER MARRIED AT LAST INTERVIEW BUT SEPARATED OR DIVORCED NOW?**
(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET AND A4=3)

YES1

NO2 → GO TO A8

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

|_|_|_| / |_|_|_|_|_|_| → **GO TO A8B**
MONTH YEAR
(A7A1) (A7A2)

A8. **WERE MOTHER AND FATHER ROMANTICALLY INVOLVED (NOT MARRIED) AT LAST INTERVIEW BUT NOT IN A RELATIONSHIP NOW? (CHECK LAST INT RELATIONSHIP STATUS ON CONTACT SHEET AND A4=3, 4, OR 5)**

YES 1
NO 2 → **GO TO A8C**
FATHER DIED.....-14 → **GO TO A9**

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

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR
(A8A1) (A8A2)

A8B. Please tell me why your (marriage/romantic relationship) ended.

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

- A8B_1 FINANCIAL REASONS (DON'T HAVE WORK/MONEY)1
- A8B_2 DISTANCE (DON'T LIVE IN SAME TOWN)....2
- A8B_3 MOTHER'S INCARCERATION3
- A8B_4 FATHER'S INCARCERATION4
- A8B_5 RELATIONSHIP REASONS (DON'T GET ALONG, TOO YOUNG, NOT IN LOVE, NOT MATURE ENOUGH, TOO DIFFERENT).....5
- A8B_6 DRUG OR ALCOHOL PROBLEM6
- A8B_7 VIOLENT/ABUSIVE.....7
- A8B_8 OTHER (NOT SPECIFIED)8
- ADULTERY101

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

- YES1 → GO TO A10
- NO2

IF FATHER HAS DIED, CODE “-14” WITHOUT ASKING.

A9. How often do you and (FATHER) 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
- FATHER DECEASED-14

A10. Since (DATE OF LAST INTERVIEW), have you had another baby, adopted a child, or are you now pregnant?

INTERVIEWER: IF MOTHER REPORTS GIVING BIRTH TO MORE THAN 2 CHILDREN SINCE THE LAST INTERVIEW, CONFIRM THAT THE MOTHER IS TALKING ABOUT CHILDREN SHE HAS HAD SINCE THE LAST INTERVIEW.

- YES, HAD ANOTHER BABY..... 1 → How many? |_|_|
- YES, PREGNANT NOW..... 2 (A10N)
- YES, HAD ANOTHER BABY AND IS PREGNANT 3
- NO 4 → GO TO A11
- YES, ADOPTED ANOTHER CHILD..... 5 → GO TO A11
- MISCARRIAGE/STILLBIRTH/
ABORTION (VOLUNTEERED).....-14

A10A. Is (FATHER) the father of (this/these) child(ren)?

- YES 1
- NO 2
- HE IS THE FATHER OF SOME OF THE CHILDREN 3
- REFUSED-1

A11. So, including (CHILD), how many children do you have altogether with (FATHER)? Please include children who do not live with you as well as children who do.

|__|__| CHILDREN

CHILD IS THE ONLY ONE.....1

A11A. **DID MOTHER HAVE A NEW BABY WITH SOMEONE OTHER THAN FATHER?**
(A10A=2 OR 3)

YES 1 → GO TO A12A

NO 2

A12. Do you have any children by someone other than (FATHER)?

YES 1

NO 2 → GO TO A12D

A12A. How many children do you have with someone other than (FATHER)?

|__|__| CHILDREN

ONLY ONE CHILD 1 → GO TO A12D

NONE 2

A12B. Do these (NUMBER IN A12A) children have the same father?

YES 1 → GO TO A12D

NO 2

A12C. How many different fathers do these (NUMBER IN A12A) children have?

|__| FATHERS

(18 CITIES ONLY – 2 CITIES NOT ASKED)

A12D. Were you ever married to someone other than (FATHER)?

- YES 1
- NO 2

A13. Before you were involved with (FATHER), about how many romantic relationships did you have that lasted for at least one month?

|__|__| RELATIONSHIPS → **GO TO A14**

- ONLY WITH FATHER 0 → **GO TO A16**
- DON'T KNOW-2
- REFUSED-1 → **GO TO A16**

A13A. I just need to have a range. Can you tell me if it was . . .

- 1-5 relationships, 1
- 6-10 relationships, 2
- 11-15 relationships, or 3
- More than 15 relationships? 4
- DON'T KNOW-2

A14. Did you ever live together with (this partner/any of your partners) in (this relationship/these relationships) for one month or more?

- YES1
- NO2

A15. Did you ever get pregnant in (this relationship/any of these relationships)?

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

CODE WITHOUT ASKING IF KNOWN:

A16. Since (DATE OF LAST INTERVIEW), have you had any pregnancies that ended in miscarriage, stillbirth, or abortion?

YES1

NO2 → **GO TO A17**

CODE WITHOUT ASKING IF KNOWN:

A16A. Did you have a miscarriage (or stillbirth), an abortion, or both a miscarriage and abortion?

MISCARRIAGE/STILLBIRTH1

ABORTION.....2

BOTH3

SECTION B: CHILD WELLBEING AND MOTHERING

B0. DOES CHILD LIVE WITH MOTHER ALL OR MOST OF THE TIME?
(A2=1 OR 2)

- YES, LIVES WITH MOTHER AT LEAST
HALF OF THE TIME.....1
- NO, LIVES MOSTLY WITH
SOMEONE ELSE2 → GO TO B26

QUESTIONS FOR MOTHERS WHO LIVE WITH CHILD ALL | MOST OF THE TIME:

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

- An excellent mother,1
- A very good mother,2
- A good mother, or3
- Not a very good mother?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 . . .

**NHI
MFIP**

- Excellent,1
- Very good,2
- Good,3
- Fair, or4
- Poor?5

B3. Since (DATE OF LAST INTERVIEW), how many times have you and (CHILD) been separated for a week or more?

**EHS
EHS-P**

- TIMES|_|_|
- NEVER 0 → GO TO B4
- DON'T KNOW-2

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

PROBE: Since (DATE OF LAST INTERVIEW).

INTERVIEWER: 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 OTHER BIOLOGICAL PARENT1
- B3B_2 WITH MATERNAL GRANDPARENT2
- B3B_3 WITH PATERNAL GRANDPARENT3
- B3B_4 WITH OTHER RELATIVE/FRIEND4
- B3B_5 WITH FOSTER PARENT5
- B3B_6 IN INSTITUTION/GROUP HOME.....6
- B3B_7 IN HOSPITAL7
- B3B_8 OTHER (NOT SPECIFIED)8

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

EHS-P

CIRCLE ONE

- CHILD/PARENT ILLNESS, ACCIDENT1
- COURT OR AGENCY REMOVED
CHILD FROM HOME2
- PARENT WORK/SCHOOL SCHEDULE
(INCLUDES MILITARY SERVICE).....3
- MOTHER IN JAIL/PRISON4
- PARENT ON VACATION/
OUT OF TOWN.....5
- CHILD VISITED OTHER PARENT/
IN CUSTODY OF OTHER PARENT6
- CHILD VISITED RELATIVES7
- OTHER (NOT SPECIFIED)8
- DEATH IN FAMILY101
- PERSONAL PROBLEMS102

B3D. **WAS THERE MORE THAN ONE SEPARATION EPISODE?**
(B3 GREATER THAN 1)

- YES1
- NO2 → GO TO B4

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).

INTERVIEWER: 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 OTHER BIOLOGICAL PARENT1
- B3E_2 WITH MATERNAL GRANDPARENT2
- B3E_3 WITH PATERNAL GRANDPARENT3
- B3E_4 WITH OTHER RELATIVE/FRIEND4
- B3E_5 WITH FOSTER PARENT5
- B3E_6 IN INSTITUTION/GROUP HOME.....6
- B3E_7 IN HOSPITAL7
- B3E_8 OTHER (NOT SPECIFIED)8

B3F. Thinking about the second most recent separation, why were you and (CHILD) separated?

EHS-P

CIRCLE ONE

- CHILD/PARENT ILLNESS, ACCIDENT1
- COURT OR AGENCY REMOVED
CHILD FROM HOME2
- PARENT WORK/SCHOOL SCHEDULE
(INCLUDES MILITARY SERVICE).....3
- MOTHER IN JAIL/PRISON4
- PARENT ON VACATION/
OUT OF TOWN.....5
- CHILD VISITED OTHER PARENT/
IN CUSTODY OF OTHER PARENT6
- CHILD VISITED RELATIVES7
- OTHER (NOT SPECIFIED)8
- DEATH IN FAMILY101
- PERSONAL PROBLEMS102

B4. 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".

| | | DAYS PER WEEK | | | | | | | | | DON'T KNOW |
|------|------------------------------------------------------------------|---------------|---|---|---|---|---|---|---|----|------------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
| B4A. | Sing songs or nursery rhymes with (CHILD) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4B. | Hug or show physical affection to (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4C. | Tell (CHILD) that you love (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4D. | Let (CHILD) help you with simple household chores | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4E. | Play imaginary games with (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4F. | Read stories to (CHILD) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4G. | Tell stories to (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4H. | Play inside with toys such as blocks or legos with (CHILD) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4I. | Tell (CHILD) that you appreciated something (he/she) did..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4J. | Take (him/her) to visit relatives..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4K. | Go to a restaurant or out to eat with (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4L. | Assist (CHILD) with eating..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |
| B4M. | Put (CHILD) to bed | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 | |

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?

YES1

NO2 → 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. Is (CHILD) currently being cared for by someone other than you (or [his/her] father) 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.

IOWA

NOTE: THIS ITEM REFERS TO CARE GIVEN BY ANYONE OTHER THAN THE CUSTODIAL PARENTS.

- YES1
- NO2 → GO TO SECTION C

B7A. Including all the different arrangements that you use, how many hours a week is (he/she) in care?

|__|__| HOURS

B7B. How many different child care arrangements are you currently using for (CHILD)?

|__|__| ARRANGEMENTS

B8A. What type(s) of arrangement(s) are you using now?

PROBE: Any others?

NOTE: NURSERY SCHOOL AND PRESCHOOL SHOULD BE CODED AS DAY CARE

B8B. **IF MORE THAN ONE ARRANGEMENT:** Which is your primary arrangement? Is it (LIST ARRANGEMENTS IN COLUMN A)? By primary, I mean the arrangement where (CHILD) spends the most time.

| | B8A CIRCLE ALL THAT APPLY | B8B CIRCLE PRIMARY ONE |
|-------------------------------------------|------------------------------------------|---------------------------------------|
| CHILD'S FATHER (NOT LIVE-IN)..... | 1 (B8A_1) | 1 |
| MOTHER'S PARTNER OR BOYFRIEND | 2 (B8A_2) | 2 |
| CHILD'S SIBLING..... | 3 (B8A_3) | 3 |
| CHILD'S <u>MATERNAL</u> GRANDPARENT..... | 4 (B8A_4) | 4 |
| OTHER RELATIVE ON MOTHER'S SIDE | 5 (B8A_5) | 5 |
| CHILD'S <u>PATERNAL</u> GRANDPARENT | 6 (B8A_6) | 6 |
| OTHER RELATIVE ON FATHER'S SIDE | 7 (B8A_7) | 7 |
| FATHER'S PARTNER | 8 (B8A_8) | 8 |
| MOTHER'S PARTNER'S RELATIVE..... | 9 (B8A_9) | 9 |
| NON-RELATIVE/FAMILY CHILD CARE | 10 (B8A_10) | 10 |
| DAY CARE CENTER..... | 11 (B8A_11) | 11 → GO TO B10 |
| HEAD START/EARLY HEAD START | 12 (B8A_12) | 12 → GO TO B10 |
| OTHER (NOT SPECIFIED)..... | 13 (B8A_13) | 13 |

B9. Where does (MAIN PROVIDER) usually take care of (CHILD)?

EHS-P

- IN CHILD'S HOME1
- IN PROVIDER'S HOME2
- PROVIDER AND (CHILD) LIVE IN
SAME HOME.....3
- OTHER (NOT SPECIFIED)4
- BABYSITTER101
- PRE-SCHOOL.....102
- IN-HOME DAYCARE.....103

B10. How old was (CHILD) when you first started using (PRIMARY ARRANGEMENT IN B8B)?

EHS-P

- |__|__| MONTHS OLD
- LESS THAN A MONTH OLD.....0

B11. How many days each week does (PRIMARY ARRANGEMENT IN B8B) usually take care of (CHILD)?

IHDP
MFIP
EHS-P

|__| DAYS

B12. How many hours each day does (PRIMARY ARRANGEMENT IN B8B) usually take care of (CHILD)?

|__|__| HOURS

B13. How many times have you changed your childcare arrangements since (CHILD's) first birthday? By changes I mean, for example, that your child got a new babysitter, or started going to a new family child care program or day care center.

- |__|__| TIMES
- NONE0

B14. Does any person or any agency give you money, a voucher, or a scholarship to help pay for child care?

CWORK

YES1

NO2 → GO TO B17

NO CHARGE FOR CHILD CARE.....3 → GO TO B21

B15. Who or what agency gives you money or the voucher or scholarship?

PROBE: Anyone or any place else?

CIRCLE ALL THAT APPLY

B15_1 CHILD'S FATHER (NOT LIVE-IN).....1

B15_2 RELATIVE NOT LIVING WITH MOTHER2

B15_3 GOVERNMENT AGENCY.....3

B15_4 EMPLOYER.....4

B15_5 CHILD CARE CENTER5

B15_6 HEAD START OR EARLY HEAD START6

B15_7 OTHER (NOT SPECIFIED)7

COMMUNITY ORGANIZATION
(SOURCE OF FUNDS UNKNOWN).....101

INTERVIEWER: ASK B16A1 TO B16A7 FOR EACH SOURCE LISTED IN B15, IN NUMERICAL CODE ORDER (LOWEST CODE TO HIGHEST CODE).

B16A1. How much money does (CHILD'S FATHER (NOT LIVE-IN)) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P1)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A2. How much money does (RELATIVE NOT LIVING WITH MOTHER) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P2)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A3. How much money does (GOVERNMENT AGENCY) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P3)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A4. How much money does (EMPLOYER) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P4)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A5. How much money does (CHILD CARE CENTER) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P5)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A6. How much money does (HEAD START OR EARLY HEAD START) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| **PER (B16P6)**
WEEK..... 1
MONTH 2
YEAR..... 3
OTHER (NOT SPECIFIED) 4
DON'T KNOW-2

B16A7. How much money does (OTHER) give you (or what is the value of the voucher or scholarship)?

\$ |__|__|,|__|__|__| . |__|__| PER (B16P7)

- WEEK..... 1
- MONTH 2
- YEAR..... 3
- OTHER (NOT SPECIFIED) 4
- DON'T KNOW-2

B17. How much do you pay out-of-pocket for all the child care you currently use? Do not include money from other people or agencies.

\$ |__|__|,|__|__|__| . |__|__| PER (B17P)

- HOUR.....1
- DAY2
- WEEK.....3
- EVERY TWO WEEKS4
- EVERY MONTH5
- OTHER (NOT SPECIFIED)6
- PAYS NOTHING 0 → GO TO B20
- CHILD CARE PROVIDED IN EXCHANGE FOR OTHER SERVICES-17 → GO TO B20

B18. Is this amount for (CHILD's) care only, or does it cover other children from your household?

IOWA
EHS-P

- CHILD ONLY1 → GO TO B20
- CHILD AND OTHERS2

B19. How many children, including (CHILD), are covered in this amount?

|__|__| CHILDREN

B20. **DID RESPONDENT RECEIVE ANY HELP FROM A NON-FAMILY SOURCE?**
(B15=3-9)

YES1 → **GO TO B22**
NO2

B21. Are you eligible for any subsidies or vouchers for child care?

YES 1
NO 0
DON'T KNOW-2

B22. Approximately how many times in the past month did you have to make special arrangements because your usual child care 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 B24**

B23. How many times in the past month did you miss work or school because your child care arrangement fell through?

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

B24. At any time since (DATE OF LAST INTERVIEW), have you had to quit a job, school, or training activity because you had problems arranging child care or keeping a child care arrangement?

MFIP

YES1
NO2

B25. 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 MOTHERS WHO DO NOT LIVE WITH CHILD ALL OR MOST OF THE TIME:

B26. Please think about how you feel about yourself as a mother to (CHILD).
Would you say you are . . .

- An excellent mother,1
- A very good mother,2
- A good mother, or3
- Not a very good mother?4

B27. 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

B28. During the past year, did you ever talk to (CHILD's) doctor about how (he/she) is doing? This could be as part of a visit or a separate call.

EHS-P

YES 1 → GO TO B29

NO 2

CHILD DOESN'T HAVE DOCTOR.....-10 → GO TO B29

B28A. Do you feel you could talk to (CHILD's) doctor if you wanted to?

YES1

NO2

B29. Is (CHILD) currently being cared for by someone other than (PERSON IN A3A) 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.

NOTE: THIS ITEM REFERS ONLY TO CARE GIVEN BY ANYONE OTHER THAN THE CUSTODIAL CAREGIVERS, INCLUDING MOTHER IF CHILD DOES NOT LIVE WITH HER.

YES 1

NO 2 → GO TO B31

DON'T KNOW-2 → GO TO B31

B30. **INTERVIEWER: IF MORE THAN ONE PROVIDER, ASK ABOUT THE ONE THAT PROVIDES THE MOST HOURS OF CHILD CARE.**

During the past year, did you ever talk to (CHILD's) child care provider about how (he/she) was doing?

YES1 → GO TO B31

NO2

B30A. Do you feel you could talk to (CHILD's) child care provider if you wanted to?

YES1

NO2

**B31. DID MOTHER SEE THE CHILD MORE THAN ONCE IN LAST 30 DAYS?
(A3E GREATER THAN ONE)**

YES1

NO2 → **GO TO SECTION C**

B32. Now I would like to ask you some questions about things you may do with (CHILD).

**MFIP
IOWA
EHS-P**

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”.

| | | DAYS PER WEEK | | | | | | | | DON'T KNOW |
|-------|-----------------------------------------------------------------|---------------|---|---|---|---|---|---|---|------------|
| B32A. | Sing songs or nursery rhymes with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32B. | Hug or show physical affection to (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32C. | Tell (CHILD) that you love (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32D. | Let (CHILD) help you with simple household chores..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32E. | Play imaginary games with (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32F. | Read stories to (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32G. | Tell stories to (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32H. | Play inside with toys such as blocks or legos with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32I. | Tell (CHILD) that you appreciated something (he/she) did..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32J. | Take (him/her) to visit relatives..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32K. | Go to a restaurant or out to eat with (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32L. | Assist (CHILD) with eating..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| B32M. | Put (CHILD) to bed..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |

B33. 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?

YES1

NO2 → GO TO B34

B33A. 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

B34. Now I'm going to read some statements about being a parent. Please tell me how much you agree or disagree with each statement.

B34A. 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

B34B. I feel trapped by my responsibilities as a parent. Do you . . .

Strongly agree,1

Somewhat agree,2

Somewhat disagree, or.....3

Strongly disagree?.....4

B34C. 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

B34D. 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: FATHER-CHILD RELATIONSHIP

C1. ARE MOTHER AND FATHER CURRENTLY LIVING TOGETHER?
(A4A1=1 OR 2)

YES1 → **GO TO C3**
NO2

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

YES1 → **GO TO SECTION E**
NO2

C1B. IS FATHER KNOWN?
(A4=1-4 OR A4E=1)

YES1
NO2 → **GO TO SECTION E**

Now I'd like to ask you some questions about (FATHER) and his relationship with (CHILD).

C1C. Please think about the kind of father you feel that (FATHER) is to (CHILD).
Would you say that he is . . .

An excellent father, 1
A very good father, 2
A good father, or 3
Not a good father? 4
FATHER DOESN'T KNOW
ABOUT CHILD-14 → **GO TO SECTION E**

C1D. **DOES FATHER HAVE PRIMARY CUSTODY OF CHILD?**
(A3A=1)

YES1 → GO TO C39A
NO2

C2. Has (FATHER) seen (CHILD) since (his/her) first birthday?

YES1
NO2 → GO TO C8
DOESN'T KNOW ABOUT CHILD.....3 → GO TO SECTION E

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

NUMBER OF DAYS|_|_| → GO TO C2C
NONE0

C2B. When did (FATHER) last see (CHILD)?

IOWA

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

C2C. Has (CHILD) stayed overnight with (FATHER) since (his/her) first birthday?

NSFH

YES1
NO2 → GO TO C2E

C2D. How many nights altogether has (CHILD) spent with (FATHER) since (his/her) first birthday?

NSFH

INTERVIEWER: ACCEPT ESTIMATE.

|_|_|_| NIGHTS

**C2E. DID FATHER SEE CHILD MORE THAN ONCE DURING THE PAST MONTH?
(C2A GREATER THAN 1)**

YES1

NO2 → GO TO C5A

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

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

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

RECORD “NEVER” AS “0”.

| | | DAYS PER WEEK | | | | | | | | DON'T KNOW |
|------|-----------------------------------------------------------------|---------------|---|---|---|---|---|---|---|------------|
| C3A. | Sing songs or nursery rhymes with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3B. | Hug or show physical affection to (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3C. | Tell (CHILD) that he loves (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3D. | Let (CHILD) help him with simple household chores..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3E. | Play imaginary games with (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3F. | Read stories to (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3G. | Tell stories to (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3H. | Play inside with toys such as blocks or legos with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3I. | Tell (CHILD) that he appreciated something (he/she) did..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3J. | Take (him/her) to visit relatives | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3K. | Go to a restaurant or out to eat with (him/her)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3L. | Assist (CHILD) with eating | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| C3M. | Put (CHILD) to bed..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |

C4. Sometimes children behave pretty well and sometimes they don't. In the past month, has (FATHER) spanked (CHILD) because (he/she) was misbehaving or acting up?

- YES 1
- NO 2 → GO TO C5
- DON'T KNOW-2 → GO TO C5

C4A. Did he 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 (FATHER) spent one or more hours a day with (CHILD)? Was it . . .

EHS
EHS-NM

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

C5A. How often do you think (FATHER) should spend one or more hours a day with (CHILD)? Would you say . . .

- Every day or nearly every day,1
- A few times a week,.....2
- A few times a month,3
- Once or twice a month, or4
- Not at all?5

C6. Have you ever asked (FATHER) to spend more time with (CHILD)?

YES1

NO2

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

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

| | OFTEN | SOMETIMES | RARELY | NEVER |
|----------------------------------------------------------------------------------------------------------|-------|-----------|--------|-------|
| A. How often does he look after (CHILD) when you need to do things? | 1 | 2 | 3 | 4 |
| B. How often does he run errands (for you) like picking things up from the store? | 1 | 2 | 3 | 4 |
| C. How often does he fix things around your home, paint, or help make it look nicer in other ways? | 1 | 2 | 3 | 4 |
| D. How often does he take (CHILD) places (he/she) needs to go, such as to daycare or the doctor? | 1 | 2 | 3 | 4 |

C8. **WERE MOTHER AND FATHER MARRIED AT LAST INTERVIEW?**
(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET)

YES, MARRIED1 → GO TO C11

NO2

C9. **HAS PATERNITY BEEN ESTABLISHED?**
(CHECK PATERNITY STATUS ON CONTACT SHEET)
IF NO 12-MONTH INTERVIEW, CONTINUE TO C10.

YES 1 → GO TO C11

NO 2 → GO TO C10

NO 12-MONTH INTERVIEW-10 → GO TO C10

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

MFIP
IOWA

C10A. Has (FATHER's) legal paternity been established? That is, did he sign any document that identifies him as the legal father of (CHILD)? Or, has a court ruled that he is the father?

YES, LEGAL PATERNITY1
NO2 → GO TO C11

C10B. Who initiated the action to make him (CHILD's) legal father? Was it you, (FATHER), both of you, or was it required by some government agency?

MOTHER1
FATHER2
BOTH MOTHER AND FATHER3
REQUIRED BY GOVERNMENT AGENCY4
OTHER (NOT SPECIFIED)5

C11. **ARE MOTHER AND FATHER MARRIED AND LIVING TOGETHER?**
(A4=1 AND A4A1=1 OR 2)

YES1 → GO TO C31
NO2

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

YES1
NO2 → GO TO C13

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

YES1 → GO TO C15A
NO2 → GO TO C16

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

PSID
EHS
FF
MFIP

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

YES1
NO2 → GO TO C23

C13A. When was that legal agreement first reached?

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR
(C13A1) (C13A2)

C13B. **NOT FOR PUBLIC RELEASE**

C14. **DOES MOTHER HAVE ANY OTHER CHILDREN BY FATHER?**
(A11 GREATER THAN 1)

YES, MORE THAN ONE1
NO, JUST FOCAL CHILD2 → 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 CHILD1
FOR OTHER CHILDREN AS WELL.....2

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

YES1

NO2 → GO TO C16

C15A. Why was the original agreement changed?

CIRCLE ALL THAT APPLY

- C15A_1 TO INCLUDE ANOTHER CHILD.....1
- C15A_2 CHANGE IN FATHER'S ECONOMIC CIRCUMSTANCES2
- C15A_3 CHANGE IN MOTHER'S ECONOMIC CIRCUMSTANCES3
- C15A_4 OTHER (NOT SPECIFIED)4
- BACK TOGETHER WITH FATHER/
COHABITING101
- FELL BEHIND, STOPPED PAYMENTS,
ARREARS102
- AGREEMENT TERMINATED.....103
- FATHER IN JAIL104
- NO VISITATION RIGHTS/
CUSTODY, PATERNITY ISSUES105
- AGREEMENT NEVER WENT THROUGH....106

C15B. When was the original agreement changed?

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR
(C15B1) (C15B2)

C15C. NOT FOR PUBLIC RELEASE

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

EHS-P

\$ |__|,|__|__|__| PER (C16P)

- WEEK.....1
- EVERY 2 WEEKS2
- MONTH.....3
- OTHER (NOT SPECIFIED)4
- NONE/PAYMENTS LEGALLY
TERMINATED0

C17. **DO MOTHER AND FATHER LIVE TOGETHER?**
(A4A1=1 OR 2)

- YES1 → GO TO C19
- NO2

C18. Are payments supposed to be received directly from (FATHER), from the court, from a welfare or child support agency, or from some other source?

- FATHER1
- COURT.....2
- WELFARE OR CHILD SUPPORT AGENCY...3
- OTHER (NOT SPECIFIED)4

C19. How often does (FATHER) pay on time? Is it . . .

- All of the time,.....1
- More than half of the time,2
- About half the time,.....3
- Less than half the time, or4
- Never?5

C20. About how much of this legally agreed upon child support has (FATHER) actually paid since (DATE IN C13A/ DATE ON CONTACT SHEET/IF DATE IN C13A OR ON CONTACT SHEET IS MORE THAN 12 MONTHS AGO: in the past 12 months)?

\$ |__|__|,|__|__|__| → GO TO C20B

- FATHER PAID TOTAL AMOUNT AGREED UPON-15 → GO TO C20B
- NONE 0 → GO TO C20B
- DON'T KNOW-2
- REFUSED-1

C20A. 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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C20B. (In the past 12 months/IF AGREEMENT IN C15B OR C13A: Since DATE IN C15B OR C13A OR ON CONTACT SHEET,) Has (FATHER) given money or other financial support to you directly (instead of/in addition to) paying formal child support?

- YES1
- NO2 → GO TO C21

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C20C. (Not including money that (FATHER) paid as part of the formal child support,) How much money did you receive from (FATHER) (in the last 12 months/IF AGREEMENT IN C15B OR C13A IS LESS THAN 12 MONTHS OLD: Since the agreement began)?

\$ |__|__|,|__|__|__| → GO TO C21

DON'T KNOW-2

REFUSED-1

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C20D. I just need 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

C21. Does (FATHER) have any arrears on the child support that he is supposed to pay to you, or does he owe anything to the welfare department for unpaid monthly support or for reimbursing birthing costs?

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

YES 1

NO 2 → GO TO C22

DON'T KNOW-2 → GO TO C22

C21A. What is the amount of the arrears?

\$ |__|__|,|__|__|__| → 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 (FATHER) to pay the child support he owes?

YES 1

NO 2 → GO TO C22

DON'T KNOW-2 → GO TO C22

C21D. What action has been taken?

CIRCLE ALL THAT APPLY

- C21D_1 GARNISHED FATHER'S WAGES1
- C21D_2 SEIZED FATHER'S
INCOME TAX REFUND2
- C21D_3 SUSPENDED FATHER'S
DRIVER'S LICENSE3
- C21D_4 SEIZED FATHER'S LIQUID ASSETS4
- C21D_6 PUT A LIEN ON FATHER'S
PERSONAL PROPERTY5
- C21D_6 SUSPENDED FATHER'S BUSINESS,
PROFESSIONAL OR OCCUPATIONAL
LICENSE6
- C21D_7 SENT FATHER TO PRISON OR JAIL7
- C21D_8 PUT FATHER ON PROBATION.....8
- C21D_9 OTHER (NOT SPECIFIED)9
 - WARRANT FOR ARREST101
 - COURT CASE102
 - SENT LETTERS, PAPERS103

C22. **DO MOTHER AND FATHER LIVE TOGETHER?**
(A4A=1 OR 2)

- YES1 → GO TO C27
- NO2

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

YES1

NO2 → GO TO C27

C22B. How many days per month is (CHILD) supposed to spend with (FATHER)?

|__|__| DAYS

OTHER (NOT SPECIFIED)0

EVERY (OTHER) WEEKEND101

NOT SPECIFIED IN AGREEMENT102

GO TO C27

ABOUT FATHERS WITH NO LEGAL AGREEMENTS:

C23. Do you have an informal agreement, or an understanding, not spelled out in a legal document that (FATHER) will provide financial support to you?

YES1

NO2 → GO TO C27

C24. How much has he agreed to give you each month?

\$ |__|,|__|__|__| PER (C24P)

WEEK.....1

EVERY 2 WEEKS2

MONTH3

OTHER (NOT SPECIFIED)4

NO SPECIFIC AMOUNT/
GIVES WHAT HE CAN-10

DON'T KNOW-2

REFUSED-1

C25. How often does (FATHER) give you this money when he is supposed to?
Is it...

- 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
- NO SPECIFIC SCHEDULE/GIVES
WHEN HE CAN-10

C26. About how much have you received in total from (FATHER) in child support
payments since your informal agreement was reached?

\$ |__|__|,|__|__|__| → GO TO C30

- FATHER PAID TOTAL AMOUNT
AGREED UPON-15 → GO TO C30
- NONE 0 → GO TO C30
- DON'T KNOW-2
- REFUSED-1

C26A. 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

GO TO C30

C27. **ARE MOTHER AND FATHER CURRENTLY MARRIED?**
(A4=1)

- YES1 → GO TO C29C
- NO2

C28. **DOES MOTHER HAVE A FORMAL OR INFORMAL AGREEMENT WITH FATHER?**
(C12=1 OR C13=1 OR C23=1)

- YES1 → GO TO C29C
- NO2

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

C29. Has (FATHER) paid anything toward [(CHILD's)/your children's] support in the past 12 months?

YES1

NO2 → GO TO C29C

C29A. How much have you received from him for [(CHILD's)/your children's] support in the past 12 months?

\$ |__|__|,|__|__|__| → GO TO C29C

DON'T KNOW-2

REFUSED-1

C29B. 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

C29C. **DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME?**

(A4A=1)

YES1 → GO TO C31

NO2

ALL PARENTS WHO ARE NOT LIVING TOGETHER:

C30. I am going to read you a list of things that children need. Please tell me how often (FATHER) buys these for (CHILD).

How often does (FATHER) buy (ITEM)? Is it often, sometimes, rarely or never?

| | OFTEN | SOMETIMES | RARELY | NEVER |
|---------------------------------------|-------|-----------|--------|-------|
| A. Clothes for (CHILD)..... | 1 | 2 | 3 | 4 |
| B. Toys for (CHILD) | 1 | 2 | 3 | 4 |
| C. Medicine for (CHILD) | 1 | 2 | 3 | 4 |
| D. Food for (CHILD)..... | 1 | 2 | 3 | 4 |
| E. Anything else (NOT SPECIFIED)..... | 1 | 2 | 3 | 4 |

ALL PARENTS:

C31. **DOES MOTHER HAVE ANY CHILDREN BY SOMEONE OTHER THAN FATHER?**
(A10A=0 OR 2 OR A12=1)

YES1

NO2 → GO TO C34

C32. You mentioned before that you have (a child/some children) with someone other than (FATHER). Do you receive any child support for (that child/those children)?

YES1

NO2 → GO TO C34

C33. About how much child support did you receive from (the father/those fathers) in the past 12 months?

\$ |__|__|,|__|__|__| → GO TO C34

DON'T KNOW-2

REFUSED-1

C33A. 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

C34. Does (FATHER) have any other children by someone else?

- YES 1
- NO 2 → GO TO C39
- DON'T KNOW-2 → GO TO C39

C35. How many other children does (FATHER) have?

- |__|__| OTHER CHILDREN
- DON'T KNOW-2
 - REFUSED-1

C36. Does (FATHER) have a legal obligation to pay child support for (that child/any of these children)?

- YES 1 → GO TO C36B
- NO 2
- DON'T KNOW-2

C36A. Does he pay child support for (that/any of these) child(ren)?

- YES 1
- NO 2 → GO TO C37
- DON'T KNOW-2 → GO TO C37

C36B. How much does he pay for (that child/these children) each month?

\$ |__|,|__|__|__| PER (C36BP)

- WEEK.....1 → GO TO C36D
- EVERY 2 WEEKS2 → GO TO C36D
- MONTH3 → GO TO C36D
- OTHER (SPECIFY)4 → GO TO C36D
- NOTHING 0
- DON'T KNOW-2
- REFUSED-1

C36C. I just need to have a range. Can you tell me if it is . . .

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

C36D. **DOES FATHER HAVE MORE THAN ONE CHILD BY SOMEONE ELSE?**
(C35 GREATER THAN 1)

- YES 1
- NO 2 → GO TO C37
- DON'T KNOW-2 → GO TO C37

C36E. How many women does (FATHER) pay child support to?

- |__| WOMEN
- DON'T KNOW-2

C37. **DOES FATHER HAVE A LEGAL OBLIGATION TO PAY CHILD SUPPORT FOR OTHER CHILDREN?**
(C36=1)

- YES 1
- NO 2 → GO TO C39
- DON'T KNOW-2 → GO TO C39

FOR FATHERS WHO HAVE A LEGAL OBLIGATION TO PAY CHILD SUPPORT FOR OTHER CHILDREN:

C38. Does (FATHER) have any arrears in the child support he is supposed to pay for (this other child/these other children)?

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

- YES 1
- NO 2 → GO TO C39
- DON'T KNOW-2 → GO TO C39

C38A. What is the amount of the arrears?

- \$ |__|__|,|__|__|__| → GO TO C38C
- DON'T KNOW-2
- REFUSED-1

C38B. 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

C38C. Has any action been taken by a welfare office, court, or judge to try to get (FATHER) to pay the child support he owes?

- YES 1
- NO 2 → GO TO C39
- DON'T KNOW-2 → GO TO C39
- REFUSED-1 → GO TO C39

C38D. What action has been taken?

CIRCLE ALL THAT APPLY

- C38D_1 GARNISHED FATHER'S WAGES1
- C38D_2 SEIZED FATHER'S INCOME TAX
REFUND2
- C38D_3 SUSPENDED FATHER'S
DRIVER'S LICENSE3
- C38D_4 SEIZED FATHER'S LIQUID ASSETS4
- C38D_5 PUT A LIEN ON FATHER'S PERSONAL
PROPERTY5
- C38D_6 SUSPENDED FATHER'S BUSINESS,
PROFESSIONAL, OR OCCUPATIONAL
LICENSE6
- C38D_7 SENT FATHER TO PRISON OR JAIL7
- C38D_8 PUT FATHER ON PROBATION.....8
- C38D_9 OTHER (NOT SPECIFIED)9
 - WARRANT FOR ARREST101
 - COURT CASE102
 - SENT LETTERS, PAPERS103
 - DON'T KNOW-2
 - REFUSED-1

C39. **IS FATHER LIVING WITH MOTHER?**
(A4A=1 OR 2)

- YES1 → **GO TO C41**
- NO2

C39A. Is (FATHER) living with or married to another woman?

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

C40. **NOT FOR PUBLIC RELEASE**

C41. What is (FATHER) currently doing? Is he working, in school, unemployed, or in jail or prison?

- WORKING1
- UNEMPLOYED2
- IN JAIL/PRISON3 → **GO TO C42A**
- IN SCHOOL4
- IN SCHOOL AND WORKING5
- STAY AT HOME PARENT/HOMEMAKER6
- LOOKING FOR WORK7
- OTHER (NOT SPECIFIED)8
- DISABILITY, WORKERS' COMP101
- HALFWAY HOUSE, REHAB102
- MILITARY103
- RETIRED104
- NOTHING 0
- DON'T KNOW-2

C41A. **DID MOTHER REPORT AT 12 MONTHS THAT FATHER HAD EVER BEEN IN JAIL?**
(SEE FATHER 12 MONTH PRISON STATUS ON CONTACT SHEET)

YES1 → **GO TO C43**

NO2

C42. Has (FATHER) (ever) spent any time in jail or prison?

YES 1

NO 2 → **GO TO C43**

FATHER IS CURRENTLY IN JAIL 3

DON'T KNOW-2 → **GO TO C43**

C42A. What (was/is) (FATHER) in jail for?

PROBE: What else?

INTERVIEWER: IF "ASSAULT," PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

CIRCLE ALL THAT APPLY

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)..... | 1 (C42A_1) |
| ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting | 2 (C42A_2) |
| POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS | 3 (C42A_3) |
| MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license) | 4 (C42A_4) |
| NON-PAYMENT OF CHILD SUPPORT | 5 (C42A_5) |
| PAROLE OR PROBATION VIOLATION | 6 (C42A_5) |
| SIMPLE ASSAULT (18 CITIES ONLY)..... | 7 (C42A_7) |
| OTHER (NOT SPECIFIED) | 8 (C42A_8) |
| WEAPONS | 101 |
| MINOR INFRACTIONS (TICKETS, DISTURBING PEACE, UNSEPECIFIED MISDEMEANORS) | 102 |
| DOMESTIC VIOLENCE, CHILD ABUSE | 103 |
| DON'T KNOW | -2 |
| REFUSED..... | -1 |

C42B. **IS FATHER CURRENTLY IN JAIL?**
(C42=3 OR C43=2)

YES1 → GO TO C42D

NO2

C42C. How long did he spent in jail/prison?

INTERVIEWER: ACCEPT ESTIMATE.

|_|_| OR |_|_| OR |_|_| OR |_|_| → GO TO C43
YEARS MONTHS WEEKS DAYS
(C42C1) (C42C2) (C42C3) (C42C4)

DON'T KNOW-2 → GO TO C43

C42D. When did (FATHER) go to jail/prison?

|_|_|_|
YEAR
(C42D2)

DON'T KNOW-2

C42E. When will (FATHER) be released from jail/prison?

|_|_|_|
YEAR
(C42E2)

WILL NEVER BE RELEASED.....-10

DON'T KNOW-2

C42F. **NOT FOR PUBLIC RELEASE**

C42G. **NOT FOR PUBLIC RELEASE**

C42H. **NOT FOR PUBLIC RELEASE**

C43. Does (FATHER) have any physical or mental health conditions that limit the kind or amount of work he can do?

YES 1
NO 2
DON'T KNOW-2

C44. Does (FATHER) 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

**SECTION D: MOTHER'S RELATIONSHIP WITH FATHER
(FOR MOTHERS WHO ARE OR WERE IN A RELATIONSHIP)**

**D0. WERE PARENTS IN ANY KIND OF RELATIONSHIP AT BASELINE, 12-MONTH, OR NOW?
(A4=1, 2, 3, OR 4 SEE CONTACT SHEET FOR RELATIONSHIP STATUS AT BASELINE AND 12-MONTH)**

YES1
NO2 → **GO TO D10**

**D1. DOES FATHER HAVE ANY CONTACT WITH CHILD?
(C1=1 OR C1D=1 OR C2=1)**

YES1
NO2 → **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 (FATHER).

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

| | ALWAYS TRUE | SOMETIMES TRUE | RARELY TRUE | NEVER TRUE |
|---------------------------------------------------------------------------------------------------------|-------------|----------------|-------------|------------|
| A. When (FATHER) is with (CHILD), he acts like the father you want for your child..... | 1 | 2 | 3 | 4 |
| B. You can trust (FATHER) to take good care of (CHILD) | 1 | 2 | 3 | 4 |
| C. He respects the schedules and rules you make for (CHILD) | 1 | 2 | 3 | 4 |
| D. He supports you in the way <u>you</u> want to raise (CHILD) | 1 | 2 | 3 | 4 |
| E. You and (FATHER) talk about problems that come up with raising (CHILD)..... | 1 | 2 | 3 | 4 |
| F. You can count on (FATHER) for help when you need someone to look after (CHILD) for a few hours | 1 | 2 | 3 | 4 |

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

- VERY MUCH1
- SOMEWHAT2
- NOT AT ALL.....3

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

- YES1
- NO2 → GO TO D4

D3A. Who could you trust to take care of (CHILD)?

CIRCLE ALL THAT APPLY

- D3A_1 CHILD'S MATERNAL GRANDPARENT1
- D3A_2 OTHER RELATIVE ON MOTHER'S SIDE2
- D3A_3 CHILD'S PATERNAL GRANDPARENT3
- D3A_4 OTHER RELATIVE ON FATHER'S SIDE4
- D3A_5 CHILD'S SIBLING5
- D3A_6 FRIEND, NEIGHBOR, CHURCH MEMBER....6
- D3A_7 OTHER (NOT SPECIFIED)7
 - CHILD CARE PROVIDER101
 - PARTNER, CHILD'S STEPFATHER.....102
 - GODPARENT.....103
 - FAMILY MEMBER
 - (RELATIONSHIP UNDETERMINED)104

D4.

FF

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

- EXCELLENT.....1
- VERY GOOD.....2
- GOOD3
- FAIR4
- POOR.....5

D4A.

Have you ever participated in a program or received counseling to help or improve your relationship with (FATHER)?

- YES1 → GO TO D5
- NO2

D4B.

If a program or counseling to help or improve your relationship with (FATHER) were available to you for free, how interested would you be in participating? Would you be . . .

- Very interested,1
- A little interested, or.....2
- Not at all interested?.....3

D5.

No matter how well parents get along, they sometimes have arguments. How often do you and [FATHER] argue about things that are important to you? Would you say . . .

- Always,1
- Often,.....2
- Sometimes,.....3
- Rarely, or.....4
- Never?.....5

D6. ARE MOTHER AND FATHER CURRENTLY MARRIED OR ROMANTICALLY INVOLVED WITH EACH OTHER? (A4=1 OR 2)

YES1

NO2 → GO TO D8

D7. Now, think about how (FATHER) behaves towards you. For each statement I read, please tell me how often he behaves this way.

FF
MDSS
LLOYD

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

| | OFTEN | SOMETIMES | NEVER |
|----------------------------------------------------------------------------------|-------|-----------|-------|
| A. He is fair and willing to compromise when you have a disagreement..... | 1 | 2 | 3 |
| B. He expresses affection or love for you | 1 | 2 | 3 |
| C. He insults or criticizes you or your ideas | 1 | 2 | 3 |
| D. He encourages or helps you to do things that are important to you | 1 | 2 | 3 |
| E. He tries to keep you from seeing or talking with your friends or family | 1 | 2 | 3 |
| F. He tries to prevent you from going to work or school..... | 1 | 2 | 3 |
| G. He withholds money, makes you ask for money, or takes your money..... | 1 | 2 | 3 |
| H. He slaps or kicks you | 1 | 2 | 3 |
| I. He hits you with a fist or an object that could hurt you | 1 | 2 | 3 |
| J. He tries to make you have sex or do sexual things you don't want to do | 1 | 2 | 3 |
| K. He listens to you when you need someone to talk to..... | 1 | 2 | 3 |
| L. He really understands your hurts and joys | 1 | 2 | 3 |

D7M. **HAS MOTHER EVER BEEN SLAPPED OR KICKED BY CHILD'S FATHER?**
(D7H=1 OR 2)

YES1

NO2 → GO TO D7O

D7N. Has (FATHER) ever slapped or kicked you in front of (CHILD)?

YES1 → GO TO D7O

NO2

D7N1. Has (FATHER) ever slapped or kicked you while (CHILD) was in the house?

YES1

NO2

D7O. **HAS MOTHER EVER BEEN HIT BY CHILD'S FATHER?**
(D7I=1 OR 2)

YES1

NO2 → GO TO D7Q

D7P. Has (FATHER) ever hit you with a fist or an object that could hurt you in front of (CHILD)?

YES1 → GO TO D7Q

NO2

D7P1. Has (FATHER) ever hit you with a fist or an object that could hurt you while (CHILD) was in the house?

YES1

NO2

D7Q. **DID MOTHER REPORT NO VIOLENCE FROM FATHER?**
 (D7M AND D70 = 2)

YES1 → GO TO SECTION E
 NO2 → GO TO D10

PARENTS WHO ARE NO LONGER TOGETHER:

D8. **WERE PARENTS MARRIED OR ROMANTICALLY INVOLVED AT
 BASELINE OR AT 12 MONTHS BUT NOT CURRENTLY?**
 (A4=3, 4, OR 5 CHECK CONTACT SHEET FOR RELATIONSHIP STATUS AT BASELINE
 OR 12-MONTH)

YES1
 NO2 → GO TO D10

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

FF
 MDSS
 LLOYD

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

| | | OFTEN | SOMETIMES | NEVER |
|----|-------------------------------------------------------------------------------|-------|-----------|-------|
| A. | He was fair and willing to compromise when you had a disagreement | 1 | 2 | 3 |
| B. | He expressed affection or love for you..... | 1 | 2 | 3 |
| C. | He insulted or criticized you or your ideas..... | 1 | 2 | 3 |
| D. | He encouraged or helped you to do things that were important to you | 1 | 2 | 3 |
| E. | He tried to keep you from seeing or talking with your friends or family | 1 | 2 | 3 |
| F. | He tried to prevent you from going to work or school..... | 1 | 2 | 3 |
| G. | He withheld money, made you ask for money, or took your money | 1 | 2 | 3 |
| H. | He slapped or kicked you | 1 | 2 | 3 |
| I. | He hit you with a fist or an object that could hurt you | 1 | 2 | 3 |
| J. | He tried to make you have sex or do sexual things you didn't want to do | 1 | 2 | 3 |
| K. | He listened to you when you needed someone to talk to..... | 1 | 2 | 3 |
| L. | He really understood your hurts and joys..... | 1 | 2 | 3 |

D9M. **HAS MOTHER EVER BEEN SLAPPED OR KICKED BY CHILD'S FATHER?**
(D9H=1 OR 2)

YES1

NO2 → GO TO D9O

D9N. Has (FATHER) ever slapped or kicked you in front of (CHILD)?

YES1 → GO TO D9O

NO2

D9N1. Has (FATHER) ever slapped or kicked you while (CHILD) was in the house?

YES1

NO2

D9O. **HAS MOTHER EVER BEEN HIT BY CHILD'S FATHER?**
(D9I=1 OR 2)

YES1

NO2 → GO TO D9Q

D9P. Has (FATHER) ever hit you with a fist or an object that could hurt you in front of (CHILD)?

YES1 → GO TO D9Q

NO2

D9P1. Has (FATHER) ever hit you with a fist or an object that could hurt you while (CHILD) was in the house?

YES1

NO2

D9Q. **DID MOTHER REPORT NO VIOLENCE FROM FATHER?**
(D9M AND D90 = 2)

YES1 → GO TO SECTION E
NO2

FOR ALL MOTHERS:

D10. Now I have some questions about events that may have happened since (DATE OF LAST INTERVIEW). Have you been seriously hurt in a fight with (FATHER) since (DATE OF LAST INTERVIEW)?

YES 1
NO 2 → GO TO SECTION E
NO CONTACT WITH FATHER
(VOLUNTEERED)-14 → GO TO SECTION E

D10A. Did you go to the hospital for any of these injuries?

YES1
NO2

D10B. Did you report the incident to the police?

YES1
NO2

D10C. Did you tell anyone else about this, such as a friend, a minister, a social worker, or someone else?

YES1
NO2

D10D. Did (FATHER) hurt you in front of (CHILD)?

YES1
NO2

SECTION E: CURRENT PARTNER

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

YES1 → **GO TO SECTION F**
NO2

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

YES 1
NO 2 → **GO TO SECTION F**
REFUSED-2 → **GO TO SECTION F**

E2A. **NOT FOR PUBLIC RELEASE**

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

YES1 → **GO TO E2D**
NO2

E2A2. **NOT FOR PUBLIC RELEASE**

E2B. Are you married to (CURRENT PARTNER)?

YES1
NO2 → **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?

YES1
NO2 → 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)

Now I'd like to ask you some questions about (CURRENT PARTNER).

E3. First, how old is (CURRENT PARTNER)?

PROBE: Your best estimate is fine.

|_|_| YEARS OLD
DON'T KNOW-2 → GO TO E5
REFUSED-1 → GO TO E5

E4. NOT FOR PUBLIC RELEASE

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

- White, 1
- Black or African American, 2
- Asian or Pacific Islander, or 3
- Native American or Alaskan Native? 4
- OTHER (NOT SPECIFIED) 5
 - HISPANIC.....101
 - MIXED RACES.....102
- DON'T KNOW-2
- REFUSED-1

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

- YES 1
- NO 2 → GO TO E6
- DON'T KNOW-2 → GO TO E6
- REFUSED-1 → GO TO E6

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

- MEXICAN, MEXICAN AMERICAN1
- PUERTO RICAN2
- CUBAN3
- OTHER HISPANIC/LATINO
(NOT SPECIFIED).....4
 - LATIN AMERICAN101
- DON'T KNOW-2
- REFUSED-1

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

- 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
- OTHER TYPE OF SCHOOL
(NOT SPECIFIED)..... 10
- GRADUATE OR PROFESSIONAL
SCHOOL 11
- SOME COLLEGE 12
- DON'T KNOW -2

| |
|--------------------------------------------------------------------------------------------------------------------|
| <p>GRADE COMPLETED:</p> <p style="text-align: center;"> _ _ _ </p> <p style="text-align: center;">(E6A)</p> |
|--------------------------------------------------------------------------------------------------------------------|

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
(INCLUDES MILITARY SERVICE)..... 1 → **GO TO E8**
- LOOKING FOR WORK 2
- IN SCHOOL..... 3
- UNABLE TO WORK 4
- IN JAIL/PRISON 5 (18 CITIES ONLY)
- 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 (he/she) last work at a job lasting two consecutive weeks or more, either full or part-time, for which (he/she) received a regular paycheck?

| | | | | | | | | | |
|--------|--|--|--|--|--------|--|--|--|--|
| | | | | | | | | | |
| MONTH | | | | | YEAR | | | | |
| (E7A1) | | | | | (E7A2) | | | | |

- NEVER WORKED FOR TWO
CONSECUTIVE WEEKS..... 1
- 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 (he/she) 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 → GO TO E16
- DON'T KNOW-2 → GO TO E16
- REFUSED-1 → GO TO E16

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

|___|___| CHILDREN

ONLY ONE CHILD1

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

- YES1
- NO2 → GO TO E14

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

YES1

NO2

E14. **DOES MOTHER HAVE CHILDREN WITH SOMEONE OTHER THAN FATHER?**
(C31=1)

YES1

NO2 → GO TO E16

E14A. **NOT FOR PUBLIC RELEASE**

E15. Are you the biological mother to (this child/any of these children?)

YES1

NO2

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

YES1

NO2 → GO TO E23

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

YES1 → GO TO E23

NO2

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 (he/she) does this activity in a typical week.

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

RECORD “NEVER” AS “0”.

| | | <u>DAYS PER WEEK</u> | | | | | | | | <u>DON'T KNOW</u> |
|-------|---------------------------------------------------------------------|----------------------|---|---|---|---|---|---|---|-------------------|
| E18A. | Sing songs or nursery rhymes with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18B. | Hug or show physical affection to (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18C. | Tell (CHILD) that (he/she) loves (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18D. | Let (CHILD) help (him/her) with simple household chores | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18E. | Play imaginary games with (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18F. | Read stories to (CHILD) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18G. | Tell stories to (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18H. | Play inside with toys such as blocks or legos with (CHILD)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18I. | Tell (CHILD) that (he/she) appreciated something (he/she) did | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18J. | Take (him/her) to visit relatives..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18K. | Go to a restaurant or out to eat with (him/her) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18L. | Assist (CHILD) with eating..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |
| E18M. | Put (CHILD) to bed | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -2 |

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?

EHS-P

YES1
 NO2 → GO TO E20

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

E20. Partners can help in many different ways. Please tell me how often (CURRENT PARTNER) helps you with the following . . .

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

| | OFTEN | SOMETIMES | RARELY | NEVER |
|----------------------------------------------------------------------------------------------------------------|-------|-----------|--------|-------|
| A. How often does (he/she) look after (CHILD) when you need to do things? | 1 | 2 | 3 | 4 |
| B. How often does (he/she) run errands like picking things up from the store?..... | 1 | 2 | 3 | 4 |
| C. How often does (he/she) fix things around your home, paint, or help make it look nicer in other ways? | 1 | 2 | 3 | 4 |
| D. How often does (he/she) take (CHILD) places (he/she) needs to go, such as to daycare or the doctor? | 1 | 2 | 3 | 4 |

E21. The following questions are about the ways in which partners work together in raising a child. Please tell me how often the following statements are true for you and (CURRENT PARTNER).

(READ ITEM). Would you say it's always true, sometimes true, or rarely true?

| | ALWAYS TRUE | SOMETIMES TRUE | RARELY TRUE |
|-----------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------|
| A. When (CURRENT PARTNER) is with (CHILD), (he/she) acts like the kind of parent you want for your child..... | 1 | 2 | 3 |
| B. You can trust (him/her) to take good care of (CHILD)..... | 1 | 2 | 3 |
| C. (He/She) respects the schedules and rules you make for (CHILD)..... | 1 | 2 | 3 |
| D. (He/She) supports you in the way <u>you</u> want to raise (CHILD)..... | 1 | 2 | 3 |
| E. You and (CURRENT PARTNER) talk about problems that come up with raising (CHILD).... | 1 | 2 | 3 |
| F. You can count on (CURRENT PARTNER) for help when you need someone to look after (CHILD) for a few hours..... | 1 | 2 | 3 |

E22. If you had to go away for one week and could not take (CHILD) with you, how much would you trust (CURRENT PARTNER) to take care of your child? Would you trust (him/her) very much, somewhat, or not at all?

- VERY MUCH1
- SOMEWHAT2
- NOT AT ALL.....3

E23. Now, think about how (CURRENT PARTNER) behaves towards you. For each statement I read, please tell me how often (he/she) behaves this way.

FF
MDSS
LLOYD

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

| | OFTEN | SOMETIMES | NEVER |
|---------------------------------------------------------------------------------------|-------|-----------|-------|
| A. (He/She) is fair and willing to compromise when you have a disagreement..... | 1 | 2 | 3 |
| B. (He/She) expresses affection or love for you..... | 1 | 2 | 3 |
| C. (He/She) insults or criticizes you or your ideas..... | 1 | 2 | 3 |
| D. (He/She) encourages or helps you to do things that are important to you | 1 | 2 | 3 |
| E. (He/She) tries to keep you from seeing or talking with your friends or family..... | 1 | 2 | 3 |
| F. (He/She) tries to prevent you from going to work or school | 1 | 2 | 3 |
| G. (He/She) withholds money, makes you ask for money, or takes your money | 1 | 2 | 3 |
| H. (He/She) slaps or kicks you..... | 1 | 2 | 3 |
| I. (He/She) hits you with a fist or an object that could hurt you | 1 | 2 | 3 |
| J. (He/She) tries to make you have sex or do sexual things you don't want to do | 1 | 2 | 3 |
| K. (He/She) listens to you when you need someone to talk to | 1 | 2 | 3 |
| L. (He/She) really understands your hurts and joys.... | 1 | 2 | 3 |

E23M. Have you ever participated in a program or received counseling to help or improve your relationship with (CURRENT PARTNER)?

YES1 → GO TO E23O
NO2

E23N. If a program or counseling to help or improve your relationship with (CURRENT PARTNER) were available to you for free, how interested would you be in participating? Would you be . . .

Very interested,1

A little interested, or.....2

Not at all interested?.....3

E23O. **HAS MOTHER EVER BEEN SLAPPED OR KICKED BY CURRENT PARTNER?**
(E23H=1 OR 2)

YES1

NO2 → GO TO E23Q

E23P. Has (CURRENT PARTNER) ever slapped or kicked you in front of (CHILD)?

YES1 → GO TO E23Q

NO2

E23P1. Has (CURRENT PARTNER) ever slapped or kicked you while (CHILD) was in the house?

YES1

NO2

E23Q. **HAS MOTHER EVER BEEN HIT BY CURRENT PARTNER?**
(E23I=1 OR 2)

YES1

NO2 → GO TO E23S

E23R. Has (CURRENT PARTNER) ever hit you with a fist or an object that could hurt you in front of (CHILD)?

YES1 → GO TO E23S

NO2

E23R1. Has (CURRENT PARTNER) ever hit you with a fist or an object that could hurt you while (CHILD) was in the house?

YES1
NO2

E23S. **DID MOTHER REPORT NO VIOLENCE FROM CURRENT PARTNER?**
(E23O AND E23Q=2)

YES1 → **GO TO E25**
NO2

E24. Now I have some questions about events that may have happened since (DATE OF LAST INTERVIEW). Were you seriously hurt in a fight with (CURRENT PARTNER) since (DATE OF LAST INTERVIEW)?

YES1
NO2 → **GO TO E25**

E24A. Did you go to the hospital for these injuries?

YES1
NO2

E24B. Did you report the incident to the police?

YES1
NO2

E24C. Did you tell anyone else about this, such as a friend, a minister, a social worker, or someone else?

YES1
NO2

E24D. Did (CURRENT PARTNER) ever hurt you in front of (CHILD)?

YES1

NO2

E25. Has (CURRENT PARTNER) spent any time in jail or prison?

YES1

NO2

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.)**

|_|_| PEOPLE

RESPONDENT LIVES ALONE 0 → **GO TO F3**

RESPONDENT LIVES IN JAIL.....-10 → **GO TO F3**

RESPONDENT LIVES IN A SHELTER
OR ON THE STREET.....-12

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 (FATHER) the father of this child?

F2F. **IF PERSON IS 16 OR OLDER, ASK:** Is (PERSON) currently working?

| F2B. GENDER | F2C. AGE | F2D. RELATIONSHIP | F2E. | F2F. EMPLOYED |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Is (PERSON) male or female? MALE FEMALE | What is (his/her) age? AGE OR CODE | What is (his/her) relationship to you? CODE WITHOUT ASKING, IF KNOWN | IF PERSON IS A CHILD: Is (FATHER) the father of this (child/person)? YES NO | IF AGE=16 OR OLDER Is (PERSON) currently working? YES NO |
| | | SPOUSE 1 GRANDPARENT 9 PARTNER/(BOY/GIRLFRIEND) 2 AUNT/UNCLE 10 PARENT 3 COUSIN 11 PARENT IN-LAW 4 NOT-RELATED ADULT 12 BIOLOGICAL CHILD 5 NOT-RELATED CHILD 13 STEPCHILD 6 ADOPTED CHILD 14 FOSTER CHILD 7 NIECE/NEPHEW 15 SIBLING (BROTHER/SISTER) 8 GRANDCHILD 16 | | |
| Circle One | | | Circle One | Circle One |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |
| 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YRS | <u>CODE</u> <input type="text"/> <input type="text"/> | 1 2 | 1 2 |

F3. Do you have any children living apart from you?

YES1

NO.....2 → GO TO SECTION H

F3A. How many children do you have living apart from you?

|_|_| CHILDREN

F3B. How old (is that child/are those [NUMBER IN F3A] children)? **RECORD AGES. ROUND BIRTH TO 5 MONTHS AS “00” AND 6 MONTHS TO 1 YEAR AS “01”.**

|_|_| / |_|_| / |_|_| / |_|_| / |_|_|
AGE AGE AGE AGE AGE
(F3B1) (F3B2) (F3B3) (F3B4) (F3B5)

|_|_| / |_|_| / |_|_| / |_|_| / |_|_|
AGE AGE AGE AGE AGE
(F3B6) (F3B7) (F3B8) (F3B9) (F3B10)

SECTION H: MOTHER'S FAMILY BACKGROUND AND SUPPORT

H1. **WAS MOTHER INTERVIEWED AT 12 MONTHS?**
(CHECK CONTACT SHEET FOR 12-MONTH INTERVIEW STATUS)

YES1 → GO TO H2
NO2

Next, I have a few questions about your parents, your background, and the help you can get from other people.

H1A. First, in what country or territory was your father born?

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

H1B. In what country or territory was your mother born?

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

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?

- NONE1
- ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL2
- REGULAR HIGH SCHOOL3 →
- ABE OR GED PROGRAM4
- NURSING SCHOOL (LPN OR RN)5
- BUSINESS OR SECRETARIAL
SCHOOL6
- VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL7
- JUNIOR/COMMUNITY
COLLEGE (2-YEAR)8
- COLLEGE (4-YEAR)9
- OTHER TYPE OF
SCHOOL (NOT SPECIFIED).....10
- GRADUATE OR PROFESSIONAL
SCHOOL11
- SOME COLLEGE12
- DON'T KNOW-2
- REFUSED-1

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p>GRADE COMPLETED:</p> <p> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>(H1E1)</p> </p> | | |
| | | |

H1F. What is the highest grade of school that your biological father completed?

- NONE1
- ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL2
- REGULAR HIGH SCHOOL3 →
- ABE OR GED PROGRAM.....4
- NURSING SCHOOL (LPN OR RN)5
- BUSINESS OR SECRETARIAL
SCHOOL6
- VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL7
- JUNIOR/COMMUNITY
COLLEGE (2-YEAR)8
- COLLEGE (4-YEAR)9
- OTHER TYPE OF
SCHOOL (NOT SPECIFIED).....10
- GRADUATE OR PROFESSIONAL
SCHOOL11
- SOME COLLEGE12
- DON'T KNOW-2
- REFUSED-1

| |
|------------------------------------------------------|
| GRADE COMPLETED: _ _ _ (H1F1) |
|------------------------------------------------------|

H2. In the past 12 months, have you received any financial help or money from anyone other than (FATHER)? Please include your relatives and friends, and his relatives and friends, but don't include help from any government or private agency.

FF

YES1
 NO2 → 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 MOTHER.....2
 H2A_3 FATHER'S PARENTS3
 H2A_4 OTHER RELATIVES OF FATHER.....4
 H2A_5 FRIEND(S)5
 H2A_6 BOYFRIEND/PARTNER6
 H2A_7 PARTNER'S FAMILY7
 H2A_8 OTHER (NOT SPECIFIED)8
 OTHER CHILD(REN)'S FATHER.....101

H2B. About how much financial help or money were you given in the past 12 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.

FF

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

Loan you \$200?

- YES1
- NO2 → GO TO H4

H3A. What about \$1,000?

- YES1
- NO2

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

YES1

NO2

H5. (Is there someone you could count on to) help you with emergency child care?

YES1

NO2

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

YES1

NO2 → GO TO H7

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

YES1

NO2

H7. How often does (CHILD) see your parents? Would you say . . .

NOTE: 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, or4

Never?5

NOT APPLICABLE, BOTH
GRANDPARENTS DECEASED-10

H8. How often does (CHILD) see (FATHER'S) parents? Would you say . . .

NOTE: 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
- NOT APPLICABLE, BOTH
GRANDPARENTS DECEASED-10

SECTION I: ENVIRONMENT AND PROGRAMS

I0. Now I have some questions about your involvement or participation in different kinds of groups and organizations. Please tell me whether you have participated in any of the following in the past 12 months, that is, since (FIRST OF MONTH ONE YEAR AGO).

| Have you participated in . . . | YES | NO |
|------------------------------------------------------------------------------|-----|----|
| I0A. A group affiliated with your church in the past year? | 1 | 2 |
| I0B. A service club, such as the Police Athletic League or the Scouts? | 1 | 2 |
| I0C. A political, civic, or human rights organization? | 1 | 2 |
| I0D. A labor union or other work-related group? | 1 | 2 |
| I0E. A community organization, such as a neighborhood watch? | 1 | 2 |
| I0F. An organization working with children or youth? | 1 | 2 |

I0G. Have you ever taken part in a political demonstration or march?

YES1

NO2 → **GO TO I0I**

I0H. How about in the past 12 months? Have you taken part in a political demonstration or march in the past 12 months?

YES1

NO2

I0I. Are you registered to vote?

YES1 → GO TO I0K

NO2

I0J. Are you eligible to vote?

YES 1

NO 2

DON'T KNOW-2

GO TO I0L

I0K. Did you vote in the November 2000 election?

YES1

NO2

Now I'd like to ask you about certain obligations some people feel Americans owe to their country.

How important do you feel it is for Americans to (ITEM)? Would you say it is very important, somewhat important, or not important?

| | VERY IMPORTANT | SOMEWHAT IMPORTANT | NOT IMPORTANT |
|--------------------------------------------------------------|-------------------|-----------------------|------------------|
| I0L. Vote in elections? | 1 | 2 | 3 |
| I0M. Volunteer some time to community service? ... | 1 | 2 | 3 |
| I0N. Serve on a jury if called? | 1 | 2 | 3 |
| I0O. Report a crime that they witnessed? | 1 | 2 | 3 |
| I0P. Be able to speak and understand English? | 1 | 2 | 3 |
| I0Q. Serve in the military when the country is at war? | 1 | 2 | 3 |

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

I1. Have you moved since (DATE OF LAST INTERVIEW)?

IHDP
EHS-NF

YES1
NO2 → GO TO I2

I1A. How many times?

|_|_| MOVES

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

EHS

CIRCLE ONE

Rent your own apartment or house,1 → GO TO I4
Live with family or friends and contribute
part of the rent,2 → GO TO I4
Live with family or friends and do
not pay rent,3 → GO TO I5
Own your own home,4 → GO TO I3
Live in a house or condo owned by another
family member,5 → GO TO I3
Live in temporary housing or a group
shelter, or6 → GO TO I6A
Do you live in some other housing
arrangement? (NOT SPECIFIED)7 → GO TO I6A
MILITARY BASE/DORMITORY.....101
PUBLIC HOUSING/SECTION 8102
LIVES WITH FAMILY/FRIENDS.....103
(RENT/MORTGAGE CONTRIBUTION UNCLEAR)
HALFWAY HOUSE/TREATMENT
FACILITY.....8 → GO TO I6A
JAIL/PRISON.....9 → GO TO I6A
ON THE STREET, HOMELESS.....10 → GO TO I6A

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

PROBE FOR APPROXIMATE AMOUNT.

\$ |__|__|__|,|__|__|__|

DON'T KNOW-2

REFUSED-1

13A. Approximately, how much do (you/they) owe on this house?

\$ |__|__|__|,|__|__|__|

DON'T KNOW-2

REFUSED-1

13B. 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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

CIRCLE ONE

- MOTHER'S NAME ONLY1
- FATHER'S OR CURRENT PARTNER'S
NAME ONLY2
- BOTH MOTHER'S NAME AND FATHER'S
OR CURRENT PARTNER'S NAMES.....3
- FAMILY MEMBER(S) ON THE
MOTHER'S SIDE4
- FAMILY MEMBER(S) ON THE FATHER'S
OR CURRENT PARTNER'S SIDE5
- OTHER (NOT SPECIFIED)6
- NO MORTGAGE/MORTGAGE PAID.....101
- RESPONDENT AND FAMILY MEMBER... 102
- DON'T KNOW-2
- REFUSED-1

I3C. **DOES RESPONDENT LIVE IN A HOUSE OR CONDO OWNED BY ANOTHER FAMILY MEMBER?**
(I2=5)

- YES1
- NO2 → GO TO I6A

I4. How much rent do you pay each month?

\$ |__|,|__|__|__| PER MONTH

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

I4A. Whose name is on the lease for this (apartment/house/condo)?

- MOTHER’S NAME ONLY1
- FATHER’S OR CURRENT PARTNER’S
NAME ONLY2
- BOTH MOTHER’S NAME AND FATHER’S
OR CURRENT PARTNER’S NAMES.....3
- FAMILY MEMBER(S) ON THE
MOTHER’S SIDE4
- FAMILY MEMBER(S) ON THE FATHER’S
OR CURRENT PARTNER’S SIDE5
- OTHER (NOT SPECIFIED)6
 - FRIEND..... 101
 - RESPONDENT AND FAMILY MEMBER... 102
- NOT APPLICABLE—DOES NOT
HAVE A LEASE-10
- DON’T KNOW-2
- REFUSED-1

(18 CITIES ONLY – 2 CITIES NOT ASKED)

I4B. Are you required to report your income and assets to your landlord on an annual basis?

- YES1
- NO2

CODE WITHOUT ASKING IF KNOWN:

I5. Is this home in a public housing project?

- YES1
- NO2

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

YES1 → **GO TO I6A**
NO2

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.

YES1
NO2

I6A. In the past 12 months, was your telephone service ever disconnected by the telephone company because there wasn't enough money to pay the bill?

YES1
NO2 → **GO TO I6C**

I6B. About how many days in the past 12 months were you without phone service?

|_|_|_| DAYS

I6C. In the past 12 months, was your electricity ever turned off by the utility company because there wasn't enough money to pay the bill?

YES1
NO2 → **GO TO I6E**

I6D. About how many days in the past 12 months were you without electricity?

|__|__|__| DAYS

I6E. Do you use gas or oil to heat your home, or gas for cooking?

YES1

NO2 → GO TO I6H

I6F. In the past 12 months, was service ever turned off by the gas company, or did the heating oil company not deliver oil because there wasn't enough money to pay the bill?

YES1

NO2 → GO TO I6H

I6G. About how many days in the past 12 months were you without gas or oil?

|__|__|__| DAYS

I6H. In the past 12 months, has your home ever been uncomfortably cold for a period of 48 hours or more?

YES1

NO2 → GO TO I6J

16I. Was your home uncomfortably cold because . . .

| | CIRCLE YES OR NO FOR EACH | |
|------------------------------------------------------------|---------------------------|----|
| | YES | NO |
| A. Service was shut off? | 1 | 2 |
| B. It has inadequate heating capacity or insulation? | 1 | 2 |
| C. There was an equipment breakdown?..... | 1 | 2 |
| D. The super or landlord keeps the heat too low? | 1 | 2 |
| E. It's too expensive to heat your home? | 1 | 2 |

16J. In the past 12 months, did you ever have no running water for a period of 48 hours or more?

YES1
 NO2

17. My next questions are about help you may have received from some agencies and government programs.

Since (CHILD's) first birthday, have you received help from any of the following agencies or programs?

| | CIRCLE YES OR NO FOR EACH | |
|------------------------------------------------------------------|---------------------------|----|
| | YES | NO |
| A. An agency to help you collect child support | 1 | 2 |
| B. A parenting class..... | 1 | 2 |
| C. Head Start or Early Head Start..... | 1 | 2 |
| D. A child care referral agency..... | 1 | 2 |
| E. W.I.C. | 1 | 2 |
| F. An Employment Office..... | 1 | 2 |
| G. A welfare office or welfare job placement (18 CITIES ONLY)... | 1 | 2 |

NO I7H THIS VERSION

**I7I. DID RESPONDENT RECEIVE HELP FROM A PARENTING CLASS?
(I7B=1)**

- YES1 → **GO TO I8**
- NO2

I7J. If a parenting class were available to you for free, how interested would you be in participating? Would you be . . .

- Very interested,1
- A little interested, or.....2
- Not at all interested?.....3

18. In the past 12 months, have you received income from any of the following programs?

18A. Have you received income from (ITEM)?

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

18B. How many months did you receive help from (PROGRAM) in the past 12 months?

18C. Approximately how much did you receive (last month/the last month you received [BENEFIT])?

| | 18A. | | 18B. | 18C. |
|----------------------------------------------------------------------------------------------------------|------|----|-----------------|------------------|
| | YES | NO | Months Received | Amount Per Month |
| 1. Welfare or TANF | 1 | 2 | _ _ _ | \$ _ _ _ _ |
| PROBE: By welfare or TANF, we mean temporary assistance to needy families, AFDC, or cash welfare. | | | | |
| 2. Food Stamps | 1 | 2 | _ _ _ | \$ _ _ _ _ |
| 3. Other assistance such as Unemployment Insurance, or Worker's Compensation | 1 | 2 | _ _ _ | \$ _ _ _ _ |

19. **DID MOTHER RECEIVE WELFARE OR TANF IN THE LAST 12 MONTHS?**
(18A1=1)

YES1

NO2 → GO TO I12

CODE WITHOUT ASKING IF KNOWN:

110. Are you currently receiving welfare or TANF?

YES1

NO2 → GO TO I13

I11. For how long have you been receiving welfare this time?

|_|_| YEARS (I11A) |_|_| MONTHS (I11B)

DON'T KNOW-2

REFUSED-1

GO TO I14

I12. Have you ever received welfare or TANF?

YES1

NO2 → **GO TO I14**

I13. When did you last receive welfare or TANF?

|_|_| / |_|_|_|_|
MONTH YEAR
(I13A) (I13B)

I14. Have you or (CHILD) received Supplemental Security Income (SSI) in the past 12 months?

YES1

NO2 → **GO TO I15**

I14A. Who has received SSI in the past 12 months?

CIRCLE ONE

RESPONDENT.....1

CHILD.....2

BOTH RESPONDENT AND CHILD3

OTHER (NOT SPECIFIED)4

I14B. How many months did (you/[CHILD]/you and [CHILD]/[OTHER]) receive SSI in the past 12 months?

|__|__| MONTHS

I14C. Approximately how much did (you/[CHILD]/you and [CHILD]/[OTHER]) receive each month?

\$ |__|__|__|

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

YES1

NO2 → GO TO I18

I16. Were you required to do anything, such as work, go to school, look for a job, or name the father of your child in return for your welfare benefits?

YES1

NO2 → GO TO I19

I16A. What were you required to do?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- I16A_1 LOOK FOR A JOB.....1
- I16A_2 WORK IN A PAID JOB2
- I16A_3 WORK IN AN UNPAID JOB3
- I16A_4 ATTEND SCHOOL OR TRAINING
(INCLUDES JOB READINESS)4
- I16A_5 NAME FATHER OF CHILD5
- I16A_6 OTHER (NOT SPECIFIED)6

I17. Were your welfare benefits reduced or cut at any time in the past 12 months because you did not fulfill these requirements?

YES1
NO2

GO TO I19

I18. Was there ever a time in the past 12 months that you thought you might be eligible for welfare?

NYC

YES1
NO2 → **GO TO I19**

I18A. Did you apply for welfare in the past 12 months?

YES, APPLIED1
NO, DID NOT APPLY (OR DID NOT FINISH)2 → **GO TO I19**

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

I19. **HAS RESPONDENT RECEIVED FOOD STAMPS IN THE PAST 12 MONTHS?**
(I8A2=1)

YES1 → GO TO I21
NO2

I20. Was there ever a time in the past 12 months that you thought you might be eligible for food stamps?

YES1
NO2 → GO TO I21

I20A. Did you apply for food stamps in the past 12 months?

YES, APPLIED1
NO, DID NOT APPLY (OR DID NOT FINISH)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
DON'T KNOW-2
REFUSED-1

I21. Did you fill out a federal tax return for 2000 or 2001?

GUP

YES1
NO2 → GO TO I23
NOT YET, BUT WILL3 → GO TO I23

122. 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

123. We are also interested in some of the problems that families face making ends meet. In the past 12 months, did you do any of the following because there wasn't enough money?

**SIPP
IOWA**

NOTE: REPEAT AS NEEDED "because there wasn't enough money"

| | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| A. In the past 12 months, did you receive free food or meals?..... | 1 | 2 |
| B. (In the past 12 months,) Did you not pay the full amount of rent or mortgage payments? | 1 | 2 |
| C. (In the past 12 months,) Were you evicted from your home or apartment for not paying the rent or mortgage?..... | 1 | 2 |
| D. (In the past 12 months,) Did you not pay the full amount of a gas, oil, or electricity bill? | 1 | 2 |
| E. (In the past 12 months,) Did you borrow money from friends or family to help pay bills? | 1 | 2 |
| F. (In the past 12 months,) Did you move in with other people even for a little while because of financial problems | 1 | 2 |
| G. (In the past 12 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?..... | 1 | 2 |
| H. (In the past 12 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? | 1 | 2 |
| I. (In the past 12 months,) Have you cut back on buying clothes for yourself? (18 CITIES ONLY) | 1 | 2 |
| J. (In the past 12 months,) Have you worked overtime or taken a second job? (18 CITIES ONLY) | 1 | 2 |

I24. My next questions are about some experiences you may have had in your life.

Other than for a minor traffic violation, have you ever been stopped by the police, but not picked up or arrested?

YES1

NO2

I25. 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.

YES1

NO2 → GO TO SECTION J

I26. Do you have any charges pending against you?

YES1

NO2 → GO TO I27

I26A. How many charges do you have pending?

|__|__| CHARGES

I26B. What charges do you have pending?

PROBE: What other charges?

INTERVIEWER: IF "ASSAULT," PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

| | <u>CIRCLE ALL THAT APPLY</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)..... | 1 (I26B_1) |
| ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting..... | 2 (I26B_2) |
| POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS | 3 (I26B_3) |
| MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license) | 4 (I26B_4) |
| NON-PAYMENT OF CHILD SUPPORT | 5 (I26B_5) |
| PAROLE OR PROBATION VIOLATION | 6 (I26B_6) |
| SIMPLE ASSAULT (18 CITIES ONLY) | 7 (I26B_7) |
| OTHER (NOT SPECIFIED) | 8 (I26B_8) |
| WEAPONS | 101 |
| MINOR INFRACTIONS (TICKETS, DISTURBING PEACE, UNSEPECIFIED MISDEMEANORS) | 102 |
| DOMESTIC VIOLENCE, CHILD ABUSE | 103 |
| DON'T KNOW | -2 |
| REFUSED | -1 |

I27. And, have you ever been convicted of any charges? Do not count minor traffic violations.

YES1

NO2 → GO TO I32

I27A. How many times have you been convicted of something?

|__|__| TIMES

I27B. How old were you the (the first time/when) this happened?

|__|__| YEARS OLD

I27C. **WAS RESPONDENT CONVICTED ONLY ONE TIME?**
(I27A=01)

YES, ONE TIME1 → GO TO I28

NO, MORE THAN ONE TIME2

I27D. When was your most recent conviction?

|__|__|__|__|

YEAR
(I27D1)

128. Please tell me the charges you were convicted of.

PROBE: What other charges?

INTERVIEWER: IF "ASSAULT," PROBE FOR SIMPLE OR AGGRAVATED ASSAULT.

| | <u>CIRCLE ALL THAT APPLY</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)..... | 1 (128_1) |
| ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting..... | 2 (128_2) |
| POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS | 3 (128_3) |
| MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license) | 4 (128_4) |
| NON-PAYMENT OF CHILD SUPPORT | 5 (128_5) |
| PAROLE OR PROBATION VIOLATION | 6 (128_6) |
| SIMPLE ASSAULT (18 CITIES ONLY) | 7 (128_7) |
| OTHER (NOT SPECIFIED) | 8 (128_8) |
| WEAPONS | 101 |
| MINOR INFRACTIONS (TICKETS, DISTURBING PEACE, UNSEPECIFIED MISDEMEANORS) | 102 |
| DOMESTIC VIOLENCE, CHILD ABUSE | 103 |
| DON'T KNOW | -2 |
| REFUSED | -1 |

129. Have you ever spent time in a correctional institution, like a county jail, a state or federal prison, or a youth correctional institution like a training school or reform school?

YES, JAIL1

NO2 → GO TO I32

HOUSE ARREST3

I30. Did you ever spend time in a youth correctional institution like a training school or reform school? Include boot camps that are set up for youth offenders.

- YES, YOUTH INSTITUTION1
- NO2 → GO TO I31
- HOUSE ARREST3

I30A. Altogether, how much time did you serve in youth institutions?

NOTE: IF ANSWER IS GIVEN IN YEARS, CONVERT TO MONTHS.

|__|__| MONTHS

I31. Did you ever spend time in an adult correctional institution like a county, state or federal jail or prison?

- YES, ADULT INSTITUTION1
- NO2 → GO TO I31A1
- HOUSE ARREST3

I31A. Altogether, how much time did you serve in adult institutions?

NOTE: IF ANSWER IS GIVEN IN YEARS, CONVERT TO MONTHS.

|__|__| MONTHS

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)

I31A1. **HAS R SERVED TIME IN A JUVENILE OR AN ADULT INSTITUTION?**
(I30=1 OR 2 OR I31=1 OR 2)

- YES1
- NO2 → GO TO SECTION J

I31B. How old were you (the first time/when) you were sent to a correctional institution?

|__|__| YEARS OLD

I31C. When did your (most recent) incarceration start?

|__|__|__|__|
YEAR
(I31C2)

I31D. When were you released (the most recent time)?

|__|__|__|__|
YEAR
(I31D2)

STILL IN PRISON.....98

I32. Were you ever required to perform community service or have you been on probation or parole?

YES1

NO2

SECTION J: HEALTH AND HEALTH BEHAVIOR

J0A. 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

J0B. I'm going to read a list of things that many people value or enjoy.

For each thing, please tell me whether it is very important, somewhat important, or not important to your overall happiness.

| | VERY IMPORTANT | SOMEWHAT IMPORTANT | NOT IMPORTANT |
|--------------------------------|-------------------|-----------------------|------------------|
| 1. Romantic relationships..... | 1 | 2 | 3 |
| 2. Money | 1 | 2 | 3 |
| 3. Sex..... | 1 | 2 | 3 |
| 4. Work..... | 1 | 2 | 3 |
| 5. Friendships..... | 1 | 2 | 3 |
| 6. Religious faith..... | 1 | 2 | 3 |
| 7. Family relationships | 1 | 2 | 3 |

J1.

IHDP

Now I'd like to ask you some questions about your health and how you've been feeling in the past 12 months.

In general, how is your health? Would you say it is . . .

- Excellent,1
- Very good,2
- Good,3
- Fair, or4
- Poor?5

J2.

Do you have a serious health problem that limits the amount or kind of work you can do?

- YES1
- NO2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J2A. Do you regularly take any prescribed medication for physical or mental health problems?

- YES1
- NO2 → GO TO J2C

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J2B. For which of the following conditions do you take prescribed medication? Do you take them for . . .

CIRCLE ALL THAT APPLY

- J2B_1 Diabetes?1
- J2B_2 Asthma?2
- J2B_3 High Blood Pressure?.....3
- J2B_4 Depression?4
- J2B_5 Anxiety?.....5
- J2B_6 Attention Deficit?6
- J2B_7 Pain?7
- J2B_8 Seizures or Epilepsy?.....8
- J2B_9 Anything else? (NOT SPECIFIED)9
 - ALLERGIES.....101
 - THYROID102
 - HEART/CHOLESTEROL.....103
 - GASTRO CONDITION104
 - MIGRAINES105
 - OTHER (LUPUS, MENTAL CONDITIONS,
SLEEP RELATED)106
 - DON'T KNOW-2
 - REFUSED-1

J2C. In the past 12 months, have you stayed overnight in a hospital or gone to the emergency room? (Please do not include hospital stays related to giving birth.)

- YES1
- NO2 → GO TO J2E

J2D. How many times have you stayed overnight in a hospital in the past 12 months?

PROBE: Count each stay—even if it lasted more than one overnight—as just one stay.

|__|__| TIMES

NONE0

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J2D1. How many times have you gone to the emergency room because of your own injury or illness in the past 12 months?

|__|__| TIMES

NONE0

J2E. What is your height?

PROBE: Your best guess is fine.

|__|__| FEET |__|__| INCHES
(J2E1) (J2E2)

DON'T KNOW-2

REFUSED-1

J2F. How much do you weigh?

PROBE: Your best guess is fine.

|__|__|__| POUNDS OR |__|__|__|. |__| KILOGRAMS

DON'T KNOW-2

REFUSED-1

J2G. What is (FATHER's) height?

PROBE: Your best guess is fine.

|__|__| FEET |__|__| INCHES

DON'T KNOW-2

REFUSED-1

J2H. How much does (FATHER) 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?

VHS

YES1

NO2 → GO TO J4

J3A. Who is covered by this program? Is it . . .

CIRCLE ONE

You only,1

Your child(ren) only, or2

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?

YES1

NO2 → GO TO J5

J4A. Who is covered by private insurance? Is it . . .

CIRCLE ONE

- You only,1
- Your child(ren) only, or2
- 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?

VHS

PROBE: Any others?

CIRCLE ALL THAT APPLY

- J4B_1 PURCHASED BY SELF1
- J4B_2 PURCHASED BY OTHER.....2
- J4B_3 THROUGH RESPONDENT'S EMPLOYER3
- J4B_4 THROUGH CHILD'S
FATHER'S EMPLOYER4
- J4B_5 THROUGH PARTNER'S EMPLOYER5
- J4B_6 OTHER (NOT SPECIFIED)6
- THROUGH RELATIVE'S EMPLOYER101

J5. During the past 12 months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?

CIDI
DEP

- YES 1
- NO 2 → GO TO J9
- NO, ON MEDICATION/
ANTI-DEPRESSANTS (VOLUNTEERED)-14 → GO TO J9

J6. For the next two questions, please think of the two-week period during the past 12 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, or3
- 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, or2
- 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?

- YES1
- NO2

GO TO J12

J9. During the past 12 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 → **GO TO J18**
- 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 12 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, or3
- 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 DAY1
- ALMOST EVERY DAY2
- LESS OFTEN3 → **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?

- YES1
- NO2

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
- STAY ABOUT THE SAME.....4 → **GO TO J14**
- IF VOLUNTEERED: WAS ON A DIET5 → **GO TO J14**

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?

YES1

NO2 → GO TO J15

J14A. Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT1

NEARLY EVERY NIGHT2

LESS OFTEN3

J15. During those two weeks, did you have a lot more trouble concentrating than usual?

YES1

NO2

J16. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

YES1

NO2

J17. Did you think a lot about death--either your own, someone else's, or death in general during those two weeks?

YES1
NO2

J18. During the past 12 months, did you have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

CIDI
ANX

YES1 → GO TO J18B
NO2

J18A. People differ a lot in how much they worry about things. Did you ever have a time in the past 12 months when you worried a lot more than most people would in your situation?

YES1
NO2 → GO TO J28

J18B. Is that period still going on?

STILL GOING ON1
ENDED2 → GO TO J18D

J18C. How many months or years has it been going on?

|__|__| WEEKS OR |__|__| MONTHS OR |__|__| YEARS
(J18C1) (J18C2) (J18C3)

ALL MY LIFE, AS LONG
AS I CAN REMEMBER-15

GO TO J19

J18D. How many months or years did it go on before it ended?

|__|__| WEEKS OR |__|__| MONTHS OR |__|__| YEARS
(J18D1) (J18D2) (J18D3)

ALL MY LIFE, AS LONG
AS I CAN REMEMBER-15

J19. **DID WORRY LAST 6 MONTHS OR LONGER?**
(J18C=6 MONTHS OR MORE OR J18D=6 MONTHS OR MORE)

YES1
NO2 → GO TO J28

J20. During that/this period, (was/is) your worry stronger than in other people?

YES1
NO2

J21. (Did/Do) you worry most days?

YES1
NO2

J22. (Did/Do) you worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

ONE THING.....1
MORE THAN ONE THING2

J23. (Did/Do) you find it difficult to stop worrying?

YES1
NO2

J24. (Did/Do) you have different worries on your mind at the same time?

- YES1
- NO2

J25. How often (was/is) your worry so strong that you (couldn't/can't) put it out of your mind no matter how hard you (tried/try)? (Was/Is) this . . .

- Often,.....1
- Sometimes,.....2
- Rarely, or.....3
- Never?.....4

J26. How often (did/do) you find it difficult to control your worry?

- Often,.....1
- Sometimes,.....2
- Rarely, or.....3
- Never?.....4

J27. When you (were/are) worried or anxious, (are/were) you also . . .

| | | CIRCLE YES OR NO FOR EACH | |
|-------|------------------------------------------------------------------------------|--------------------------------------|-----------|
| | | YES | NO |
| J27A. | restless?..... | 1 | 2 |
| J27B. | (Were/Are) you keyed up or on edge? | 1 | 2 |
| J27C. | (Were/Are) you easily tired?..... | 1 | 2 |
| J27D. | (Did/Do) you have difficulty keeping your mind on what you were doing? | 1 | 2 |
| J27E. | (Were/Are) you more irritable than usual? | 1 | 2 |
| J27F. | (Did/Do) you have tense, sore or aching muscles?..... | 1 | 2 |
| J27G. | (Did/Do) you have trouble falling asleep or staying asleep? | 1 | 2 |

J28. 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 12 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.”

NONE0 → GO TO J36
 1-31 → GO TO J36
 4-102
 11-203
 MORE THAN 204

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J28A. In the past 12 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, or 4
- Less than once a month? 5
- DON'T KNOW-2
- REFUSED-1

J29. In the past 12 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?

- YES1
- NO2 → **GO TO J30**
- I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → **GO TO J36**

J29A. How often? Was it . . .

- Once or twice,.....1
- Between 3 and 5 times,2
- 6 to 10 times,3
- 11 to 20 times, or.....4
- More than 20 times in the past 12 months?.....5

J30. During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt—like when you were driving a car or a boat, using knives or guns or machinery, or anything else?

YES1

NO2

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → GO TO J36

J31. During the past 12 months, did you have any emotional or psychological problems from using alcohol, such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES1

NO2

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → GO TO J36

J32. During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

YES1

NO2

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → GO TO J36

J33. During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

YES1

NO2

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → GO TO J36

J34. During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

YES1

NO2 → GO TO J35

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3 → GO TO J36

J34A. How often? Was it . . .

Once or twice,.....1

Between 3 and 5 times,2

6 to 10 times,3

11 to 20 times, or.....4

More than 20 times in the past 12 months?.....5

J35. During the past 12 months, was there ever a time when you had to drink much more than you used to, to get the same effect you wanted?

YES1

NO2

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED)3

J36.

CIDI
DRUGS

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 12 months?

| | | CIRCLE YES OR NO FOR EACH | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----|
| (How about/During the past 12 months, did you use...) | | YES | NO |
| A. | Sedatives, including either barbiturates (bar-BIT-chew-its) or sleeping pills on your own? (e.g., Seconal, Halcion, Methaqualone) | 1 | 2 |
| B. | Tranquilizers or “nerve pills” on your own? (e.g., Librium, Valium, Ativan, Meprobamate, Xanax) | 1 | 2 |
| C. | Amphetamines (am-FET-ah-means) or other stimulants on your own? (e.g., Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed”)..... | 1 | 2 |
| D. | Analgesics (an-uhl-JEEZ-icks) or other prescription painkillers on you own? (NOTE: This does not include normal use of aspirin, Tylenol without codeine, etc. but <u>does</u> include use of Tylenol with codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone)..... | 1 | 2 |
| E. | Inhalants that you sniff or breathe to get high or to feel good? (e.g., Amylnitrate, Freon, Nitrous Oxide (“Whippets”), Gasoline, Spray paint)..... | 1 | 2 |
| F. | Marijuana (mare-ih-WAH-nah) or hashish (HASH-eesh)?..... | 1 | 2 |
| G. | Cocaine (KO-kane) or crack or free base? | 1 | 2 |
| H. | LSD or other hallucinogens (ha-LOOSE-en-oh-jens)? (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)? | 1 | 2 |
| I. | Heroin (HAIR-oh-in)? | 1 | 2 |

J36J. **DID RESPONDENT USE ONE OR MORE DRUGS IN J36A-J36I?**

- YES1
NO2 → **GO TO J43A**

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J36K. In the past 12 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

J37. In the past 12 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?

- YES1
NO2 → **GO TO J38**

J37A. How often? Was it . . .

- Once or twice,.....1
Between 3 and 5 times,2
6 to 10 times,3
11 to 20 times, or.....4
More than 20 times in the past 12 months?.....5

J38. During the past 12 months, were you ever under the influence of (NAME OF DRUG/any of these substances) in a situation where you could get hurt—like when driving a car or boat, using knives or guns or machinery, or anything else?

YES1

NO2

J39. During the past 12 months, did you have any emotional or psychological problems from using (NAME OF DRUG/any of these substances), such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES1

NO2

J40. During the past 12 months, did you have such a strong desire or urge to use (NAME OF DRUG/any of these substances) that you could not keep from using (it/them)?

YES1

NO2

J41. During the past 12 months, did you have a period of a month or more when you spent a great deal of time using (NAME OF DRUG/any of these substances) or getting over (its/their) effects?

YES1

NO2

J42. During the past 12 months, did you ever use much larger amounts of (NAME OF DRUG/any of these substances) than you intended to, or did you use (it/them) for a longer period of time than you intended to?

YES1

NO2 → GO TO J43

J42A. How often? Was it . . .

Once or twice,.....1

Between 3 and 5 times,2

6 to 10 times,3

11 to 20 times, or.....4

More than 20 times in the past 12 months?.....5

J43. During the past 12 months, was there ever a time when you had to use more of (NAME OF DRUG/any of these substances) than you used to, to get the same effect you wanted?

YES1

NO2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J43A. During the past 12 months, did you receive counseling or therapy for personal problems, for example, feelings of depression, worry, alcohol, or drug use problems?

YES1

NO2 → GO TO J44

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J43B. Was this counseling or therapy for . . .

CIRCLE ALL THAT APPLY

- J43B_1 Depression?1
- J43B_2 Anxiety?.....2
- J43B_3 Attention problems?.....3
- J43B_4 Alcohol problems?4
- J43B_5 Drug use problems?5
- J43B_6 Anything else? (NOT SPECIFIED)6
 - MARITAL PROBLEMS.....101
 - OTHER MENTAL ILLNESS.....102
 - OTHER.....103
 - DON'T KNOW-2
 - REFUSED-1

J44. 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.

J44A. I will often say whatever comes into my head without thinking first. Do you strongly agree, agree, disagree, or strongly disagree?

- | | |
|---------|--------------------------|
| DICKMAN | STRONGLY AGREE1 |
| | AGREE2 |
| | DISAGREE3 |
| | STRONGLY DISAGREE4 |

J44B. Often, I don't spend enough time thinking over a situation before I act. Do you . . .

- | | |
|---------|--------------------------|
| DICKMAN | Strongly agree,1 |
| | Agree,2 |
| | Disagree, or3 |
| | Strongly disagree?.....4 |

J44C. I often say and do things without considering the consequences.
Do you...

- | | | |
|----------------|-------------------------|---|
| DICKMAN | Strongly agree, | 1 |
| | Agree, | 2 |
| | Disagree, or | 3 |
| | Strongly disagree?..... | 4 |

J44D. I often get into trouble because I don't think before I act. Do you . . .

- | | | |
|----------------|-------------------------|---|
| DICKMAN | Strongly agree, | 1 |
| | Agree, | 2 |
| | Disagree, or | 3 |
| | Strongly disagree?..... | 4 |

J44E. Many times, the plans I make don't work out because I haven't gone over them
carefully enough in advance. Do you . . .

- | | | |
|----------------|-------------------------|---|
| DICKMAN | Strongly agree, | 1 |
| | Agree, | 2 |
| | Disagree, or | 3 |
| | Strongly disagree?..... | 4 |

J44F. I often make up my mind without taking the time to consider the situation from
all angles. Do you . . .

- | | | |
|----------------|-------------------------|---|
| DICKMAN | Strongly agree, | 1 |
| | Agree, | 2 |
| | Disagree, or | 3 |
| | Strongly disagree?..... | 4 |

J45. 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 J46
- VOLUNTEERED: NO KNOWLEDGE**
ABOUT FATHER-14 → GO TO J58
- DON'T KNOW.....-2 → GO TO J46
- REFUSED.....-1 → GO TO J46

J45A. Did he ever get professional treatment for depression?

- YES..... 1
- NO 2 → GO TO J46
- DON'T KNOW.....-2 → GO TO J46
- REFUSED.....-1 → GO TO J46

J45B. Was he ever hospitalized for depression?

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

J46. Did your biological father have periods of a month or more when he was constantly nervous, edgy, or anxious?

- YES..... 1
- NO 2 → GO TO J55
- DON'T KNOW.....-2 → GO TO J55
- REFUSED.....-1 → GO TO J55

J46A. Did he ever get professional treatment for his nervousness?

YES..... 1
NO 2 → GO TO J47
DON'T KNOW.....-2 → GO TO J47
REFUSED.....-1 → GO TO J47

J46B. Was he ever hospitalized for his nervousness?

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

J47. Did your biological father ever have a problem with drinking?

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

J47A. Did he ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

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

J47B. Did he ever have a problem with illegal drugs?

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

J48. **DID BIOLOGICAL FATHER HAVE PROBLEMS WITH DRINKING OR DRUGS?**

(J55 OR J55A OR J55B = 1)

YES..... 1
NO 2 → **GO TO J49**
ALL REFUSED-2 → **GO TO J49**

J48A. Did he ever get professional treatment for his (drinking/(or)/drug) problem?

YES..... 1
NO 2 → **GO TO J49**
DON'T KNOW.....-2 → **GO TO J49**
REFUSED.....-1 → **GO TO J49**

J48B. Was he ever hospitalized for his (drinking/(or)/drug use)?

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

J49. Did your biological father ever attempt to commit suicide?

YES..... 1

NO 2 → GO TO J50

DON'T KNOW.....-2 → GO TO J50

REFUSED.....-1 → GO TO J50

J49A. Did he die from the attempt?

YES.....1

NO2

J50. 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 J51

VOLUNTEERED: NO KNOWLEDGE
ABOUT MOTHER.....-14 → GO TO SECTION R

DON'T KNOW.....-2 → GO TO J51

REFUSED.....-1 → GO TO J51

J50A. Did she ever get professional treatment for depression?

YES..... 1

NO 2 → GO TO J51

DON'T KNOW.....-2 → GO TO J51

REFUSED.....-1 → GO TO J51

J50B. Was she ever hospitalized for depression?

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

J51. Did your biological mother have periods of a month or more when she was constantly nervous, edgy, or anxious?

YES..... 1
NO 2 → GO TO J52
DON'T KNOW.....-2 → GO TO J52
REFUSED.....-1 → GO TO J52

J51A. Did she ever get professional treatment for her nervousness?

YES..... 1
NO 2 → GO TO J52
DON'T KNOW.....-2 → GO TO J52
REFUSED.....-1 → GO TO J52

J51B. Was she ever hospitalized for her nervousness?

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

J52. Did your biological mother ever have a problem with drinking?

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

J52A. Did she ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

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

J52B. Did she ever have a problem with illegal drugs?

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

J53. **DID BIOLOGICAL MOTHER HAVE PROBLEMS WITH DRINKING OR DRUGS?**
(J60 OR J60A OR J60B = 1)

YES..... 1
NO 2 → GO TO J62
ALL REFUSED-1 → GO TO J62

J53A. Did she ever get professional treatment for her (drinking/(or)/drug) problem?

YES..... 1
NO 2 → GO TO J62
DON'T KNOW.....-2 → GO TO J62
REFUSED.....-1 → GO TO J62

J53B. Was she ever hospitalized for her (drinking/(or)/drug use)?

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

J54. Did your biological mother ever attempt to commit suicide?

- YES..... 1
- NO 2 → GO TO SECTION R
- DON'T KNOW.....-2 → GO TO SECTION R
- REFUSED.....-1 → GO TO SECTION R

J54A. Did she die from the attempt?

- YES.....1
- NO2

SECTION R: RELIGION

R0A. Of the following three approaches, please tell me which one best describes the way you are in (romantic relationships/your marriage). Do you try to . . .

Focus on fulfilling your needs and desires,1

Do you put the needs and desires of your partner ahead of your own, or2

Do you try to balance your needs and desires with your partner's?3

R0B. How likely would you be to attend a program on romantic relationships or marriage if it were offered by a church or other religious institution? Would you be . . .

Very likely,1

Somewhat likely, or2

Not at all likely?3

R1. Now I'd like to ask you about your religious beliefs and practices.

First, which of the following best describes your religion? Would you say you are . . .

- Catholic,..... 1 → **GO TO R5**
- Protestant, 2 → **GO TO R2**
- Jewish,..... 3 → **GO TO R7**
- Muslim, or 4 → **GO TO R8**
- Something else? (NOT SPECIFIED) 5 → **GO TO R3**
- BUDDHIST 101
- HINDU 102
- PAGAN/WICCA..... 103
- OTHER CHRISTIAN 104
- Or do you have no religious preference? 6 → **GO TO R3**
- DON'T KNOW.....-2 → **GO TO R3**
- REFUSED.....-1 → **GO TO R3**

R2. What is your religious denomination?

- BLACK PROTESTANT101
- EVANGELICAL PROTESTANT102
- MAIN LINE PROTESTANT103
- OTHER (NOT SPECIFIED).....104

R3. About how often do you read the bible? Would you say . . .

- 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, or6
- Never?7

For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

R4. The Bible is the inspired word of God, and should be read literally, word for word. Do you . . .

- Strongly agree,.....1
- Somewhat agree,2
- Somewhat disagree, or3
- Strongly disagree?4

GO TO R9

R5. About how often do you read the bible? Would you say . . .

- 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, or6
- Never?7

For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

R6. The Eucharist is the real body and blood of Jesus Christ. Do you . . .

- Strongly agree,1
- Somewhat agree,2
- Somewhat disagree, or3
- Strongly disagree?4

GO TO R9

R7. For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

Keeping Kosher is an important part of being Jewish for you. Do you . . .

- Strongly agree,1
- Somewhat agree,2
- Somewhat disagree, or3
- Strongly disagree?4

GO TO R9

R8. For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

The Koran is the inspired word of God, and should be read literally, word for word. Do you . . .

Strongly agree,.....1

Somewhat agree,2

Somewhat disagree, or3

Strongly disagree?4

R9. My religious faith is an important guide for the way I treat my family in daily life. Do you . . .

Strongly agree,.....1

Somewhat agree,2

Somewhat disagree, or3

Strongly disagree?4

R10. 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, or6

Never?7

R11. Since (CHILD's) birth, have you had any religious experiences that transformed your life?

YES.....1

NO.....2

SECTION K: EDUCATION AND EMPLOYMENT

K1. Now I'd like to ask you a few questions about your education and employment.

**EHS
IHDP**

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.

YES1

NO2 → **GO TO K3**

K2. What kind of school or program are you attending?

CIRCLE ALL THAT APPLY

- | | | | |
|-------|----------------------------------------------------------------------------------|----|------------------|
| 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 | GED..... 1 |
| K2_4 | NURSING SCHOOL (LPN OR RN) | 4 | ABE 2 |
| K2_5 | BUSINESS OR SECRETARIAL SCHOOL | 5 | (K2_2A) |
| K2_6 | PROGRAM TO IMPROVE READING | 6 | (18 CITIES ONLY) |
| 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)?

- YES1
- NO2 ➔ GO TO K3B

K3A. What program or schooling have you completed?

CIRCLE ALL THAT APPLY

- K3A_1** REGULAR HIGH SCHOOL.....1 → GRADE COMPLETED: |_|_|
(K3A_1A)
- K3A_2** GENERAL EQUIVALENCY DEGREE (GED) OR
 ADULT BASIC EDUCATION (ABE) PROGRAM.....2 → Which one?
- K3A_3** ESL PROGRAM3 GED..... 1
- K3A_4** NURSING SCHOOL (LPN OR RN)4 ABE 2
- K3A_5** BUSINESS OR SECRETARIAL
 SCHOOL5 **(K3A_2A)**
- K3A_6** PROGRAM TO IMPROVE READING6 **(18 CITIES ONLY)**
- K3A_7** VOCATIONAL, TECHNICAL, OR
 TRADE SCHOOL7
- 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 TRAINING101
- CONTINUING EDUCATION.....102
- NURSING/HEALTH CARE AIDE.....103
- CHILD CARE/SPECIAL EDUCATION104
- K3A_13** PROGRAM TO LEARN JOB SKILLS13
- K3A_14** PROGRAM TO HELP GET A JOB14
- K3A_15** SOME COLLEGE.....15
- K3A_16** GRADUATE/PROFESSIONAL SCHOOL16

K3B. Since (DATE OF LAST INTERVIEW), have you taken any classes to improve your job skills, such as computer training or literacy classes?

YES1
NO2

K3C. Since (DATE OF LAST INTERVIEW), have you received any kind of employment counseling?

YES1
NO2

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.

EHS-NF

NOTE: IF RESPONDENT WAS ON VACATION IN LAST WEEK, ASK FOR THE WEEK BEFORE VACATION.

YES1 → GO TO K10
NO2

K5. Are you currently looking for a regular job?

YES1
NO2 → 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, or4
- More than a year?5

GO TO K8

K7. Why aren't you looking for a regular job?

- OWN BUSINESS.....1 → **GO TO K9**
- ALREADY HAVE A JOB (ON VACATION, ILL OR ON TEMPORARY LAYOFF)2 → **GO TO K9**
- IN SCHOOL OR TRAINING PROGRAM.....3 → **GO TO K9**
- DISABLED.....4
- DON'T WANT/NEED TO WORK5
- PERSONAL/FAMILY REASONS.....6
- BELIEVE NO WORK AVAILABLE7
- IN JAIL/PRISON8
- STAY AT HOME PARENT/HOMEMAKER9
- OTHER (NOT SPECIFIED) 10
 - TRANSPORTATION ISSUES 101
 - PLAN TO GO TO SCHOOL..... 102
 - PREGNANT/JUST HAD BABY
 - (WORKING STATUS UNKNOWN)..... 103

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.....-1

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 SHE
USUALLY WORKS/WORKED THE MOST HOURS.**

|__|__|__| HOURS PER WEEK

K11. (Do/Did) you work for yourself or for someone else in this job?

SELF1

SOMEONE ELSE2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K14A. (At your primary job,) (Do/Did) you regularly work . . .

| | CIRCLE YES OR NO FOR EACH | |
|-------------------------------------|------------------------------|-----------|
| | <u>YES</u> | <u>NO</u> |
| 1. Weekdays? | 1 | 2 |
| 2. Evenings (6 pm-11 pm)? | 1 | 2 |
| 3. Nights (11 pm-7 am)?..... | 1 | 2 |
| 4. Weekends? | 1 | 2 |
| 5. Different times each week? | 1 | 2 |

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K14B. In addition to your regular working shift, (do/did) you sometimes also work . . .

INTERVIEWER: READ ONLY CATEGORIES CODED NO IN K14.

| | CIRCLE YES OR NO FOR EACH | |
|--------------------|------------------------------|-----------|
| | <u>YES</u> | <u>NO</u> |
| 1. Weekdays? | 1 | 2 |
| 2. Evenings? | 1 | 2 |
| 3. Nights? | 1 | 2 |
| 4. Weekends? | 1 | 2 |

K15. **HAS MOTHER WORKED SINCE CHILD WAS BORN?**

(K4=1 OR DATE IN K9 IS MORE RECENT THAN DATE OF CHILD'S BIRTH ON CONTACT SHEET)

YES1

NO2 → GO TO K22

K16. Please tell me how true the following statements are.

EMLN

(READ ITEM). (Is/Was) this always true, often true, sometimes true, or never true for you?

| | ALWAYS | OFTEN | SOME-TIMES | NEVER |
|------------------------------------------------------------------------------------------------------------|--------|-------|------------|-------|
| A. My shift and work schedule (cause/caused) extra stress for me and my child..... | 1 | 2 | 3 | 4 |
| B. Where I (work/worked), it (is/was) difficult to deal with child care problems during working hours..... | 1 | 2 | 3 | 4 |
| C. In my work schedule I (have/had) enough flexibility to handle family needs..... | 1 | 2 | 3 | 4 |

K17. Some people work more than one regular job. Was there ever a time in the last 12 months that you worked more than one regular job at the same time?

YES1

NO2 → 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 last 12 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 12 months. Is that correct? **CORRECT ANSWER IF APPROPRIATE.**

\$ |_|_|_|, |_|_|_| → GO TO K21

NOTHING/DID NOT WORK

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 last 12 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 last 3 years, how many regular jobs have you had that lasted 2 weeks or more?

|__|__| JOBS → **GO TO K24**

DON'T KNOW-2

K23. All I need is a range. Would you say it was . . .

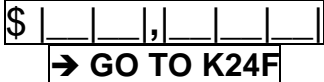
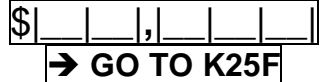


- 1 to 2 jobs, 1
- 3 to 5 jobs, 2
- 5 to 10 jobs, 3
- 10 to 20 jobs, or 4
- More than 20 jobs? 5
- DON'T KNOW-2
- REFUSED-1

K24. 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 12 months.

RECORD "YES" OR "NO" IN ROW A, THEN ASK B TO F FOR EACH ACTIVITY CODED "YES"

| | <p align="center">K24</p> <p>Work off the books or under the table? Please do not include work you already told me about.</p> <p>PROBE: Include under the table work in someone else's business, or work like housecleaning, household repairs, child care, or providing transportation or some other personal service.</p> | <p align="center">K25</p> <p>Work in your own business? Please do not include work you already told me about.</p> <p>PROBE: This could include things such as doing other people's hair, either in your home or theirs.</p> | <p align="center">K26</p> <p>Sell or deliver drugs, engage in prostitution, or do other kinds of hustles? Do not include work you already told me about.</p> | <p align="center">K27</p> <p>Do anything else to earn money?</p> |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <p>A. DID ACTIVITY?</p> | <p>YES 1</p> <p>↓</p> <p>What kind of work?</p> <p>SPECIFY: _____</p> <p>NO (ASK K25) 2</p> | <p>YES 1</p> <p>↓</p> <p>What type of business?</p> <p>SPECIFY: _____</p> <p>NO (ASK K26) 2</p> | <p>YES 1</p> <p>NO (ASK K27) 2</p> | <p>YES 1</p> <p>SPECIFY: _____</p> <p>NO 2</p> |
| | <p>IF K24A=YES, ASK K24B. IF NO, GO TO K25A</p> | <p>IF K25A=YES, ASK K25B. IF NO, GO TO K26A</p> | <p>IF K26A=YES, ASK K26B. IF NO, GO TO K27A</p> | <p>IF K27A=YES, ASK K27B. IF NO, GO TO SECTION L</p> |
| <p>B. In the last 12 months, about how many weeks did you (ACTIVITY) . . .</p> | <p align="center"> _ _ WEEKS</p> | <p align="center"> _ _ WEEKS</p> | <p align="center"> _ _ WEEKS</p> | <p align="center"> _ _ WEEKS</p> |
| <p>C. And, during those (NUMBER FROM B) weeks, about how many hours per week did you (ACTIVITY) . . .</p> | <p align="center"> _ _ _ HOURS PER WEEK</p> | <p align="center"> _ _ _ HOURS PER WEEK</p> | <p align="center"> _ _ _ HOURS PER WEEK</p> | <p align="center"> _ _ _ HOURS PER WEEK</p> |
| <p>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?</p> | <p>CASH RECEIVED 1 - ASK K24E</p> <p>OTHER 2 - ASK K24F</p> <p>BOTH CASH 3 - ASK K24E & K24F</p> | <p>CASH RECEIVED 1 - ASK K25E</p> <p>OTHER 2 - ASK K25F</p> <p>BOTH CASH 3 - ASK K25E & K25F</p> | <p>CASH RECEIVED 1 - ASK K26E</p> <p>OTHER 2 - ASK K26F</p> <p>BOTH CASH 3 - ASK K26E & K26F</p> | <p>CASH RECEIVED 1 - ASK K27E</p> <p>OTHER 2 - ASK K27F</p> <p>BOTH CASH 3 - ASK K27E & K27F</p> |

| E. MONEY: How much did you receive in the last 12 months for this activity? | K24  → GO TO K24F | K25  → GO TO K25F | K26  → GO TO K26F | K27  → GO TO K27F |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| E(1). I just need to know a range. Please tell me if it was . . . Under \$500, 1 \$501 to \$1,000, 2 \$1,001 to \$3,000, 3 \$3,001 to \$5,000, 4 \$5,001 to \$10,000, 5 \$10,001 to \$15,000, 6 \$15,001 to \$20,000, 7 \$20,001 to \$25,000, 8 \$25,001 to \$30,000, 9 \$30,001 to \$40,000, or... 10 More than \$40,000..... 11 DON'T KNOW -2 REFUSED -1 | | | | |
| F. WAS OTHER TYPE OF PAYMENT RECEIVED? (K24D = 2 OR 3) YES 1 NO 2 → GO TO K25A | | | | |
| F_1-F_5. What (else) did you get in exchange for this? (K24F_1) MEALS 1 (K24F_2) CLOTHING 2 (K24F_3) PLACE TO LIVE ... 3 (K24F_4) OTHER (SPEC) 4 (K24F_5) CHILD CARE 5 GO TO K25A | CIRCLE ALL THAT APPLY (K25F_1) MEALS 1 (K25F_2) CLOTHING 2 (K25F_3) PLACE TO LIVE ... 3 (K25F_4) OTHER (SPEC) 4 (K25F_5) CHILD CARE 5 GO TO K26A | CIRCLE ALL THAT APPLY (K26F_1) MEALS 1 (K26F_2) CLOTHING 2 (K26F_3) PLACE TO LIVE ... 3 (K26F_4) OTHER (SPEC) ... 4 (K26F_5) CHILD CARE 5 GO TO K27A | CIRCLE ALL THAT APPLY (K27F_1) MEALS 1 (K27F_2) CLOTHING 2 (K27F_3) PLACE TO LIVE .. 3 (K27F_4) OTHER (SPEC) ... 4 (K27F_5) CHILD CARE 5 GO TO SECTION L | |

SECTION L: INCOME

- L1. In the past 12 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 12 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 12 months, have you given or loaned any money to friends or relatives?

YES1

NO2 → GO TO L3

L2A. All together, during the past 12 months, how much money did you give or loan to friends or relatives?

\$ |__|__|,|__|__|__|

DON'T KNOW-2

REFUSED-1

L3. **IS MOTHER LIVING WITH FATHER OR LIVING WITH A CURRENT PARTNER?**
(A4A=1 OR 2 OR E2D=1)

YES1

NO2 → GO TO L7

L4. Do you or your (husband/partner) have a bank account?

YES1

NO2 → GO TO L5

MULTIPLE ACCOUNTS3

L4A. (Is the account/Are the accounts) in your name, (his/her) name, or both?

CIRCLE ONE

MOTHER'S NAME 1

HUSBAND/PARTNER'S NAME 2

BOTH NAMES (JOINT ACCOUNT) 3

BOTH JOINT AND SEPARATE
ACCOUNTS 4

SEPARATE ACCOUNTS 5

L5. Do you or your (husband/partner) have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

YES1

NO2 → GO TO L5B

L5A. Is the card in your name, (his/her) name, or both?

CIRCLE ONE

MOTHER'S NAME 1

HUSBAND/PARTNER'S NAME 2

BOTH NAMES (JOINT CARD)..... 3

BOTH JOINT AND SEPARATE
CARDS..... 4

SEPARATE CARDS..... 5

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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?

CIRCLE ONE

- MOTHER USUALLY PAYS THE BILLS 1
- MOTHER AND HUSBAND OR PARTNER
PAY BILLS TOGETHER OR TAKE
TURNS/ALTERNATE MONTHS..... 2
- MOTHER AND HUSBAND OR PARTNER
HAVE SPECIFIC BILLS EACH IS
RESPONSIBLE FOR PAYING EACH
MONTH 3
- OTHER (E.G., SOMEONE ELSE IN
THE HOUSEHOLD IS RESPONSIBLE
FOR PAYING THE BILLS) 4
 - FATHER OR PARTNER PAYS 101
 - OTHER FAMILY MEMBER PAYS..... 102
- DON'T KNOW -2
- REFUSED -1

(18 CITIES ONLY – 2 CITIES NOT ASKED)

L5D. Who would you say controls the money in this household?

CIRCLE ONE

- RESPONDENT 1
- HUSBAND/PARTNER 2
- BOTH EQUALLY 3
- OTHER (NOT SPECIFIED)..... 4
- EVERYONE CONTROLS THEIR OWN..... 101
- OTHER FAMILY MEMBER(S) 102
- NO ONE CONTROLS..... 103
- DON'T KNOW -2
- REFUSED..... -1

L6. Do you or your (husband/partner) own a car, truck or van?

- YES 1
- NO 2 → GO TO L10
- LEASE.....-10

L6A. Can you rely on the (car/truck/van) to get you to school or work, or other places?

INTERVIEWER: IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS THE BEST.

- YES1
- NO2

L6B. How much do you owe on your (car/truck/van)?

\$ |__|__|,|__|__|__|

- NOTHING 0
- DON'T KNOW -2
- REFUSED -1
- LEASE -10 → **GO TO L10**

L6C. About how much could you get if you sold your (car/truck/van) now?

\$ |__|__|,|__|__|__|

- NOTHING 0
- DON'T KNOW -2

GO TO L10

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 → **GO TO L10**
- LEASE -10

L9A. Can you rely on the (car/truck/van) to get you to school, work or other places?

INTERVIEWER: IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS THE BEST.

YES1

NO2

L9B. How much do you owe on your (car/truck/van)?

\$ |__|__|,|__|__|__|

NOTHING 0

DON'T KNOW-2

REFUSED-1

LEASE -10 → **GO TO L10**

L9C. About how much could you get if you sold your (car/truck/van) now?

\$ |__|__|,|__|__|__|

NOTHING 0

DON'T KNOW-2