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

Nine-Year Follow-Up Primary Caregiver Interview

Public Use Version

February 2012

Surveys were conducted by Westat, Inc. under contract with the Center for Research on Child Wellbeing at Princeton University and the Columbia Population Research Center at Columbia University.
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</tbody>
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INTRODUCTION TO NPCG/PRIMARY CAREGIVER

INTRODUCTION:

In this interview, I will ask questions about your child, such as {his/her} weekly activities, health, and school experiences, and some questions about you and your household. The interview should take about an hour. All {mothers/fathers/caregivers} participating in the study are asked the very same questions. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. Although it is important for us to get answers to all the questions we ask, if you do not want to answer a particular question, just tell me. Please remember that all your answers are confidential.

BOX AA1

IF PCG = BIO MOM OR BIO DAD (FROM SCREENER/PCG IDENTIFIER) GO TO SECTION H (PRIMARY CAREGIVER INTERVIEW).

ELSE, IF PCG = NON-PARENT (FROM SCREENER/PCG IDENTIFIER), GO TO A1INTRO (NON-PARENTAL CAREGIVER INTERVIEW, FOLLOWED BY PRIMARY CAREGIVER INTERVIEW).
SECTION A: INTRODUCTION TO NON-PARENTAL CAREGIVER SURVEY

I would like to start with some questions about how you and {CHILD} are related and how {CHILD} came to be living with you. We also would like to know a little more about you.

A1. First, how are you related to {CHILD}?

PROBE: Are you related on {MOTHER}’s side of the family or {FATHER}’s side of the family?

IF CARETAKER IS BOTH A RELATIVE AND A FOSTER PARENT, CODE AS A RELATIVE.

IF CARETAKER IS BOTH A FRIEND OF THE FAMILY AND A FOSTER PARENT, CODE AS A FRIEND.

MATERNAL GRANDPARENT ...................... 1 → GO TO A2
PATERNAL GRANDPARENT .................... 2 → GO TO A2
MATERNAL AUNT/UNCLE ..................... 3 → GO TO A2
PATERNAL AUNT/UNCLE ...................... 4 → GO TO A2
MATERNAL NIECE/NEPHEW ................. 5 → GO TO A2
PATERNAL NIECE/NEPHEW ................. 6 → GO TO A2
MATERNAL COUSIN OR OTHER MATERNAL RELATIVE OF CHILD ......................... 7 → GO TO A2
PATERNAL COUSIN OR OTHER PATERNAL RELATIVE OF CHILD ......................... 8 → GO TO A2
COUSIN OR OTHER RELATIVE, DON’T KNOW WHETHER MATERNAL OR PATERNAL ...... 9 → GO TO A2
STEP-PARENT .................................. 10 → GO TO A2
FOSTER PARENT ................................ 11 → GO TO A2
SIBLING ........................................ 12 → GO TO A2
FRIEND OF CHILD’S MOTHER .............. 13 → GO TO A2
FRIEND OF CHILD’S FATHER ............... 14 → GO TO A2
FRIEND OF CHILD’S MOTHER AND FATHER ...................................................... 15 → GO TO A2
FRIEND, DON’T KNOW WHETHER OF MOTHER OR FATHER ............................. 16 → GO TO A2
OTHER (SPECIFY) .............................. 91

REFUSED ........................................ -1 → GO TO A2
DON’T KNOW ................................... -2 → GO TO A2
A2. Now, I'd like to ask you some questions about {CHILD}.

When did {CHILD} start living with you on a regular basis?

- GAVE DATE ..................................................... 1
- REFUSED ................................................................-1 \(\Rightarrow\) GO TO A3
- DON'T KNOW .....................................................-2 \(\Rightarrow\) GO TO A3

A2A. [Now, I’d like to ask you some questions about {CHILD}. When did {CHILD} start living with you on a regular basis?]

PROBE: Do you know the month?

- JANUARY .................................................................... 1
- FEBRUARY .................................................................... 2
- MARCH .......................................................................... 3
- APRIL .............................................................................. 4
- MAY ............................................................................... 5
- JUNE ................................................................................. 6
- JULY ................................................................................... 7
- AUGUST .......................................................................... 8
- SEPTEMBER .................................................................... 9
- OCTOBER ......................................................................... 10
- NOVEMBER ...................................................................... 11
- DECEMBER ..................................................................... 12
- REFUSED ..........................................................................-1 \(\Rightarrow\) GO TO A3
- DON'T KNOW .................................................................-2

A2B. [Now, I’d like to ask you some questions about {CHILD}. When did {CHILD} start living with you on a regular basis?]

PROBE: Do you know the year?

```
|   |   |   |   |
ENTER YEAR
OR
REFUSED .....................................................-1
DON'T KNOW ..................................................-2
```

A3. Are any of {CHILD}'s biological brothers or sisters living with you now?

CODE HALF BROTHERS OR SISTERS AS BIOLOGICAL.

- YES ........................................................................... 1
- NO .......................................................................... 2 \(\Rightarrow\) GO TO A5
- REFUSED ......................................................................-1 \(\Rightarrow\) GO TO A5
- DON'T KNOW .............................................................-2 \(\Rightarrow\) GO TO A5
A4. How many of these brothers and/or sisters are living with you now?

|___|___|
Enter number of children

OR

Refused ................................ -1

Don’t know ................................ -2

A5. Does {child} live here full-time, or does {child} split {his/her} time between you and someone else?

Probe: By split {his/her} time, we mean that {child} spends nights at someone else’s house on a regular basis.

Full-time .................................. 1 \(\rightarrow\) Go to A7

Splits time .................................. 2

Refused ..................................-1 \(\rightarrow\) Go to A7

Don’t know ..................................-2 \(\rightarrow\) Go to A7

A6. Who else does {child} stay with?

Probe: Anyone else?

...Code all that apply

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>n5a6_1</td>
<td>Mother .................................. 1</td>
</tr>
<tr>
<td>n5a6_2</td>
<td>Both mother and father .......... 2</td>
</tr>
<tr>
<td>n5a6_3</td>
<td>Father .................................. 3</td>
</tr>
<tr>
<td>n5a6_4</td>
<td>Grandparent ............................ 4</td>
</tr>
<tr>
<td>n5a6_5</td>
<td>Aunt/uncle ............................ 5</td>
</tr>
<tr>
<td>n5a6_6</td>
<td>Other relative ..................... 6</td>
</tr>
<tr>
<td>n5a6_7</td>
<td>Friend .................................. 7</td>
</tr>
<tr>
<td>n5a6_8</td>
<td>Foster parent .......................... 8</td>
</tr>
<tr>
<td>n5a6_91</td>
<td>Other (specify) ..................... 91</td>
</tr>
</tbody>
</table>

Refused ..................................-1

Don’t know ..................................-2
A6B. In a typical week, about how many nights a week does {CHILD} stay with you?

PROBE: If you do not have {CHILD} with you every week, answer for a typical week that {he/she} is with you.

|___|___|
ENTER NUMBER OF NIGHTS
OR
REFUSED .................................. -1
DON'T KNOW .............................. -2

A7. Who did {CHILD} mainly live with before {he/she} came here?

MOTHER ONLY .................................. 1 ➔ GO TO A8
BOTH MOTHER AND FATHER ............... 2 ➔ GO TO A8
FATHER ONLY .................................. 3 ➔ GO TO A8
GRANDPARENT(S) .............................. 4 ➔ GO TO A8
AUNT/UNCLE .................................. 5 ➔ GO TO A8
OTHER RELATIVE .............................. 6 ➔ GO TO A8
FRIEND ........................................ 7 ➔ GO TO A8
FOSTER PARENT ................................ 8 ➔ GO TO A8
CHILD HAS ALWAYS LIVED WITH
NON-PARENTAL CAREGIVER .............. 101 ➔ GO TO A8
OTHER (SPECIFY) ............................ 91 ➔ GO TO A8
REFUSED ..................................... -1 ➔ GO TO A8
DON'T KNOW .................................. -2 ➔ GO TO A8

A8. When did {CHILD} last live full-time with {his/her} biological mother?

GAVE DATE ...................................... 1
CHILD NEVER LIVED WITH BIO MOTHER 2 ➔ GO TO A9
REFUSED ..................................... -1 ➔ GO TO A9
DON'T KNOW .................................. -2 ➔ GO TO A9
A8A. [When did {CHILD} last live full-time with {his/her} biological mother?]

PROBE: Do you know the month?

|____|____|
Enter Month
OR
REFUSED ........................................ -1 ➔ GO TO A9
DON'T KNOW ..................................... -2

A8B. [When did {CHILD} last live full-time with {his/her} biological mother?]

PROBE: Do you know the year?

|____|____|____|____|
Enter Year
OR
REFUSED ........................................ -1
DON'T KNOW ..................................... -2

**BOX A8C**

IF THE BIO MOTHER IS DECEASED (ACCORDING TO THE PRELOAD), GO TO BOX A9A.

ELSE, GO TO A9.
A9.  IF RESPONDENT HAS ALREADY VOLUNTEERED THAT MOTHER IS DECEASED, CODE “1” AND DO NOT ASK QUESTION.

Why doesn’t {CHILD} live with {his/her} biological mother {now}?

CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>n5a9_1</td>
<td>MOTHER DECEASED (OFFER CONDOLENCES)</td>
<td>1</td>
</tr>
<tr>
<td>n5a9_2</td>
<td>MOTHER IN JAIL</td>
<td>2</td>
</tr>
<tr>
<td>n5a9_3</td>
<td>MOTHER WAS NOT A GOOD MOTHER/ WAS ABUSIVE/MISTREATED CHILD</td>
<td>3</td>
</tr>
<tr>
<td>n5a9_4</td>
<td>CHILD REMOVED BY CHILD PROTECTIVE SERVICES</td>
<td>4</td>
</tr>
<tr>
<td>n5a9_5</td>
<td>MOTHER IS SICK</td>
<td>5</td>
</tr>
<tr>
<td>n5a9_6</td>
<td>MOTHER TOO BUSY/WORK SCHEDULE TOO DEMANDING</td>
<td>6</td>
</tr>
<tr>
<td>n5a9_7</td>
<td>MOTHER HAS PROBLEMS WITH HUSBAND/BOYFRIEND</td>
<td>7</td>
</tr>
<tr>
<td>n5a9_8</td>
<td>MOTHER HAS FINANCIAL PROBLEMS/ CAN’T AFFORD TO KEEP CHILD</td>
<td>8</td>
</tr>
<tr>
<td>n5a9_9</td>
<td>MOTHER HAS DRUG/ALCOHOL PROBLEMS</td>
<td>9</td>
</tr>
<tr>
<td>n5a9_10</td>
<td>MOTHER DOESN’T WANT TO CARE FOR CHILD/GAVE CHILD UP</td>
<td>10</td>
</tr>
<tr>
<td>n5a9_11</td>
<td>MOTHER THINKS CURRENT CARETAKER CAN DO A BETTER JOB</td>
<td>11</td>
</tr>
<tr>
<td>n5a9_12</td>
<td>MOTHER’S NEIGHBORHOOD NOT GOOD FOR RAISING CHILDREN</td>
<td>12</td>
</tr>
<tr>
<td>n5a9_91</td>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>
BOX A9A

IF ANY ANSWER IN A9 = 1 OR 2, GO TO A11.
ELSE, IF THE FATHER IS DECEASED OR UNKNOWN (ACCORDING PRELOAD), GO TO A12.
ELSE, IF THE MOTHER IS DECEASED OR IN JAIL (A9 = 1 OR 2) OR MOTHER IS DECEASED ACCORDING TO THE PRELOAD), GO TO TIES ONLY)
ELSE, GO TO A10.

A10. CODE WITHOUT ASKING IF RESPONDENT HAS ALREADY VOLUNTEERED THAT FATHER IS DECEASED, UNKNOWN, OR IN JAIL.

Do you know if {CHILD}’s mother and biological father live together now?

YES, THEY LIVE TOGETHER....................... 1 → GO TO A12
NO, THEY DO NOT LIVE TOGETHER......... 2
FATHER UNKNOWN.............................. 3→ GO TO A12
FATHER DECEASED (OFFER CONDOLENCES).............................. 4→ GO TO A12
FATHER IN JAIL.................................... 5→ GO TO A12
REFUSED...........................................-1
DON’T KNOW......................................-2
A11. CODE WITHOUT ASKING IF RESPONDENT HAS PREVIOUSLY VOLUNTEERED THAT THE FATHER IS DECEASED, UNKNOWN, OR IN JAIL.

Do you know why {CHILD} doesn’t live with {his/her} biological father now?

CODE ALL THAT APPLY

n5a11_1 FATHER UNKNOWN ................................................................. 1
n5a11_2 FATHER DECEASED (OFFER CONDOLENCES) .................. 2
n5a11_3 FATHER IN JAIL ..................................................................... 3
n5a11_4 FATHER WAS NOT A GOOD FATHER/
WAS ABUSIVE/MISTREATED CHILD ........................................ 4
n5a11_5 CHILD REMOVED BY CHILD PROTECTIVE SERVICES .... 5
n5a11_6 FATHER IS SICK ................................................................... 6
n5a11_7 FATHER TOO BUSY/WORK SCHEDULE
TOO DEMANDING ..................................................................... 7
n5a11_8 FATHER HAS PROBLEMS WITH WIFE/GIRLFRIEND .... 8
n5a11_9 FATHER HAS FINANCIAL PROBLEMS/
CAN’T AFFORD TO KEEP CHILD ........................................... 9
n5a11_10 FATHER HAS DRUG/ALCOHOL PROBLEMS ............. 10
n5a11_11 FATHER DOESN’T WANT TO CARE FOR CHILD ......... 11
n5a11_12 FATHER THINKS CURRENT
CARETAKER CAN DO A BETTER JOB ..................................... 12
n5a11_13 FATHER’S NEIGHBORHOOD NOT
GOOD FOR RAISING CHILDREN ........................................... 13
n5a11_101 FATHER WAS NEVER PART OF CHILD’S LIFE ......... 101
n5a11_102 FATHER LIVES WITH CHILD, BUT IS NOT PCG .......... 102
n5a11_103 FATHER HAS NO HOME FOR CHILD ....................... 103
n5a11_91 OTHER (SPECIFY) ............................................................. 91

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

A12. Do you think that {CHILD} will live with you until {he/she} grows up?

YES ................................................................. 1 \rightarrow GO TO A15
NO ................................................................. 2
REFUSED ............................................................. -1 \rightarrow GO TO A15
DON’T KNOW .................................................. -2
A13. How much longer do you think {CHILD} will stay with you?

PROBE: Your best estimate is fine.

CODE ONE OF THREE WAYS: MONTHS, YEARS, OR AGE CHILD WILL BE.

GAVE NUMBER OF MONTHS .................... 1 \(\rightarrow\) GO TO A13A
GAVE NUMBER OF YEARS ....................... 2 \(\rightarrow\) GO TO A13B
GAVE CHILD’S AGE/AGE CHILD WILL BE. 3 \(\rightarrow\) GO TO A13C
REFUSED ...........................................-1 \(\rightarrow\) GO TO A14
DON’T KNOW .......................................-2 \(\rightarrow\) GO TO A14

A13A. [How much longer do you think {CHILD} will stay with you?]

IF MORE THAN 24 MONTHS, BACK UP TO ENTER YEARS.

IF CHILD WILL BE LEAVING IN LESS THAN ONE MONTH, ENTER ZERO.

|___|___|
ENTER NUMBER OF MONTHS
OR
REFUSED ...........................................-1
DON’T KNOW .......................................-2

BOX A13A1
GO TO A14.

A13B. [How much longer do you think {CHILD} will stay with you?]

|___|___|
ENTER NUMBER OF YEARS
OR
REFUSED ...........................................-1
DON’T KNOW .......................................-2

BOX A13B1
GO TO A14.
A13C. [How much longer do you think {CHILD} will stay with you?]

[ ] [ ]
ENTER AGE CHILD WILL BE
OR
REFUSED ........................................ -1
DON'T KNOW ................................. -2

A14. Who do you think {CHILD} will live with after you?

MOTHER ........................................... 1 ➔ GO TO A15
FATHER ............................................ 2 ➔ GO TO A15
MOTHER AND FATHER ...................... 3 ➔ GO TO A15
OTHER RELATIVE OF CHILD ............ 4 ➔ GO TO A15
FRIEND ......................................... 5 ➔ GO TO A15
FOSTER PARENT/FAMILY .................. 6 ➔ GO TO A15
ADOPTIVE PARENT/FAMILY ............... 7 ➔ GO TO A15
OTHER (SPECIFY) ............................ 91
................................................................
REFUSED ....................................... -1 ➔ GO TO A15
DON'T KNOW ................................. -2 ➔ GO TO A15

A15. Do you receive any payment for taking care of {CHILD}? Please include any foster care payments, {or} any payments from TANF or welfare (as well as financial help from {CHILD’S}’s mother or father).

YES .................................................. 1
NO ..................................................... 2 ➔ GO TO SECTION B
REFUSED ......................................... -1 ➔ GO TO SECTION B
DON'T KNOW ................................. -2 ➔ GO TO SECTION B
A16. Where do you receive payments from?

**CODE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>n5a16_1</td>
<td>CHILD'S MOTHER</td>
<td>1</td>
</tr>
<tr>
<td>n5a16_2</td>
<td>CHILD'S FATHER</td>
<td>2</td>
</tr>
<tr>
<td>n5a16_3</td>
<td>FOSTER CARE PAYMENT</td>
<td>3</td>
</tr>
<tr>
<td>n5a16_4</td>
<td>TANF / WELFARE</td>
<td>4</td>
</tr>
<tr>
<td>n5a16_101</td>
<td>SOCIAL SECURITY FOR CHILD</td>
<td>101</td>
</tr>
<tr>
<td>n5a16_102</td>
<td>UNSPECIFIED GOVERNMENT SOURCE</td>
<td>102</td>
</tr>
<tr>
<td>n5a16_91</td>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

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

A16A. {Is this payment/are these payments} for the care of {CHILD} only, or for {CHILD} and other children in your household?

- CHILD ONLY ........................................... 1 \(\rightarrow\) GO TO A17
- CHILD AND OTHER CHILDREN ...................... 2
- REFUSED..............................................-1\(\rightarrow\) GO TO A17
- DON'T KNOW...........................................-2

A16B. For how many children do you receive payments, including {CHILD}?

<table>
<thead>
<tr>
<th>Enter number of children or REFUSED or DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER OF CHILDREN</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>REFUSED........................................... -1</td>
</tr>
<tr>
<td>DON'T KNOW........................................... -2</td>
</tr>
</tbody>
</table>

A17. How much did you receive altogether last month?

<table>
<thead>
<tr>
<th>Enter amount or REFUSED or DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER AMOUNT</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>REFUSED........................................... -1</td>
</tr>
<tr>
<td>DON'T KNOW........................................... -2</td>
</tr>
</tbody>
</table>
BOX A17A

IF MONEY IS RECEIVED FROM THE MOTHER OR FATHER (A16 = 1 OR 2), GO TO A17B.
ELSE, GO TO SECTION B.

A17B. {Does {MOTHER}/Does {FATHER}/Do {MOTHER} and {FATHER}} give you a regular amount of money each month or just money once in a while to help out?

- REGULAR AMOUNT ..............................1
- MONEY ONCE IN A WHILE ......................2
- REFUSED...........................................-1
- DON'T KNOW.....................................-2
SECTION B: MOTHER-CHILD RELATIONSHIP

BOX B0
IF THE MOTHER IS DECEASED [(THE PRELOAD INDICATES THE MOTHER IS DECEASED) OR (A9=1)], GO TO SECTION C.
ELSE, GO TO B0A.

B0A. Now I’d like to ask you some questions about {MOTHER} and her relationship with {CHILD}. First, do you have any contact with {CHILD}’s mother?

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

B1. Please think about the kind of mother you feel that {MOTHER} is to {CHILD}. Would you say that she is . . .

An excellent mother .................................... 1
A very good mother ...................................... 2
A good mother, or ........................................... 3
Not a very good mother? ............................... 4
REFUSED .............................................................. -1
DON’T KNOW ........................................................ -2

B2. Has {MOTHER} seen {CHILD} since (he/she) came to live with you?

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................ -1
DON’T KNOW ...................................................... -2
BOX B21

IF A7=1 OR 2 (CHILD LIVED WITH MOTHER OR MOTHER AND FATHER BEFORE HE/SHE CAME HERE) AND B2=2, -1 OR -2, (MOTHER HASN'T SEEN CHILD SINCE LIVING WITH NPCG, OR IT'S REF/DK) SKIP TO SECTION C.

ELSE, IF B2=2, -1, OR -2, GO TO B2B.

ELSE, GO TO B2A.

B2A. During the past 30 days, on how many days has {MOTHER} seen {CHILD}?

PROBE: Your best estimate is fine. (18 CITIES ONLY)

|___|___|
Enter number of days
OR
REFUSED .................................. -1
DON'T KNOW ................................ -2

BOX B2A1

IF B2A GREATER THAN 0, GO TO B3.

ELSE, GO TO B2B.

B2B. When did {MOTHER} last see {CHILD}?

PROBE: Do you know the month?

|___|___|
Enter month
OR
REFUSED .................................. -1 ➔ GO TO SECTION C
DON'T KNOW ............................ -2

B2C. [When did {MOTHER} last see {CHILD}]

PROBE: Do you know the year?

|___|___|___|___|
Enter year
OR
REFUSED .................................. -1
DON'T KNOW ............................ -2
B3. I am going to read you a list of things that children need. Please tell me how often {MOTHER} buys or pays for these for {CHILD}. How often does {MOTHER} buy or pay for …

PROBE: Is it often, sometimes, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3A.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3B.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3C.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3D.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3E.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3F.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3G.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3H.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B3I.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
</tbody>
</table>
SECTION C: FATHER-CHILD RELATIONSHIP

BOX C0

IF THE FATHER IS UNKNOWN OR DECEASED [(BASED ON PRELOAD) OR (A11 = 1 OR 2)], GO TO SECTION D.
ELSE, GO TO C0A.

C0a. Now I’d like to ask you some questions about \{FATHER\} and his relationship with \{CHILD\}.
First, do you have any contact with \{CHILD\}’s father?

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

C1. 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 very good father? ................................. 4
FATHER DOESN’T KNOW ABOUT CHILD
(VOLUNTEERED) ........................................ 14 \rightarrow GO TO SECTION D
REFUSED ......................................................... -1
DON’T KNOW ................................................ 2

C2. Has \{FATHER\} seen \{CHILD\} since \{he/she\} came to live with you?

YES ................................................................. 1
NO ............................................................... 2 \rightarrow GO TO C2B
REFUSED ......................................................... -1 \rightarrow GO TO C2B
DON’T KNOW ................................................ 2 \rightarrow GO TO C2B
BOX C2

IF A7=2 OR 3 (CHILD LIVED WITH MOTHER AND FATHER, OR WITH FATHER, BEFORE LIVING WITH NPCG) AND C2=2 (FATHER HASN'T SEEN CHILD SINCE LIVING WITH NPCG) SKIP TO SECTION D.

ELSE, IF C2=2, -1, OR -2, GO TO C2B.

ELSE, GO TO C2A.

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

PROBE: Your best estimate is fine. (18 CITIES ONLY)

|___|___|
ENTER NUMBER OF DAYS
OR
REFUSED ....................................-1
DON'T KNOW.................................-2

BOX C2A1

IF C2A GREATER THAN 0, GO TO C3.

ELSE, GO TO C2B.

C2B. When did {FATHER} last see {CHILD}?

PROBE: Do you know the month?

|___|___|
ENTER MONTH
OR
REFUSED ...................................... -1 \( \Rightarrow \) GO TO SECTION D
DON'T KNOW.................................. -2

C2C. [When did {FATHER} last see {CHILD}?]?

PROBE: Do you know the year?

|___|___|___|___|
ENTER YEAR
OR
REFUSED ..................................... -1
DON'T KNOW.................................. -2
C3. I am going to read you a list of things that children need. Please tell me how often {FATHER} buys or pays for these for {CHILD}. How often does {FATHER} buy or pay for…?

PROBE: Is it often, sometimes, rarely or never?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3A.</td>
<td>Clothes for {CHILD}? Is it often, sometimes, rarely or never?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3B.</td>
<td>Toys for {CHILD}?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3C.</td>
<td>Medicine for {CHILD}?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3D.</td>
<td>Food for {CHILD}?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3E.</td>
<td>Camp or school tuition for {CHILD}?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3F.</td>
<td>School supplies for {CHILD}?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3G.</td>
<td>Entertainment items for {CHILD} such as videos, computer games, music CDs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3H.</td>
<td>Personal items (haircuts, etc.)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C3I.</td>
<td>Anything else (SPECIFY)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
</tbody>
</table>
SECTION D: DEMOGRAPHICS

Now I’d like to ask some questions about you and your household.

D1. IS THE RESPONDENT MALE OR FEMALE?
    CODE WITHOUT ASKING, IF POSSIBLE.

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

D2_AGE. RESPONDENT’S AGE IN YEARS AT TIME OF INTERVIEW (constructed)

D2A. Not including yourself and {CHILD}, how many people are currently living with you?

    IF RESPONDENT NOT IN SHELTER OR HOMELESS, READ: Please include people who sleep in (your/this) home most nights.

    RESPONDENT AND CHILD LIVE ALONE ... 0 → GO TO D3F
    NUMBER GIVEN ................................. 1
    RESPONDENT LIVES IN A SHELTER OR ON THE STREET ................................. 12 → GO TO D5A
    REFUSED ....................................... -1 → GO TO D5A
    DON’T KNOW .................................... -2 → GO TO D5A

D3. [Not including yourself and {CHILD}, how many people are currently living with you?]
    PROBE: Please include people who sleep in (your/this) home most nights.]

    | ______ |
    ENTER NUMBER OF PEOPLE
    OR
    REFUSED ....................................... -1
    DON’T KNOW .................................... -2

__________________________

20
**BOX D3A**

**LOOP 1:** Ask D3A, D3B, D3C, D3D, BOX D3D2, and D3E in a loop for up to 10 people (not counting the focal child). Continue the loop until information for 10 persons has been entered or "ENTER" is used in a blank cell in D3A, indicating that the matrix is complete. When the matrix is complete, end the loop and skip to D3F.

**HOUSEHOLD MATRIX INSTRUCTIONS:**

**D3A.** {So you said that one other person lives with you and {CHILD}. What is that person’s first name?}

{I’d like to make a list of these {NUMBER} people who currently live with you. Please tell me the first names of everyone currently living with you, starting with the oldest and ending with the youngest. Please do not include yourself. What is the first person’s name?}

Probe if respondent is hesitant: I just need to have some way to refer to them.

{Probe: Is there anyone else who usually lives with you?}/(Probe: What is the name of the next oldest person who usually lives with you?}

Enter first name of household member or press enter if matrix is complete.

If two people have same first name, clarify by using a middle initial.

**D3B.** Code if obvious. Otherwise, ask: Is {NAME} male or female?

Enter gender of {NAME}.

- Male .............................................. 1
- Female .............................................. 2
- Refused ........................................... -1
- Don’t know .............................. -2

**D3C.** What is {his/her} age?

Round age of children between 6 months and a year to "001". Round children between birth and 5 months to "000".

[ ] [ ] [ ] ➔ Go to D3D

Enter age of {NAME}.

Or
- Refused ........................................... -1 ➔ Go to D3C2
- Don’t know .............................. -2 ➔ Go to D3C2
D3C2. Is {NAME} ... 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
REFUSED ..................................................-1
DON’T KNOW .........................................-2

D3D. What is {NAME}’s relationship to you?
CODE RELATIONSHIP OF HOUSEHOLD MEMBER.
CODE WITHOUT ASKING, IF KNOWN.

SPouse .................................................. 1
PARTNER/(BOY/GIRLFRIEND) ................. 2
RESPONDENT’ S MOTHER ...................... 3
RESPONDENT’ S FATHER .................... 4
PARENT IN-LAW ................................. 5
BIOLOGICAL CHILD ......................... 6
STEPCHILD ........................................ 7
FOSTER CHILD ................................... 8
SIBLING (BROTHER/SISTER) .......... 9
GRANDMOTHER OF
RESPONDENT ................................... 10
GRANDFATHER OF
RESPONDENT ................................... 11
AUNT/UNCLE .................................. 12
Cousin ... ........................................ 13
NOT-RELATED ADULT ....................... 14
NOT-RELATED CHILD ...................... 15
ADOPTED CHILD ............................... 16
NIECE/NEPHEW .................................. 17
GRANDCHILD ................................. 18
REFUSED ............................................ -1
DON’T KNOW .......................................-2

BOX D3D2

FOR EACH HOUSEHOLD MEMBER WHOSE AGE IS 16 OR OLDER,
ASK D3E.
ELSE, GO TO BOX D3E2.
D3E. Is {NAME} currently working?

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

**BOX D3E2**

**END LOOP 1: ASK D3A, D3B, D3C, D3D, BOX D3D2, AND D3E, IF APPROPRIATE, AGAIN UNTIL INFORMATION FOR 10 PEOPLE HAS BEEN ENTERED (NOT COUNTING THE FOCAL CHILD) OR “ENTER” IS USED IN A BLANK CELL IN D3A, INDICATING THAT THE MATRIX IS COMPLETE. IF INFORMATION FOR 10 PEOPLE HAS BEEN ENTERED (NOT COUNTING THE FOCAL CHILD), END THE LOOP AND GO TO BOX D3I. ELSE, IF INFORMATION FOR FEWER THAN 10 PEOPLE HAS BEEN ENTERED BUT THE MATRIX IS COMPLETE, END THE LOOP AND GO TO D3F.**

D3F. Is there anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

YES .........................................................1 ➔ **GO TO D3A**
NO .........................................................2
REFUSED ................................................--1
DON’T KNOW ..............................................-2

**BOX D3G**

IF THERE IS A SPOUSE OR PARTNER ALREADY LISTED IN THE HOUSEHOLD (D3D = 1 OR 2), GO TO BOX D3I.

ELSE, GO TO D3H.

D3H. Do you have a spouse or partner who lives in this household?

YES ..............................................................1 ➔ **GO TO D3A**
NO ..............................................................2
REFUSED ......................................................-1
DON’T KNOW ................................................-2
D5A. Next I have a few questions about your background. First, in what country or territory were you born?

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT 'NOT ON LIST' IN THE LOOKUP FILE AND PRESS ENTER.

UNITED STATES.................................................1
AFRICA - SUBSahARA ........................................102
LATIN AMERICA - MEXICO.................................108
LATIN AMERICA - OTHER .................................109
NON-LATIN AMERICA .......................................110
REFUSED ................................................................-1
DON'T KNOW ...................................................-2

BOX D5B

IF THE RESPONDENT WAS BORN IN THE UNITED STATES OR A U.S. TERRITORY (D5A = 1, 5, 98, 152, 195, 217, OR 249), GO TO SECTION E.

ELSE, GO TO D5C.

D5C. Are you a United States citizen?

YES...................................................................... 1
NO ...................................................................... 2
REFUSED ............................................................-1
DON'T KNOW ...................................................-2
SECTION E: INCOME, EDUCATION, AND EMPLOYMENT

E1. Now I’d like to ask you a few questions about your education and employment. What is the highest grade of school you have completed, or the highest degree you have received?

NONE ................................................... 1 ➔ GO TO E2
ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL ........................................ 2 ➔ GO TO E2
SOME REGULAR HIGH SCHOOL ........................................ 3 ➔ GO TO E1B
HIGH SCHOOL DIPLOMA ............................................................................... 4 ➔ GO TO E2
GED .................................................................................................................. 5 ➔ GO TO E2
ABE PROGRAM .................................................................................................. 6 ➔ GO TO E2
NURSING SCHOOL (LPN OR RN) ..................................................................... 7 ➔ GO TO E2
BUSINESS OR SECRETARIAL SCHOOL ......................................................... 8 ➔ GO TO E2
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ............................................ 9 ➔ GO TO E2
JUNIOR/COMMUNITY COLLEGE (2-YEAR) ..................................................... 10 ➔ GO TO E2
SOME COLLEGE ............................................................................................... 11 ➔ GO TO E2
COLLEGE (4-YEAR) DEGREE .......................................................................... 12 ➔ GO TO E2
GRADUATE OR PROFESSIONAL SCHOOL .................................................... 13 ➔ GO TO E2
OTHER TYPE OF SCHOOL (SPECIFY) .......................................................... 91 ➔ GO TO E2

REFUSED .............................................................................................................. -1 ➔ GO TO E2
DON’T KNOW ...................................................................................................... -2 ➔ GO TO E2

BOX E1A

GO TO E2.
E1B. ENTER GRADE COMPLETED

CAPI INSTRUCTION: HARD RANGE CHECK: 1-12.

ENTER GRADE
OR
REFUSED .................................. -1
DON'T KNOW.............................. -2

E2. What is your current employment status?

RECORD AS STUDENT ONLY IF THERE IS NO FULL- OR PART-TIME EMPLOYMENT.

EMPLOYED FULL-TIME (MORE THAN 20 HOURS PER WEEK) .........................1 ⇒ GO TO E3
EMPLOYED PART-TIME (20 HOURS PER WEEK OR LESS) .............................2⇒ GO TO E3
NOT WORKING--ON VACATION ..................3 ⇒ GO TO E3
NOT WORKING--ON TEMPORARY LAYOFF OR STRIKE ............................4 ⇒ GO TO E3
UNEMPLOYED ................................5 ⇒ GO TO E3
HOUSEWIFE ..................................6 ⇒ GO TO E3
RETIRED .........................................7 ⇒ GO TO E3
STUDENT .......................................8 ⇒ GO TO E3
DISABLED ......................................101 ⇒ GO TO E3
OTHER (SPECIFY) .............................91 ⇒ GO TO E3

REFUSED ........................................... -1 ⇒ GO TO E3
DON'T KNOW ................................... -2 ⇒ GO TO E3
E3. In the past twelve months, what was the total income of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you.

(2 CITIES) 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.

(18 CITIES) Please include the money from all jobs and public assistance programs, as well as any sources such as rent, interest, and dividends.

$ |___|___|___|
|___|___|___|
ENTER AMOUNT ➔ GO TO SECTION F

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

E3A. 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
REFUSED .............................................................-1
DON'T KNOW .............................................................-2
SECTION F: HEALTH AND WELL-BEING

F0. 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
   REFUSED ..............................................-1
   DON'T KNOW ...........................................-2

F1. Now I'd like to ask you some questions about your health and how you've been feeling in the past twelve months.

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

   Excellent, ............................................. 1
   Very good, ............................................. 2
   Good, ..................................................... 3
   Fair, or .................................................. 4
   Poor? .................................................... 5
   REFUSED .............................................-1
   DON'T KNOW ...........................................-2

F2. Do you have a serious health problem that limits the amount or kind of work you can do?

   YES ....................................................... 1
   NO ......................................................... 2 \rightarrow GO TO F2B
   REFUSED .............................................-1 \rightarrow GO TO F2B
   DON'T KNOW ...........................................-2 \rightarrow GO TO F2B
F2A. What is this health problem?

<table>
<thead>
<tr>
<th>Code</th>
<th>Health Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>f2a_1</td>
<td>DIABETES</td>
</tr>
<tr>
<td>f2a_2</td>
<td>ASTHMA</td>
</tr>
<tr>
<td>f2a_3</td>
<td>HIGH BLOOD PRESSURE</td>
</tr>
<tr>
<td>f2a_4</td>
<td>PAIN</td>
</tr>
<tr>
<td>f2a_5</td>
<td>SEIZURES/EPILEPSY</td>
</tr>
<tr>
<td>f2a_6</td>
<td>HEART DISEASE</td>
</tr>
<tr>
<td>f2a_7</td>
<td>BACK PROBLEMS</td>
</tr>
<tr>
<td>f2a_91</td>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

CODE ALL THAT APPLY

- REFUSED
- DON'T KNOW

F2B. Do you regularly take any prescribed medication for physical or mental health problems?

INCLUDED OVER-THE-COUNTER DRUGS IF THEY WERE PRESCRIBED BY A DOCTOR.

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 ➔ GO TO F2C</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1 ➔ GO TO F2C</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2 ➔ GO TO F2C</td>
</tr>
</tbody>
</table>
**F2B1.** For which of the following conditions do you take prescribed medication? Do you take them for . . .

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2B1A. Diabetes?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1B. Asthma?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1C. High Blood Pressure?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1D. Depression?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1E. Anxiety?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1F. Attention Deficit?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1G. Pain?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1H. Seizures or Epilepsy?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1_101 Cholesterol?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1_102 Thyroid?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F2B1I. Anything else? (SPECIFY)</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

**F2C.** In the past twelve months, have you stayed overnight in a hospital or gone to the emergency room? {Please do not include hospital stays related to giving birth.}

YES…………………………………………………………………………1

NO…………………………………………………………………………2 ➔ GO TO F2E

REFUSED ……………………………………………………………………-1 ➔ GO TO F2E

DON’T KNOW …………………………………………………………………-2 ➔ GO TO F2E

**F2D.** How many times have you stayed overnight in a hospital in the past twelve months {not including stays related to giving birth}?

IF ANSWER IS “NONE,” ENTER ZEROS.

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

| ENTER NUMBER OF TIMES |
F2D1. How many times have you gone to the emergency room because of your own injury or illness in the past twelve months?

IF ANSWER IS “NONE,” ENTER ZEROS.

[ ] [ ]
ENTER NUMBER OF TIMES
OR
REFUSED............................... -1
DON’T KNOW............................-2

F2E. Are you currently covered by any type of health insurance, including private insurance, Medicaid, or another public, federal or state assistance program which pays for medical care, or do you belong to a Medicaid HMO?

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

F3. During the past twelve months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?

YES................................................... 1
NO..................................................... 2 ➔ GO TO F7
NO, ON MEDICATION/
ANTI-DEPRESSANTS (VOLUNTEERED).........-14 ➔ GO TO E7
REFUSED .............................................-1 ➔ GO TO F7
DON’T KNOW .....................................-2 ➔ GO TO F7

F4. For the next two questions, please think of the two-week period during the past twelve months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last . . .

All day long...................................... 1
Most of the day, ................................... 2
About half of the day, or........................ 3
Less than half the day?.......................... 4 ➔ GO TO F7
REFUSED .................................................................-1 ➔ GO TO F7
DON'T KNOW ..........................................................-2 ➔ GO TO F7

F5. During those two weeks, did you feel this way . . .

   Every day, ................................................................. 1
   Almost every day, or ................................................... 2
   Less often? ............................................................... 3 ➔ GO TO F7
   REFUSED ...............................................................-1 ➔ GO TO F7
   DON'T KNOW ..........................................................-2 ➔ GO TO F7

F6. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

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

   BOX F6

   GO TO F10.

F7. During the past twelve months, has there ever been a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

   YES .........................................................................1
   NO ...........................................................................2 ➔ GO TO F16
   NO, ON MEDICATION/ ANTI-DEPRESSANTS (VOLUNTEERED) .........-14 ➔ GO TO F16
   REFUSED ..................................................................-1 ➔ GO TO F16
   DON'T KNOW ..........................................................-2 ➔ GO TO F16
For the next few questions, please think of the two-week period during the past twelve months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last . . .

All day long......................................................... 1
Most of the day, ..................................................... 2
About half of the day, or................................. 3
Less than half the day?................................. 4 ➔ GO TO F16
REFUSED .....................................................-1 ➔ GO TO F16
DON’T KNOW ...................................................-2 ➔ GO TO F16

Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY ................................................................. 1
ALMOST EVERY DAY ........................................ 2
LESS OFTEN ....................................................... 3 ➔ GO TO F16
REFUSED ............................................................-1 ➔ GO TO F16
DON’T KNOW .......................................................-2 ➔ GO TO F16

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

YES ............................................................................ 1
NO ............................................................................. 2
REFUSED .................................................................-1
DON’T KNOW ...............................................................-2
F11. During these two weeks, did you gain or lose weight without trying, or did you stay about the same?

PROBE: We are still talking about the same two weeks.

GAIN ........................................................................ 1
LOSE............................................................................. 2

IF VOLUNTEERED: BOTH
GAINED AND LOST WEIGHT.......................... 3
STAYED ABOUT THE SAME............................ 4 ➔ GO TO F12

IF VOLUNTEERED: WAS ON A DIET.......... 5 ➔ GO TO F12

REFUSED .................................................................-1 ➔ GO TO F12

DON'T KNOW .......................................................-2 ➔ GO TO F12

F11A. About how much did {you gain/you lose/your weight change} during these two weeks?

IF RESPONDENT OFFERS A RANGE, TAKE THE NUMBER AT THE LOWER END.

|_____|_____|
ENTER NUMBER OF POUNDS
OR
DON'T KNOW ..................................................-2

REFUSED .................................................................-1

F12. Did you have more trouble falling asleep than you usually do during those two weeks?

YES ............................................................................ 1
NO ........................................................................... 2 ➔ GO TO F13

REFUSED .................................................................-1 ➔ GO TO F13

DON'T KNOW ..........................................................-2 ➔ GO TO F13
F12A. Did that happen every night, nearly every night, or less often during those two weeks?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY NIGHT</td>
<td>1</td>
</tr>
<tr>
<td>NEARLY EVERY NIGHT</td>
<td>2</td>
</tr>
<tr>
<td>LESS OFTEN</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

F13. During those two weeks, did you have a lot more trouble concentrating than usual?

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

F14. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

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

F15. Did you think a lot about death--either your own, someone else’s, or death in general during those two weeks?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>
F16. For each of the following statements, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

PROBE: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this?

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>SOMETHAT AGREE</th>
<th>SOMETHAT DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have little control over the things that happen to me. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with this?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>B. There is really no way I can solve some of the problems I have</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>C. There is little I can do to change many of the important things in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>D. I often feel helpless in dealing with problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>E. Sometimes I feel that I'm being pushed around</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
</tbody>
</table>

F17. In the past month, did you smoke cigarettes?

YES.......................................................... 1
NO............................................................ 2→GO TO SECTION G
REFUSED ............................................... -1
DON'T KNOW .......................................... -2→GO TO SECTION G
F18. How many packs per day do you usually smoke?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN HALF A PACK A DAY</td>
<td>1</td>
</tr>
<tr>
<td>ABOUT A PACK</td>
<td>2</td>
</tr>
<tr>
<td>A PACK AND A HALF</td>
<td>3</td>
</tr>
<tr>
<td>ABOUT 2 PACKS</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN TWO PACKS</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>
G1. We are also interested in some of the problems that families face making ends meet. In the past twelve months, did you do any of the following because there wasn’t enough money?

NOTE: REPEAT AS NEEDED “because there wasn’t enough money”

<table>
<thead>
<tr>
<th>G1A.</th>
<th>In the past twelve months, did you receive free food or meals?</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1B.</td>
<td>(In the past twelve months,) Were you ever hungry, but didn’t eat because you couldn’t afford enough food?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1C.</td>
<td>(In the past twelve months,) Did you not pay the full amount of rent or mortgage payments?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1D.</td>
<td>(In the past twelve months,) Were you evicted from your home or apartment for not paying the rent or mortgage?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1E.</td>
<td>(In the past twelve months,) Did you not pay the full amount of a gas, oil, or electricity bill?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1F.</td>
<td>(In the past twelve months,) Was your gas or electric service ever turned off, or did the heating oil company not deliver oil, because there wasn’t enough money to pay the bills?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1G.</td>
<td>(In the past twelve months,) Did you borrow money from friends or family to help pay bills?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1H.</td>
<td>(In the past twelve months,) Did you move in with other people even for a little while because of financial problems</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1I.</td>
<td>(In the past twelve months,) Did you stay at a shelter, in an abandoned building, an automobile, or any other place not meant for regular housing, even for one night?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
<tr>
<td>G1J.</td>
<td>(In the past twelve months,) Was there anyone in your household who needed to see a doctor or go to the hospital but couldn’t go because of the cost?</td>
<td>YES</td>
<td>NO</td>
<td>REF</td>
<td>DK</td>
</tr>
</tbody>
</table>
{Our first /The next} set of questions is about {CHILD}’s health and development and how {he/she} is doing.

H1. In general, would you say {CHILD}’s health is . . .

   Excellent ................................................................. 1
   Very good................................................................. 2
   Good, ................................................................. 3
   Fair, or ................................................................. 4
   Poor? ................................................................. 5
   REFUSED............................................................. -1
   DON’T KNOW ......................................................... -2

H1A. In the past 12 months has {CHILD} had wheezing or whistling in {his/her} chest?

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

H1B. Has a doctor or health professional ever told you that {CHILD} has asthma?

   YES ................................................................. 1
   NO ................................................................. 2  ➔ GO TO H2
   REFUSED............................................................. -1 ➔ GO TO H2
   DON’T KNOW ......................................................... -2 ➔ GO TO H2
**H1CA.** In the past month, how much of the time did {CHILD}’s asthma keep {him/her} from getting as much done at school or at home?

<table>
<thead>
<tr>
<th>All of the time,</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time,</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time,</td>
<td>3</td>
</tr>
<tr>
<td>A little of the time,</td>
<td>4</td>
</tr>
<tr>
<td>None of the time?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

**H1CB.** During the past month, how often had {CHILD} had shortness of breath?

<table>
<thead>
<tr>
<th>More than once a day,</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a day,</td>
<td>2</td>
</tr>
<tr>
<td>3 to 6 times a week,</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week, or</td>
<td>4</td>
</tr>
<tr>
<td>Not at all?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

**H1CC.** During the past month, how often did {CHILD}’s asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake {him/her} at night or earlier than usual in the morning?

<table>
<thead>
<tr>
<th>4 or more nights a week,</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or 3 nights a week,</td>
<td>2</td>
</tr>
<tr>
<td>Once a week,</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice, or</td>
<td>4</td>
</tr>
<tr>
<td>Not at all?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>
H1CD. During the past month, how often has {CHILD} used {his/her} rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day, .......................... 1
1 or 2 times per day, ................................ 2
2 or 3 times per week, .............................. 3
Once a week or less, or .............................. 4
Not at all? ............................................. 5
REFUSED ............................................. -1
DON’T KNOW ....................................... -2

H1CE. How would you rate {CHILD}’s asthma control during the past month?

Not controlled at all, .............................. 1
Poorly controlled, .................................. 2
Somewhat controlled, ............................ 3
Well controlled, or ................................. 4
Completely controlled? ........................... 5
REFUSED ............................................. -1
DON’T KNOW ....................................... -2

H2. Has a doctor or health professional ever told you that {CHILD} has any of the following health conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>b. Mental retardation or developmental delay</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>c. Down’s Syndrome</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>d. Cerebral Palsy</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>e. Sickle Cell Anemia</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>f. Autism</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>g. Congenital Heart Disease or Other Heart Condition</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>h. Total blindness</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>i. Partial blindness</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>j. Total deafness</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>k. Partial deafness</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>l. Speech or language problem</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>m. Problems with limbs (SPECIFY)</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
H3. In the past 12 months, has {CHILD} had any of the following health problems?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hay fever or respiratory allergy?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>b. Food or digestive allergy?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>c. Eczema or skin allergy?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>d. Frequent diarrhea or colitis?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>e. Anemia?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>f. Frequent headaches or migraines?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>g. 3 or more ear infections?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>h. Seizures?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>i. Stuttering or stammering?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>j. Diabetes?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

H3A1 Does {CHILD} regularly take or use any medicines for which a doctor’s or dentist’s prescription is needed? This includes any products which cannot be obtained without a doctor’s or dentist’s prescription.

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

NO ................................................................. 2 → GO TO H4

DON’T KNOW ................................................... -2 → GO TO H4

REFUSED .......................................................... -1 → GO TO H4
H3B1. Which of the following conditions does {CHILD} regularly take prescription medication for:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD?</td>
<td>1</td>
</tr>
<tr>
<td>Hay fever or respiratory allergy?</td>
<td>2</td>
</tr>
<tr>
<td>Food or digestive allergy?</td>
<td>3</td>
</tr>
<tr>
<td>Eczema or skin allergy?</td>
<td>4</td>
</tr>
<tr>
<td>Migraines?</td>
<td>5</td>
</tr>
<tr>
<td>Seizures?</td>
<td>6</td>
</tr>
<tr>
<td>Depression/Anxiety?</td>
<td>7</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>8</td>
</tr>
<tr>
<td>Asthma?</td>
<td>101</td>
</tr>
<tr>
<td>Sickle cell anemia?</td>
<td>102</td>
</tr>
<tr>
<td>Bed wetting?</td>
<td>103</td>
</tr>
<tr>
<td>Digestive problems?</td>
<td>104</td>
</tr>
<tr>
<td>Dental/tooth problems?</td>
<td>105</td>
</tr>
<tr>
<td>Ear/nose/throat problems?</td>
<td>106</td>
</tr>
<tr>
<td>Eye problems?</td>
<td>107</td>
</tr>
<tr>
<td>Sleep problems?</td>
<td>108</td>
</tr>
<tr>
<td>Anything else? (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

H4. Has {CHILD} ever been tested for lead poisoning?

- YES .......................................................... 1
- NO .......................................................... 2 \(\Rightarrow\) GO TO H6
- REFUSED ................................................... -1 \(\Rightarrow\) GO TO H6
- DON'T KNOW ............................................... -2 \(\Rightarrow\) GO TO H6

H5. What were the results?

- NORMAL ..................................................... 1
- BORDERLINE—DIDN'T REQUIRE TREATMENT ............... 2
- TOO HIGH—REQUARED TREATMENT ........................ 3
- REFUSED ................................................... -1
- DON'T KNOW ............................................... -2
H6. In the last 12 months, approximately how many times has {CHILD} been seen by a doctor, nurse, or other health care professional for a regular check-up or "well-child visit?" Would you say . . .

PROBE: This is a visit to the doctor when {he/she} is not sick, but to get checked out or to get vaccinations.

Never, ................................................................. 1
1-3 times, or ........................................................... 2
4 or more times? ..................................................... 3
REFUSED.................................................................. -1
DON'T KNOW .......................................................... -2

H7. Does {CHILD} have a usual place for routine health care, such as regular check-ups?

PROBE: Do not include the emergency room.

YES................................................................. 1
NO ......................................................................... 2
REFUSED............................................................... -1 \(\rightarrow\) GO TO H9
DON'T KNOW .......................................................... -2 \(\rightarrow\) GO TO H9
H8. Where does {CHILD} usually go for health care?

PROBE:.................................................. Does {he/she} see a doctor in a private office; a doctor’s office or private clinic or HMO facility; a hospital outpatient clinic, another type of health care provider in a clinic; a hospital emergency room, a walk-in or emergency care center; or does {he/she} go somewhere else for health care?

**CODE ONLY ONE**

| HOME | 1-> GO TO H9 |
| DOCTOR'S OFFICE/PRIVATE CLINIC/HMO | 2-> GO TO H9 |
| HOSPITAL OUTPATIENT CLINIC | 3-> GO TO H9 |
| OTHER CLINIC | 4-> GO TO H9 |
| HOSPITAL EMERGENCY ROOM | 5-> GO TO H9 |
| WALK-IN/EMERGENCY CARE CENTER | 6-> GO TO H9 |
| OTHER PLACE (SPECIFY) | 91-> GO TO H9 |

REFUSED............................................... -1-> GO TO H9
DON’T KNOW.......................................... -2-> GO TO H9

H9. In the last 12 months, how many times has {CHILD} been seen by a doctor, nurse, or other health care professional because of an illness, accident, or injury? Do not count visits to the emergency room.

**IF ANSWER IS “NONE,” ENTER ZEROS.**

| _____ | _____ |
ENTER NUMBER OF TIMES OR
REFUSED.............................................. -1
DON’T KNOW........................................... -2

H10. In the last 12 months, how many times has {CHILD} been taken to the emergency room?

**IF ANSWER IS “NONE,” ENTER ZEROS.**

| _____ | _____ |
ENTER NUMBER OF TIMES OR
REFUSED.............................................. -1
DON’T KNOW........................................... -2
H11. In the last 12 months, has {CHILD} stayed overnight in a hospital?

YES................................................................. 1
NO ................................................................. 2→ GO TO H13
REFUSED...................................................... -1→ GO TO H13
DON'T KNOW ................................................ -2→ GO TO H13

H12. In the last 12 months, how many times has {CHILD} been admitted to a hospital and stayed overnight?

PROBE: Count each stay, even if it lasted a few nights, as one stay.

IF ANSWER IS “NONE,” ENTER ZEROS.

|__|__|
ENTER NUMBER OF TIMES OR
REFUSED................................................. -1
DON'T KNOW ............................................. -2

H13. Is {CHILD} currently covered by Medicaid {such as, {STATE MEDICAID NAME}} or by another public, federal or state assistance program {such as, {STATE CHIP NAME}} which pays for medical care, or do you belong to a Medicaid HMO?

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

H14. Is {CHILD} currently covered by a private health insurance plan?

YES ................................................................. 1
NO ................................................................. 2 → GO TO H15
REFUSED ...................................................... -1→ GO TO H15
DON'T KNOW ................................................ -2→ GO TO H15
H14B. Did you purchase the plan yourself, did someone else purchase it, or did you get it through an employer?

PROBE: Any others?

**CODE ONE (2 CITIES)**

**CODE ALL THAT APPLY (18 CITIES)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>h14b_1</td>
<td>PURCHASED BY SELF ..............................................1</td>
</tr>
<tr>
<td>h14b_2</td>
<td>PURCHASED BY OTHER ................................................................2</td>
</tr>
<tr>
<td>h14b_3</td>
<td>THROUGH RESPONDENT’S EMPLOYER ..........3</td>
</tr>
<tr>
<td>h14b_4</td>
<td>THROUGH CHILD’S FATHER’S EMPLOYER ........................................4</td>
</tr>
<tr>
<td>h14b_5</td>
<td>THROUGH CHILD’S MOTHER’S EMPLOYER .........................................5</td>
</tr>
<tr>
<td>h14b_6</td>
<td>THROUGH EMPLOYER OF PARTNER WHO IS NOT A BIO PARENT .......................6</td>
</tr>
<tr>
<td>h14b_91</td>
<td>OTHER (NOT SPECIFIED)_______________91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ................................................................. -1</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ......................................................... -2</td>
</tr>
</tbody>
</table>

**BOX H15**

IF PCG = BIO MOM OR BIO DAD GO TO H15. ELSE, GO TO H15A.

H15. Do you smoke?

- YES................................. 1
- NO................................. 2
- REFUSED ...................................-1
- DON’T KNOW ................................-2
H15A. {Not including yourself,} {does/Does} anyone else in your household smoke?

PROBE: Include people even if they do not smoke in the house.

YES................................................................. 1
NO................................................................. 2 \(\rightarrow\) GO TO H15C
REFUSED .....................................................-1 \(\rightarrow\) GO TO H15C
DON'T KNOW ...............................................-2 \(\rightarrow\) GO TO H15C

H15B. {Not including yourself}, how many other people in your household smoke?

|___|___|
ENTER NUMBER OF PEOPLE
OR
REFUSED.............................. -1
DON'T KNOW.......................... -2

H15C. On average, how many hours a day does {CHILD} spend in the same room with someone who is smoking? Please include the time {he/she} spends with a babysitter or family member, or anyone else, who is smoking.

|___|___|
ENTER NUMBER OF HOURS
OR
REFUSED.............................. -1
DON'T KNOW.......................... -2

H16. When was the last time {CHILD} saw a dentist for a regular check-up?
Was it . . .

6 months ago or less,................................. 1
More than 6 months ago but not more than 1 year ago, .............................................. 2
More than 1 year, but not more than 2 years ago, or ..................................................... 3
More than 2 years, or ..................................... 4
Never? ................................................... 5 \(\rightarrow\) GO TO H16B
REFUSED....................................................-1 \(\rightarrow\) GO TO H16B
DON'T KNOW ..........................................-2 \(\rightarrow\) GO TO H16B
H16A. How many dental fillings has {CHILD} ever had?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER OF FILINGS OR REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

H16B. Have you ever had to take {CHILD} to the dentist because of an emergency, for example, because of a toothache or broken tooth?

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

H17. Would you say that {CHILD}’s growth spurt (in height) has started yet? Would you say...

PROMPT: A growth spurt is defined as growth in height that is faster than usual.

NO ........................................... 1
YES, BARELY .................................. 2
YES, DEFINITELY ............................. 3
THAT DEVELOPMENT IS COMPLETED .......... 4
REFUSED ...................................... -1
DON'T KNOW ................................-2

H17A. Would you say that growth of {his/her} underarm and pubic hair has started yet? Would you say...

NO ........................................... 1
YES, BARELY .................................. 2
YES, DEFINITELY ............................. 3
THAT DEVELOPMENT IS COMPLETED .......... 4
REFUSED ...................................... -1
DON'T KNOW ................................-2
H17B. Have you noticed any changes in {her/his} skin, especially pimples? Would you say . . .

NO................................................................. 1
YES, BARELY .................................................. 2
YES, DEFINITELY............................................. 3
THAT DEVELOPMENT IS COMPLETED............ 4
REFUSED..........................................................-1
DON'T KNOW..................................................-2

BOX H18

IF CHILD IS MALE, GO TO H19.
ELSE, GO TO H21.

H19. Have you noticed a deepening of {CHILD}'s voice? Would you say . . .

NO................................................................. 1
YES, BARELY .................................................. 2
YES, DEFINITELY............................................. 3
THAT DEVELOPMENT IS COMPLETED............ 4
REFUSED..........................................................-1
DON'T KNOW..................................................-2

H19A. Has he started to grow hair on his face? Would you say . . .

NO................................................................. 1 → GO TO H23
YES, BARELY .................................................. 2 → GO TO H23
YES, DEFINITELY............................................. 3 → GO TO H23
THAT DEVELOPMENT IS COMPLETED............ 4 → GO TO H23
REFUSED..........................................................-1 → GO TO H23
DON'T KNOW..................................................-2 → GO TO H23
H21. Would you say that her breasts have started to grow? Would you say…

NO................................................................. 1
YES, BARELY.................................................. 2
YES, DEFINTELY.......................... 3
THAT DEVELOPMENT IS COMPLETED........... 4
REFUSED.......................................................-1
DON’T KNOW....................................................-2

H22. Has {CHILD} had her first menstrual period?

YES................................................................. 1
NO........................................................................ 2→GO TO H23
REFUSED.......................................................-1→GO TO H23
DON’T KNOW....................................................-2→GO TO H23

H22A. How old was she in years and months when she had her first period?

PROBE: Do you know how many years old?

|__|__|
ENTER YEARS OLD
OR
REFUSED ...................................................... -1
DON’T KNOW .................................................. -2

H22B. [How old was she in years and months when she had her first period?]

PROBE: Do you know how many months old?

|__|__|
ENTER MONTHS
OR
REFUSED ...................................................... -1  ➔ GO TO H23
DON’T KNOW .................................................. -2
H23. Compared with other {boys/girls} {his/her} age, do you think {CHILD}’s physical development is:

Much earlier than other {boys/girls},..............................................1
Somewhat earlier than other {boys/girls},........................................2
About the same as other {boys/girls},.............................................3
Somewhat later than other {boys/girls}, or.....................................4
Much later than other {boys/girls}?..............................................5
REFUSED.................................................................................... -1
DON’T KNOW.............................................................................. -2
I1. Now I would like to ask you some questions about things you may do with {CHILD}.

Please tell me how often you did this with {CHILD} in the past month. These things might be done together anywhere, they don’t have to be done at home. In the past month, how often did you….

PROBE: Would you say you did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?

<table>
<thead>
<tr>
<th>NOT ONCE IN PAST MONTH</th>
<th>1-2 TIMES PAST MONTH</th>
<th>ONCE A WEEK</th>
<th>SEVERAL TIMES A WEEK</th>
<th>EVERY DAY</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1A. Do dishes, prepare food, or do other household chores together? Would you say you did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1B. Play sports or do outdoor activities together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1C. Watch TV or videos together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1D. Play video or computer games together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1E. Read books with {CHILD} or talk with {him/her} about books {he/she} reads?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1F. Participate in indoor activities together such as arts and crafts or board games?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1G. Talk with {CHILD} about current events, like things going on in the news?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1H. Talk with {CHILD} about {his/her} day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1I. Check to make sure the {CHILD} has completed {his/her} homework?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I1J. Help {CHILD} with homework or school assignments?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
</tbody>
</table>
I2. Outside of school hours in the past year, has {CHILD} participated in…

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2A</td>
<td>Organized athletic activities, like basketball, soccer, baseball or gymnastics?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>I2B</td>
<td>Music lessons, art classes, or a performing arts program?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>I2C</td>
<td>Church or religious groups?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>I2D</td>
<td>Clubs, like Cub scouts, Brownies, or programs at the YMCA, YWCA or similar organizations?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>I2E</td>
<td>Academic activities, like tutoring or math lab?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
</tbody>
</table>

I3. Now think for a moment about a typical weekday for your family, including daytime and evening hours. How much time would you say {CHILD} spends watching television or watching videos on TV, either in your home or somewhere else?

IF LESS THAN 1 HOUR PER WEEKDAY, CODE AS ZERO.

PROBE: Do not count time {he/she} spends playing video games on TV.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>ENTER HOURS PER WEEKDAY</th>
<th>OR</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ENTER HOURS PER WEEKDAY</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
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<td></td>
<td></td>
<td>REFUSED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I4. Now think for a moment about a typical weekend day for your family, including daytime and evening hours. How much time would you say {CHILD} spends watching television or watching videos on TV, either in your home or somewhere else?

IF LESS THAN 1 HOUR PER WEEKEND DAY, CODE AS ZERO.

PROBE: Do not count time {he/she} spends playing video games on TV.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>ENTER HOURS PER WEEKEND DAY</th>
<th>OR</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ENTER HOURS PER WEEKEND DAY</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>DON'T KNOW</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>REFUSED</td>
<td></td>
<td></td>
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</tbody>
</table>
15. Think a moment about a typical weekday for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

IF LESS THAN 1 HOUR PER WEEKDAY, CODE AS ZERO.

**PROBE:** By “typical” we mean the time the child usually spends outdoors during this season.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
ENTER HOURS PER WEEKDAY
OR
DON'T KNOW ...................................................... -2
REFUSED ...................................................... -1

16. Now, think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

IF LESS THAN 1 HOUR PER WEEKEND DAY, CODE AS ZERO.

**PROBE:** By “typical” we mean the time the child usually spends outdoors during this season.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
ENTER HOURS PER WEEKEND DAY
OR
DON'T KNOW ...................................................... -2
REFUSED ...................................................... -1

17. Now think for a moment about a typical weekday for your family. How much time would you say (CHILD) spends doing homework?

<p>| | |</p>
<table>
<thead>
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<th></th>
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</thead>
</table>
ENTER HOURS PER WEEKDAY
OR
DON'T KNOW ...................................................... -2
REFUSED ...................................................... -1
18. Now think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time would you say (CHILD) spends doing homework?

IF LESS THAN 1 HOUR PER WEEKEND DAY, CODE AS ZERO.

|___|___|
ENTER HOURS PER WEEKEND DAY
OR
DON'T KNOW .................................................. -2
REFUSED .................................................. -1

19. Does (CHILD) have a regular bedtime during the week?

YES................................................................. 1
NO ................................................................. 2⇒ GO TO I12
REFUSED .................................................. -1⇒ GO TO I12
DON'T KNOW .................................................. -2⇒ GO TO I12

I10. When does (CHILD) usually go to bed?

ENTER HOUR. ENTER MINUTES IN NEXT QUESTION.

|___|___|
ENTER HOUR
OR
REFUSED .................................................. -1
DON'T KNOW .................................................. -2

I10A. [When does (CHILD) usually go to bed?]

ENTER MINUTES. IF CHILD GOES TO SLEEP AT AN HOUR WITH NO MINUTES, E.G. 8 P.M., ENTER 0.

|___|___|
ENTER MINUTE
OR
REFUSED .................................................. -1
DON'T KNOW .................................................. -2
I10B. [When does {CHILD} usually go to bed?]

MIDNIGHT IS 12 A.M. (NOON IS 12 P.M.).

A.M. ................................................................. 1
P.M ................................................................. 2
REFUSED.......................................................... -1
DON'T KNOW .................................................. -2

I11 How many times in the last week, Monday through Friday, did {he/she} go to bed at that time?

1 NIGHT.............................................................. 1
2 NIGHTS ........................................................... 2
3 NIGHTS ............................................................ 3
4 NIGHTS ............................................................ 4
5 NIGHTS ............................................................ 5
REFUSED.......................................................... -1
DON'T KNOW .................................................. -2

I12 How many hours of sleep a night does {CHILD} usually get during the week?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
ENTER NUMBER OF HOURS A NIGHT
OR
REFUSED.......................................................... -1
DON'T KNOW .................................................. -2

I13. How many televisions do you have in your home?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
ENTER NUMBER OF TELEVISIONS
OR
REFUSED.......................................................... -1
DON'T KNOW .................................................. -2

BOX I13

IF I13 = 0, GO TO I17.
ELSE, GO TO I14.
I14.  Does {CHILD} have a television in {his/her} bedroom?

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

I15.  About how many hours is a television on in your home during a typical day?

    IF LESS THAN 1 HOUR PER DAY, CODE AS ZERO.

    PROBE: Include time when a television is on even if no one is watching it. Include time someone is using the TV to play video games. Your best estimate will be fine.

    |___|___|
    ENTER NUMBER OF HOURS
    OR
    REFUSED ..................................................... -1
    DON'T KNOW ................................................... -2

I16.  In the past 2 weeks, have you talked about TV programs with {CHILD}?

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

I17.  Do you have a computer in your home?

    YES................................................................. 1
    NO ................................................................. 2 → GO TO I19
    REFUSED ......................................................... -1 → GO TO I19
    DON'T KNOW ................................................... -2 → GO TO I19
I18A. Does {CHILD} use the computer to…

**CODE ALL THAT APPLY**

- i18a_1 Play games? ............................................. 1
- i18a_2 Do school work?........................................... 2
- i18a_3 Email or IM friends?...................................... 3
- i18a_4 .............................................................. Go on the internet? 4
  - REFUSED...................................................... -1
  - DON’T KNOW.............................................. -2

I18B. About how many hours per day would you say {CHILD} uses a computer on average?

IF LESS THAN 1 HOUR PER DAY, ENTER ZERO.

PROBE: Your best estimate will be fine.

[___ ___]

ENTER NUMBER OF HOURS

OR

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

I19. Does {CHILD} have a desk or table where {he/she} can do {his/her} homework?

PROBE: Do not include the family dining room, kitchen table, or any place meant primarily for other household activities.

- YES............................................................ 1
- NO .................................................................... 2
- REFUSED...................................................... -1
- DON’T KNOW.............................................. -2
I20A. Does {CHILD} have access to at least 10 books at home?

“ACCESS” INCLUDES BOOKS IN THE HOME THAT BELONG TO CHILD, SIBLING, PARENTS OR BORROWED FROM THE LIBRARY.

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

I20B. About how many of these are {CHILD}’s own books? Would you say…

None, ............................................................ 1
One to ten, ........................................................... 2
Eleven to twenty, or........................................ 3
More than twenty?............................................. 4
REFUSED...................................................... -1
DON’T KNOW ............................................. -2

I20C. Does {CHILD} have a dictionary at home that {he/she} can use? This may be either a hard cover dictionary or one they can use on the computer.

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

I21A. In the last three months, has {CHILD} read a book for fun?

YES................................................................. 1
NO ................................................................. 2
REFUSED...................................................... -1
DON’T KNOW ............................................. -2
I21B. In the last three months, have you had the chance to read a book for fun?

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

I22. Below are some things that happen in most homes. Please tell me which statements describe your home by telling me if something is definitely untrue, somewhat untrue, not really true or untrue, somewhat true or definitely true.

PROBE: Is that definitely untrue, somewhat untrue, not really true or untrue, somewhat true or definitely true?

<table>
<thead>
<tr>
<th>Statement</th>
<th>DEFINITE UNTRUE</th>
<th>SOMewhat UNTRUE</th>
<th>NOT REALLY TRUE OR UNTRUE</th>
<th>SOMEWHAT TRUE</th>
<th>DEFINITELY TRUE</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>I22A. You can’t hear yourself think in your home. Is that definitely untrue, somewhat untrue, not really true or untrue, somewhat true or definitely true?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I22B. It's a real zoo in your home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I22C. The children have a regular bedtime routine.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I22D. You are usually able to stay on top of things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I22E. The atmosphere in your house is calm.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
I23. How many of {CHILD}'s close friends do you know by sight and by first and last name? Do you know….

None of them, .......................................................... 1
Only a few, .............................................................. 2
About half .............................................................. 3
Most of them, or ...................................................... 4
All of them? ............................................................ 5

IF VOLUNTEER: HE/SHE DOES NOT HAVE ANY FRIENDS 6→ GO TO I26
REFUSED ......................................................................-1
DON'T KNOW ..............................................................-2

I24. How many of {CHILD}'s close friends' parents do you know by sight and by first and last name? Do you know…

None of them, .......................................................... 1
Only a few, .............................................................. 2
About half, .............................................................. 3
Most of them, or ...................................................... 4
All of them? ............................................................ 5

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

I25. How many of {CHILD}'s friends did you see last week?

ENTER NUMBER OF FRIENDS
OR
REFUSED ......................................................................-1
DON'T KNOW ..............................................................-2
I26. Do you know what your CHILD does during his/her free time? Would you say…

Never, ................................................................. 1
Sometimes, ............................................................ 2
Often, or, .............................................................. 3
Always? ............................................................... 4
REFUSED ..................................................................-1
DON’T KNOW ...................................................... -2

I27. Do you know what your CHILD spends his/her money on? Would you say…

Never, ................................................................. 1
Sometimes, ............................................................ 2
Often, or, .............................................................. 3
Always? ............................................................... 4
REFUSED ..................................................................-1
DON’T KNOW ...................................................... -2

I28. In a typical week, how many mornings does your child eat breakfast, either at home or at school?

[ ] [ ]
ENTER NUMBER OF MORNINGS
OR
DON’T KNOW ...................................................... -2
REFUSED ............................................................ -1
I29. In a typical week, how many nights does your family eat dinner together?

PROBE (2 CITIES): By your family, we mean either you or the other parent.
PROBE (18 CITIES): By your family, we mean your child and either you or another adult.

_____
ENTER NUMBER OF NIGHTS
OR
DON’T KNOW ........................................... -2
REFUSED..................................................... -1

BOX I30
IF [THE PRIMARY CAREGIVER IS THE FATHER] OR [THE PRELOAD SHOWS THAT THE FATHER IS UNKNOWN OR DECEASED], GO TO BOX I39.
ELSE, ASK I30A.

I30A. Now, I would like to ask about {CHILD}’s father.

CONFIRM FROM INITIAL SCRIPT QUESTION 5 IN BIO MOTHER INITIAL SCRIPT. DOES THE BIOLOGICAL FATHER LIVE WITH THE BIOLOGICAL MOTHER (INITIAL SCRIPT QUESTION 5 = 1)?

YES (LIVING IN HH WITH BIO MOTHER)..........1
NO (LIVING ELSEWHERE) ..............................2
FATHER DECEASED .................................3
REFUSED ..................................................-1
DON’T KNOW ...........................................-2
BOX I30B

IF [THE PRIMARY CAREGIVER IS SOMEONE OTHER THAN THE MOTHER (PCG=BIO FATHER OR NON-PARENT FROM SCREENER/PCG IDENTIFIER)] OR [THE FATHER IS DECEASED (I30A = 3)], GO TO BOX I39.

ELSE, ASK I30C.

I30C. Has {CHILD} seen {FATHER} in the past year?

YES..............................................................1
NO..............................................................2 ➔ GO TO BOX I39
FATHER DOESN'T KNOW ABOUT CHILD......3 ➔ GO TO BOX I39
FATHER DECEASED ........................................4 ➔ GO TO BOX I39
REFUSED .....................................................-1 ➔ GO TO BOX I39
DON'T KNOW ...............................................-2 ➔ GO TO BOX I39
I31. I am now going to ask you about some of the things we just talked about, but ask you to tell me about the father’s involvement with {CHILD}. About how often in the past month did {FATHER}…

PROBE: Would you say that {FATHER} did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?

<table>
<thead>
<tr>
<th></th>
<th>NOT ONCE IN PAST MONTH</th>
<th>1-2 TIMES PAST MONTH</th>
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<th>SEVERAL TIMES A WEEK</th>
<th>EVERY DAY</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>I31A. Do dishes, prepare food, or do other household chores together? Would you say that {FATHER} did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31B. Play sports or do outdoor activities together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31C. Watch TV or videos together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31D. Play video or computer games together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31E. Read books with {CHILD} or talk with {him/her} about books {he/she} reads?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31F. Participate in indoor activities together such as arts and crafts or board games?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31G. Talk with {CHILD} about current events, like things going on in the news?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31H. Talk with {CHILD} about {his/her} day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31I. Check to make sure the {CHILD} has completed {his/her} homework?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I31J. Help {CHILD} with homework or school assignments?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
Now, I would like to ask you about some school-related activities that {FATHER} may or may not have done in the last year. Since the beginning of {this/last} school year has {FATHER}…

PROBE: Would you say that {FATHER} has done this once in the {this/last} school year, done this more than once in the {this/last} school year, or you have not done this in the {this/last} school year?

<table>
<thead>
<tr>
<th></th>
<th>ONCE IN CURRENT SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN CURRENT SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>I32a. Attended an open house or back-to-school night? <strong>Would you say that {FATHER} has done this once in the {this/last} school year, done this more than once in the {this/last} school year, or you have not done this in the {this/last} school year?</strong></td>
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<td>1</td>
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</tr>
<tr>
<td>I32b. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher? <strong>.................................</strong></td>
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<td>1</td>
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<tr>
<td>I32c. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated? <strong>.........................</strong></td>
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<td>1</td>
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</tr>
</tbody>
</table>
I33. Children often do things that are wrong, disobey, or make their parents angry. We would like to know what {FATHER} has done when {CHILD} did something wrong or made him upset or angry.

I’m going to read a list of things {FATHER} might have done in the past year. For each item please tell me whether he has done this once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, or whether it happened but not in the past year, or whether it never happened?

PROBE: Has {FATHER} done this once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, or has he done it but not in the past year, or has it never happened?

<table>
<thead>
<tr>
<th>ONCE</th>
<th>TWICE</th>
<th>3-5 TIMES</th>
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<th>11-20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
<th>YES BUT NOT IN PAST YEAR</th>
<th>THIS HAS NEVER HAPPENED</th>
<th>REF</th>
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</tr>
</thead>
</table>

**I33a.** Shouted, yelled, or screamed at {CHILD}? Has {FATHER} done this once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, or has he done it but not in the past year, or has it never happened?........

<table>
<thead>
<tr>
<th>1</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>-1</th>
<th>-2</th>
</tr>
</thead>
</table>

**I33b.** Spanked or slapped {him/her}?............

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>-1</th>
<th>-2</th>
</tr>
</thead>
</table>

**I33c.** Called {him/her} dumb or lazy or some other name like that?...

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>-1</th>
<th>-2</th>
</tr>
</thead>
</table>
I34. How many of {CHILD}'s close friends does {FATHER} know by sight and by first and last name?

ENTER NUMBER OF FRIENDS
OR
REFUSED..............................................................-1
DON'T KNOW .......................................................-2

I35. In the last year, has {FATHER} talked to {CHILD}'s doctor about how {he/she} is doing? This could be as part of a visit or a separate call.

YES .................................................................1
NO ................................................................. 2
CHILD DOESN'T HAVE DOCTOR..........................3
REFUSED............................................................-1
DON'T KNOW .......................................................-2

I36. In the last year, has {FATHER} ever talked to any of {CHILD}'s teachers about how {he/she} was doing?

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

I37. In the past month, has {FATHER} taken {CHILD} to or from school, an afterschool program or camp?

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

I38. Now I’d like to ask you how much influence you feel {FATHER} has in making major decisions about some area’s of {CHILD}'s life. For each item I read
please tell me if you feel that \{FATHER\} has no influence, some influence, or a great deal of influence. How about….

PROBE: Do you feel that \{FATHER\} has no influence, some influence, or a great deal of Influence in making decisions about this?

<table>
<thead>
<tr>
<th>NO INFLUENCE</th>
<th>SOME INFLUENCE</th>
<th>GREAT DEAL OF INFLUENCE</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
</table>
| \{CHILD\}’s school? Do you feel that \{FATHER\} has no influence, some influence, or a great deal of influence in making decisions about this? .......
| 1            | 2              | 3                       | -1  | -2 |

| \{CHILD\}’s religion? ......... | 1            | 2              | 3                       | -1  | -2 |
| \{CHILD\}’s health care? ..... | 1            | 2              | 3                       | -1  | -2 |

I39

IF [THE PRIMARY CAREGIVER IS NOT THE CHILD’S MOTHER (PCG= BIO FATHER OR NON-PARENT FROM SCREENER/PCG IDENTIFIER) OR [THE BIO FATHER LIVES WITH THE BIO MOTHER (I30A = 1)], GO TO SECTION J.

ELSE, GO TO I39A.

I39A. Now, I have a question about your living situation. Are you currently living with a partner?

YES................................................................. 1
NO................................................................. 2⇒ GO TO SECTION J
REFUSED ......................................................... -1⇒ GO TO SECTION J
DON’T KNOW .................................................... -2⇒ GO TO SECTION J
I am now going to ask you about some of the things we just talked about, but ask you to tell me about the {PARTNER} 's involvement with {CHILD}. About how often in the past month did {PARTNER}...

PROBE: Would you say that {PARTNER} did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?

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</thead>
<tbody>
<tr>
<td>I40A. Do dishes, prepare food, or do other household chores together? Would you say that {PARTNER} did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?.............</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>I40B. Play sports or do outdoor activities together?.......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>I40C. Watch TV or videos together?..............................</td>
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<td>I40D. Play video or computer games together? ...............</td>
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<td>4</td>
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<td>I40E. Read books with {CHILD} or talk with {him/her} about books {he/she} reads? .........................................</td>
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<td>I40F. Participate in indoor activities together such as arts and crafts or board games? ..................................</td>
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<td>I40G. Talk with {CHILD} about current events, like things going on in the news? ..........................................</td>
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<td>I40H. Talk with {CHILD} about {his/her} day? ...............</td>
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</table>
Now, I would like to ask you about some school-related activities that {PARTNER} may or may not have done in the last year. Since the beginning of {this/last} school year has {PARTNER}…

PROBE: Would you say that {PARTNER} has done this once in the last school year, done this more than once in the {this/the last} school year, or you have not done this in the {this/thelast} school year?

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<tbody>
<tr>
<td>I41a. Attended an open house or back-to-school night? Would you say that {PARTNER} has done this once in the {this/the last} school year, done this more than once in the {this/the last} school year, or you have not done this in the {this/the last} school year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>-1</td>
</tr>
<tr>
<td>I41b. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher?</td>
<td>1</td>
<td>2</td>
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<td>I41c. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated?</td>
<td>1</td>
<td>2</td>
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</table>
I42. Children often do things that are wrong, disobey, or make their parents angry. We would like to know what {PARTNER} has done when {CHILD} did something wrong or made him upset or angry.

Please read the following list of things he might have done in the past year. For each item listed, record how often you feel he has done each thing in the past year. If you think he hasn't done it in the past year but has done it before this, I would like to know this, too.

For each item record please tell me whether he has done this once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, or whether it happened but not in the past year, or this has never happened?

<table>
<thead>
<tr>
<th>ONCE</th>
<th>TWICE</th>
<th>3-5 TIMES</th>
<th>6-10 TIMES</th>
<th>11-20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
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<tbody>
<tr>
<td>I42a. Shouted, yelled, or screamed at {CHILD}? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>-1</td>
</tr>
<tr>
<td>I42b. Spanked or slapped {him/her}? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I42c. Called {him/her} dumb or lazy or some other name like that?...</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>-1</td>
</tr>
</tbody>
</table>

I43. How many of {CHILD}’s close friends does {PARTNER} know by sight and by first and last name?

[ ] [ ]

ENTER NUMBER OF FRIENDS

OR

REFUSED………………………………………………………………..-1

DON'T KNOW………………………………………………………….-2
I44. In the last year, has {PARTNER} talked to {CHILD}'s doctor about how {he/she} is doing? This could be as part of a visit or a separate call.

YES .............................................................................1
NO .................................................................................2
CHILD DOESN'T HAVE DOCTOR ..................................3
REFUSED ........................................................................ -1
DON'T KNOW .............................................................. -2

I45. In the last year, has {PARTNER} ever talked to any of {CHILD}'s teachers about how {he/she} was doing?

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

I46. In the past month, has {PARTNER} taken {CHILD} to or from school, an after-school program, or camp?

YES ............................................................................ 1
NO ............................................................................. 2
REFUSED ................................................................ ...... -1
DON'T KNOW ........................................................... -2
Now I’d like to ask you how much influence you feel {PARTNER} has in making major decisions about some areas of {CHILD}’s life. For each item I read please tell me if you feel that {PARTNER} has no influence, some influence, or a great deal of influence. How about….

PROBE: Do you feel that {PARTNER} has no influence, some influence, or a great deal of influence in making decisions about this?

<table>
<thead>
<tr>
<th></th>
<th>NO INFLUENCE</th>
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</thead>
<tbody>
<tr>
<td><strong>I47A</strong></td>
<td>{CHILD}’s school? Do you feel that {PARTNER} has no influence, some influence, or a great deal of influence in making decisions about this?......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>-1</td>
</tr>
<tr>
<td><strong>I47B</strong></td>
<td>{CHILD}’s religion? ................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>-1</td>
</tr>
<tr>
<td><strong>I47C</strong></td>
<td>{CHILD}’s health care? .............</td>
<td>1</td>
<td>2</td>
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<td>-1</td>
</tr>
</tbody>
</table>
**PRIMARY CAREGIVER/ SECTION J: NUTRITION**

J1. The next questions are about the food that {CHILD} eats. Some young children are “picky eaters” and others like a wide variety of foods. What best describes {CHILD}. Is (he/she) a very picky eater, a somewhat picky eater, or not a picky eater?

- **VERY PICKY EATER**.............................. 1
- **SOMewhat PICKY EATER**........................ 2
- **NOT A PICKY EATER**........................... 3
- **REFUSED**....................................... -1
- **DON'T KNOW**.................................... -2

J2. On a typical day, about how many servings of the following foods does {CHILD} eat?

<table>
<thead>
<tr>
<th>A. Milk? .................................................. 0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>-1</th>
<th>-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Other dairy products (eggs, cheese, yogurt)? .......... 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>C. Fruit juice? ........................................ 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>D. Diet Soda (e.g., Diet Coke, Diet Pepsi)? ............... 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>E. Regular Soda (e.g. Coke, Pepsi) ......................... 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F. Fresh fruit or vegetables? .............................. 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>G. Candy or sweets? ................................... 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>H. Frozen or canned vegetables? ........................... 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>I. Snack foods or chips? .................................. 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>J. Starches like bread, cereal or spaghetti? .................. 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
J3. About how many times a week does {CHILD} eat a meal from a “fast food” restaurant (for example, McDonald’s, KFC, etc.)?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>None or hardly ever</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 time</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 times</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 times</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 times or more</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J4. Now I have a question about free or reduced price meals {CHILD} may get while at school or in after school programs. Does {he/she} get free or reduced price…

PROBE: “Free or reduced price meals” are paid or partially paid for by a government program or agency. Do not include meals that are covered by tuition you pay for school.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>{NOT IN CHILD CARE/AFTER SCHOOL PROGRAM}</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>J4a. Breakfast?</td>
<td>1</td>
<td>2</td>
<td></td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>J4b. Lunch?</td>
<td>1</td>
<td>2</td>
<td></td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>J4c. Snacks or dinner in after school program?</td>
<td>1</td>
<td>2</td>
<td>{3}</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

BOX J5

IF THE PRIMARY CAREGIVER IS NOT THE BIOLOGICAL MOTHER (PCG= BIO FATHER OR NON-PARENT FROM SCREENER/PCG IDENTIFIER), GO TO J7.

ELSE, GO TO J6.
J6. Do any of your other children get free or reduced price meals while at child care or in school?

PROBE: “Free or reduced price meals” are paid or partially paid for by a government program or agency. Do not include meals that are covered by tuition you pay for school.

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

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

NOT APPLICABLE—MOTHER HAS NO CHILDREN OTHER THAN (CHILD) ............. 3

REFUSED ................................... -1

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

J7. How much did your family spend on groceries or food that you used at home during the last month? You can tell me about how much you spent per week if that’s easiest. Please do not include what you may buy with food stamps. Your best estimate is fine.

$| | | | | | | |
ENTER COST OF FOOD USED AT HOME
OR
REFUSED .................................. -1 → GO TO J7B

DON’T KNOW .................................. -2 → GO TO J7B

0 (Back coded) .................................. 0 → GO TO J8

J7A. [How much did your family spend on groceries or food that you used at home during the last month? You can tell me about how much you spent per week if that’s easiest. Please do not include what you may buy with food stamps. Your best estimate is fine.]

ENTER UNIT.

PER DAY ........................................ 1 → GO TO J8

PER WEEK ..................................... 2 → GO TO J8

PER TWO WEEKS .............................. 3 → GO TO J8

PER MONTH .................................. 4 → GO TO J8

OTHER (SPECIFY) ____________________ 5 → GO TO J8

REFUSED ................................... -1 → GO TO J7B

DON’T KNOW .................................. -2 → GO TO J7B
J7B. Can you give me a range? Is it...

- Less than $25 a week, .................................................. 1
- $26 to $50, ................................................................. 2
- $51 to $75, ................................................................. 3
- $76 to $100, ............................................................... 4
- $101 to $150, or ......................................................... 5
- More than $150 a week? ............................................. 6
- REFUSED ................................................................. -1
- DON'T KNOW ......................................................... -2

J8. Last month, did you have any take out or food delivered such as pizza, which isn't included in that amount?

- YES .................................................................................. 1
- NO .................................................................................. 2 → GO TO J10
- REFUSED ................................................................. -1 → GO TO J10
- DON'T KNOW .......................................................... -2 → GO TO J10

J9. How much did you spend on take out food or food that was delivered during the last month? You can tell me about how much you spent per week if that's easiest.

PROBE: Your best estimate is fine.

$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
ENTER COST OF FOOD DELIVERED
OR
- DON'T KNOW .......................................................... -2 → GO TO J9B
- REFUSED ................................................................. -1 → GO TO J9B
- 0 (Back coded) .......................................................... 0 → GO TO J10
J9A. [How much did you spend on take out food or food that was delivered during the last month? You can tell me about how much you spent per week if that's easiest.]

ENTER UNIT.

PER DAY ......................................................... 1 ➔ GO TO J10
PER WEEK ...................................................... 2 ➔ GO TO J10
PER TWO WEEKS ............................................. 3 ➔ GO TO J10
PER MONTH ..................................................... 4 ➔ GO TO J10
OTHER (SPECIFY)_________________________ 5 ➔ GO TO J10
REFUSED ................................................. -1 ➔ GO TO J9B
DON'T KNOW ............................................. -2 ➔ GO TO J9B

J9B. Can you give me a range? Is it . . .

Less than $25 a week, ........................................... 1
$26 to $50, ......................................................... 2
$51 to $75, ......................................................... 3
$76 to $100, ......................................................... 4
$101 to $150, or ................................................... 5
More than $150 a week? ..................................... 6
REFUSED ................................................. -1
DON'T KNOW ............................................. -2

J10. About how much did you and anyone else in your family spend eating out in the last month? You can tell me about how much you spent per week if that's easiest.

PROBE: Your best estimate is fine.

$ |___|___|___|___|___|
ENTER COST OF EATING OUT
OR
DON'T KNOW ................................................ -2 ➔ GO TO J10B
REFUSED ................................................. -1 ➔ GO TO J10B
0 (Back coded) .............................................. 0 ➔ GO TO J11
J10A. [About how much did you and anyone else in your family spend eating out in the last month? You can tell me about how much you spent per week if that's easiest.]

ENTER UNIT.

PER DAY .................................................. 1 \( \rightarrow \) GO TO J11
PER WEEK .................................................. 2 \( \rightarrow \) GO TO J11
PER TWO WEEKS ......................................... 3 \( \rightarrow \) GO TO J11
PER MONTH ............................................... 4 \( \rightarrow \) GO TO J11
OTHER (SPECIFY) _____________________________ 5 \( \rightarrow \) GO TO J11
REFUSED ................................................... -1 \( \rightarrow \) GO TO J10B
DON'T KNOW .............................................. -2 \( \rightarrow \) GO TO J10B

J10B. Can you give me a range? Is it . . .

Less than $25 a week, ..................................... 1
$26 to $50, .................................................. 2
$51 to $75, .................................................. 3
$76 to $100, ............................................... 4
$101 to $150, or .......................................... 5
More than $150 a week? ............................... 6
REFUSED ................................................... -1
DON'T KNOW .............................................. -2

J11. Do you do most of your grocery shopping at a big supermarket, or at a smaller store, like a corner market, convenience store, or bodega?

CODE ONE

SUPERMARKET .............................................. 1 \( \rightarrow \) GO TO J12
SMALLER STORE .......................................... 2 \( \rightarrow \) GO TO J12
SUPERMARKET AND SMALLER STORE EQUALLY 101 \( \rightarrow \) GO TO J12
OTHER (SPECIFY) ___________________________ 91 \( \rightarrow \) GO TO J12
REFUSED ................................................... -1 \( \rightarrow \) GO TO J12
DON'T KNOW .............................................. -2 \( \rightarrow \) GO TO J12
J12. How do you usually get to the grocery store where you do most of your shopping?
Do you . . .

CODE ONE

Drive a car, .................................................... 1 → GO TO J13
Take a taxi, .................................................... 2 → GO TO J13
Take public transportation
(bus, subway, etc.), or ....................... 4 → GO TO J13
Walk? .......................................................... 5 → GO TO J13
Get a ride from family member/friend .......... 101 → GO TO J13
OTHER (SPECIFY) ....................................... 91 → GO TO J13

REFUSED ..................................................... -1 → GO TO J13
DON’T KNOW ............................................. -2 → GO TO J13

J13. How long does it take you to get there?

15 minutes or less ........................................ 1
Around a half hour .................................... 2
Close to 1 hour or longer ....................... 3
REFUSED ..................................................... -1
DON’T KNOW ............................................. -2
K1. Now I’m going to read some statements about {being a parent /taking care of children}. Please tell me how much you agree or disagree with each statement.

K1A. {Being a parent/Taking care of children} is harder than I thought it would be. Do you . . .

Strongly agree, ................................................................. 1
Somewhat agree, .......................................................... 2
Somewhat disagree, or...................................................... 3
Strongly disagree? ......................................................... 4
REFUSED .................................................................-1
DON’T KNOW ..................................................-2

K1B. I feel trapped by my responsibilities {as a parent/being a caregiver}. Do you . . .

Strongly agree, ................................................................. 1
Somewhat agree, .......................................................... 2
Somewhat disagree, or...................................................... 3
Strongly disagree? ......................................................... 4
REFUSED .................................................................-1
DON’T KNOW ..................................................-2
K1C. 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
REFUSED ..................................................-1
DON'T KNOW ...........................................-2

K1D. 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
REFUSED ..................................................-1
DON'T KNOW ...........................................-2

K1E. The next questions are about your experience being a {caregiver/parent} to {CHILD}. First, please think about how you feel about yourself as a {caregiver/parent} to {CHILD}. Would you say you are . . .

An excellent {caregiver/parent}, ......................... 1
A very good {caregiver/parent}, ......................... 2
A good {caregiver/parent}, or ........................... 3
Not a very good {caregiver/parent}? .................. 4
REFUSED ..................................................-1
DON'T KNOW ...........................................-2
K1F. How close do you feel to {CHILD}? Would you say. . .

Extremely close, .................................................. 1
Quite close, .......................................................... 2
Fairly close, or ....................................................... 3
Not very close?...................................................... 4
REFUSED ..............................................................-1
DON'T KNOW .......................................................-2

K1G. How well do you and {CHILD} share ideas or talk about things that really matter? Would you say. . .

Extremely well, ...................................................... 1
Quite well,............................................................. 2
Fairly well, or ......................................................... 3
Not very well?........................................................ 4
REFUSED .............................................................-1
DON'T KNOW ........................................................-2
L1. What grade {is {CHILD} currently/was {CHILD}} enrolled in {last school year}?

<table>
<thead>
<tr>
<th></th>
<th>ENTER GRADE</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

L1A. Now I’d like to talk with you about {CHILD}’s {current/last} school year. Please let me know what describes {CHILD}’s school experiences. {Is/Was} {CHILD} attending…?

IF R SAYS THAT CHILD IS OUT FOR SUMMER BREAK, PROBE: What type of school was {CHILD} attending last school year?

<table>
<thead>
<tr>
<th></th>
<th>CODE ONE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public school, ...........................................</td>
</tr>
<tr>
<td>2</td>
<td>Private school, ...........................................</td>
</tr>
<tr>
<td>3</td>
<td>Parochial or religious school, or .......................</td>
</tr>
<tr>
<td>4</td>
<td>Home school? ................................................................</td>
</tr>
</tbody>
</table>
| 5 | CHILD IS NOT ATTENDING SCHOOL FOR SOME REASON ...........................................  
    | REFUSED ................................................................ |
| 6 | DON'T KNOW ................................................................ |

L2. {Is/Was} {CHILD}’s school within five miles of your home?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES.................................</td>
</tr>
<tr>
<td>2</td>
<td>NO.................................</td>
</tr>
<tr>
<td>3</td>
<td>REFUSED.........................-1</td>
</tr>
<tr>
<td>4</td>
<td>DON'T KNOW.......................-2</td>
</tr>
</tbody>
</table>
L3. Now, I would like to ask you about some school-related activities that you may or may not have done in the last year. Since the beginning of {this/last} school year have you…

PROBE: Would you say you have done this once in {this/ the last} school year, done this more than once in {this/the last} school year, or you have not done this in {this/the last} school year?

<table>
<thead>
<tr>
<th>L3a. Attended an open house or back-to-school night?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L3b. Attended a meeting of a PTA, PTO or parent-teacher organization?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>L3c. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L3d. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>L3e. Attended a school or class event, such as a play, sports event, or science fair, in which your child did not participate?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>L3f. Volunteered at the school or served on a committee?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>L3g. Met with a school counselor?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L3h. Visited or sat in on {CHILD}'s classroom?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L3i. Had a conference with {CHILD}'s school principal?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>L3j. Gone to a workshop or meeting about health, nutrition, or safety issues?</th>
<th>ONCE IN THIS/LAST SCHOOL YEAR</th>
<th>MORE THAN ONCE</th>
<th>NOT IN THIS/LAST SCHOOL YEAR</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, -1, -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
L4a. In a typical week, do you talk in person with any parents of children in {CHILD}’s class?

YES................................................................. 1
NO .......................................................... 2 → GO TO L4C
REFUSED...........................................................-1 → GO TO L4C
DON’T KNOW ..................................................-2 → GO TO L4C

L4B. About how many parents do you talk with in person?

\[\_\_\_\_\_\_\]  
ENTER NUMBER OF PARENTS  
OR  
REFUSED...........................................................-1  
DON’T KNOW ..................................................-2

L4C. In a typical week, do you talk on the phone with any parents of children in {CHILD}’s class?

YES................................................................. 1  
NO .......................................................... 2 → GO TO L5  
REFUSED...........................................................-1 → GO TO L5  
DON’T KNOW ..................................................-2 → GO TO L5

L4D. About how many parents do you talk with on the phone?

\[\_\_\_\_\_\_\]  
ENTER NUMBER OF PARENTS  
OR  
REFUSED...........................................................-1  
DON’T KNOW ..................................................-2

L5. About how many days per week do you either drop off or pick up {CHILD} at school? Please include walking or driving to the school bus stop.

\[\_\_\_\_\_\_\]  
ENTER NUMBER OF DAYS PER WEEK  
OR  
REFUSED...........................................................-1  
DON’T KNOW ..................................................-2
**BOX L5**

IF THE CHILD ATTENDS PUBLIC SCHOOL (L1A = 1), GO TO L5A.
ELSE, GO TO L8.

**L5A.** {Is/Was} this public school {CHILD}’s regularly assigned school or a school you chose?

ASSIGNED......................................................... 1 → GO TO L8
CHOSEN........................................................... 2
ASSIGNED SCHOOL IS SCHOOL OF
CHOICE (VOLUNTEERED)........................................ 3
REFUSED ...........................................................-1 → GO TO L8
DON’T KNOW .....................................................-2 → GO TO L8

**L5B.** {Is/Was} this chosen public school...?

A school with a magnet program such as a special program for
science, math, or foreign language, ......................... 1→ GO TO L8
A charter school, .................................................. 2→ GO TO L8
A special education school which primarily serves
children with disabilities, or ............................... 3→ GO TO L8
Normal public school ............................................. 101→ GO TO L8
Strong academic program ................................. 102→ GO TO L8
Bilingual education .............................................. 103→ GO TO L8
Montessori .......................................................... 104→ GO TO L8
Regular school with special program offerings ..... 105→ GO TO L8
Year-round school ................................................. 106→ GO TO L8
Another type of school? (SPECIFY)..................... 91→ GO TO L8
REFUSED ...........................................................-1 → GO TO L8
DON’T KNOW .....................................................-2 → GO TO L8
L8. What grade levels are included in this school?

CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>p5I8_1</td>
<td>KINDERGARTEN</td>
</tr>
<tr>
<td>p5I8_2</td>
<td>1ST GRADE</td>
</tr>
<tr>
<td>p5I8_3</td>
<td>2ND GRADE</td>
</tr>
<tr>
<td>p5I8_4</td>
<td>3RD GRADE</td>
</tr>
<tr>
<td>p5I8_5</td>
<td>4TH GRADE</td>
</tr>
<tr>
<td>p5I8_6</td>
<td>5TH GRADE</td>
</tr>
<tr>
<td>p5I8_7</td>
<td>6TH GRADE</td>
</tr>
<tr>
<td>p5I8_8</td>
<td>7TH GRADE</td>
</tr>
<tr>
<td>p5I8_9</td>
<td>8TH GRADE</td>
</tr>
<tr>
<td>p5I8_10</td>
<td>9TH GRADE</td>
</tr>
<tr>
<td>p5I8_11</td>
<td>10TH GRADE</td>
</tr>
<tr>
<td>p5I8_12</td>
<td>11TH GRADE</td>
</tr>
<tr>
<td>p5I8_13</td>
<td>12TH GRADE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

L10. How many schools has {CHILD} attended since first grade?

PROBE: Include first grade.

IF HOMESCHOOLED SINCE FIRST GRADE, ENTER 0.

ENTER NUMBER OF SCHOOLS

OR

REFUSED

DON'T KNOW

BOX L11

IF L1A = 4 (CHILD IS HOME SCHOOLED), GO TO SECTION M.
ELSE, GO TO L11.
L11. During the {current/last} school year, how many times has {CHILD} been absent from school?

PROBE: Your best estimate is fine.

Never, ................................................................................. 0 \( \Rightarrow \) GO TO L13
Once or twice this year, ................................................. 1
More than twice but less than 10 times, ............... 2
About once a month, or ............................................... 3
A few times a month or more? ......................... 4
REFUSED .......................................................................-1 \( \Rightarrow \) GO TO L13
DON'T KNOW ...............................................................-2 \( \Rightarrow \) GO TO L13

L12. What were the reasons for these absences?

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Illness or other physical problem? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>b. An emotional or mental condition? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>c. Illness in the family? ......................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>d. The family moved? ...............................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>e. The student shifted to another school?.......</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>f. {You/A parent} wanted {CHILD} at home?...</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>g. {CHILD} was suspended or expelled? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>h. Truancy or {CHILD} skipped school? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>101. Death in the family? ...........................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>102. Doctor's/Dentist's appointment? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>103. Overslept or missed bus? ...................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>104. Caregiver unable to take child? ..........</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>105. Religious holiday? ............................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>106. Weather? ..................................................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>107. Vacation? ................................................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>i. Something else? (SPECIFY) ....................</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
L13. Does {CHILD} receive any of the following services at school during the day?

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Individual tutoring in reading or math?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>B. Small group program in reading or math?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>C. English as Second Language small group program?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>D. In-class English as Second Language?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>E. Learning a language other than English?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>F. Gifted and talented program?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>G. Individual or group counseling from a trained professional?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>H. Special education or related services?</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

L14. Has {CHILD} ever been required by the school to attend summer school?

YES ...................................................................................... 1
NO ...................................................................................... 2 \(\rightarrow\) GO TO L15
REFUSED .............................................................................. -1 \(\rightarrow\) GO TO L15
DON'T KNOW ........................................................................ 2 \(\rightarrow\) GO TO L15

L14A. For how many summers has {CHILD} been required by the school to attend summer school?

ENTER NUMBER OF SUMMERS
OR
REFUSED ........................................................................... -1
DON'T KNOW ........................................................................ 2

L15. Has {CHILD} ever repeated any grades?

YES ...................................................................................... 1
NO ...................................................................................... 2 \(\rightarrow\) GO TO L17
REFUSED .............................................................................. -1 \(\rightarrow\) GO TO L17
DON'T KNOW ........................................................................ 2 \(\rightarrow\) GO TO L17
L15A. Which grades has {CHILD} repeated?

CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>p5l15a_1</td>
<td>KINDERGARTEN</td>
<td>1</td>
</tr>
<tr>
<td>p5l15a_2</td>
<td>1ST GRADE</td>
<td>2</td>
</tr>
<tr>
<td>p5l15a_3</td>
<td>2ND GRADE</td>
<td>3</td>
</tr>
<tr>
<td>p5l15a_4</td>
<td>3RD GRADE</td>
<td>4</td>
</tr>
<tr>
<td>p5l15a_5</td>
<td>4TH GRADE</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-2</td>
</tr>
</tbody>
</table>

L17. During (this/the last) school year, have you or another adult in your household ever discussed {CHILD} with {CHILD}’s teacher for any of the following reasons.

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>L17A. Behavioral or social problems?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17B. Academic problems?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17C. Tardiness or absences?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17D. Homework not done?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17E. To discuss child’s health or medications?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17F. To discuss which teacher your child is assigned to?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17_101. To discuss child being bullied?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17_102. To discuss home/personal issues?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17_103. To discuss school procedures and activities?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17_104. To have a routine conference?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>L17G. Some other reason (SPECIFY)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
L18. Who initiated this contact?

You.................................................................1
Another adult in household, ........................................2
(CHILD)’s teacher, or...............................................3
Someone else at (CHILD)’s school? .........................4
REFUSED ...................................................................-1
DON’T KNOW ............................................................-2

L20. NOT FOR PUBLIC RELEASE

L21A. {Is/Was} that the same school that {CHILD} attended in first grade?

YES.................................................................1  \(\rightarrow\) GO TO L23
NO........................................................................2
REFUSED .............................................................-1  \(\rightarrow\) GO TO L17
DON’T KNOW ............................................................-2  \(\rightarrow\) GO TO L23

L22. NOT FOR PUBLIC RELEASE

L23. Was the school that {CHILD} attended in first grade public or private?

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

L26. Did {CHILD} attend full or half day kindergarten?

FULL-DAY KINDERGARTEN.................................1
HALF-DAY KINDERGARTEN.................................2
REFUSED .............................................................-1
DON’T KNOW ............................................................-2
### PRIMARY CAREGIVER/ SECTION M: CHILD’S NEIGHBORHOOD

The next set of question are about {CHILD}’s neighborhood.

**M1.** How many of the families on your block would you say that you know well?
Would you say you know . . .

<table>
<thead>
<tr>
<th>Almost all,</th>
<th>Most,</th>
<th>Some,</th>
<th>Very few, or None?</th>
<th>REFUSED</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>............................... 1</td>
<td>.............................................. 2</td>
<td>.............................................. 3</td>
<td>.............................................. 4</td>
<td>.............................................. -1</td>
<td>.............................................. -2</td>
</tr>
</tbody>
</table>

**M2.** For each item I read, please tell me how likely it would be for your neighbors to do something or get involved…

**PROBE:** Would you say it is very likely they would do something or get involved, somewhat likely, not very likely, or very unlikely?

<table>
<thead>
<tr>
<th>#</th>
<th>VERY LIKELY</th>
<th>SOMETHAWAT LIKELY</th>
<th>NOT VERY LIKELY</th>
<th>VERY UNLIKELY</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2a. If children were skipping school and hanging out on the street. Would you say it is very likely they would do something or get involved, somewhat likely, not very likely, or very unlikely?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M2b. If children were spray painting buildings with graffiti?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M2c. If children were showing disrespect to an adult?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M2d. If a fight broke out in front of the house or building?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M2e. If the fire station closest to the neighborhood was threatened and its budget was cut?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>
M3. Now I’m going to read some statements about your neighborhood and the people who live there. For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

PROBE: Do you strongly agree, agree, disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>M3a. People around here are willing to help their neighbors. Do you strongly agree, agree, disagree, or strongly disagree?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>M3b. This is a close-knit neighborhood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>M3c. People in this neighborhood generally don’t get along with each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>M3d. People in this neighborhood do not share the same values</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>M3e. Gangs are a problem in this neighborhood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
</tbody>
</table>

M4. Have you ever been afraid to let {CHILD} go outside because of violence in your neighborhood?

YES................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -1
DON’T KNOW ................................................... -2
M5. The next set of questions is about violent things that may have happened to you or that you may have seen in the last year.

For these questions, we are interested in learning about violence in your neighborhood or community. Please do not include violence carried out by your circle of family or loved ones. Do not include violence you saw on TV or in movies.

PROBE 1: Was it never, once, 2-3 times, 4-10 times, or more than 10 times?

PROBE 2: Remember we do not want to know about things done by members of your family or people you know well.

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>ONCE</th>
<th>2-3 TIMES</th>
<th>4-10 TIMES</th>
<th>MORE THAN 10 TIMES</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>M5a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M5b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>M5c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>