

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

Fathers' Five-Year Follow-Up Survey

Public Use Version

April 2013

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

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SECTION A: FAMILY CHARACTERISTICS

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

A1. **NOT FOR PUBLIC RELEASE**

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

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

A2A. **NOT FOR PUBLIC RELEASE**

A2B. **NOT FOR PUBLIC RELEASE**

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

YES.....1

NO2 → **GO TO A3A1**

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

|__|__| NIGHTS

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

|__|__| MONTHS AGO

NOT APPLICABLE: NEVER LIVED
WITH CHILD ALL OR MOST OF

THE TIME-10 → **GO TO A3A2**

A3A1. What was the main reason (he/she) stopped living with you (most of the time)?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- LEGALLY LOST CUSTODY.....1
 - CHILD PROTECTIVE SERVICES/OTHER AGENCY/COURT REMOVED CHILD.....2
 - FINANCIAL PROBLEMS.....3
 - OWN HEALTH PROBLEMS4
 - CHILD'S HEALTH PROBLEMS5
 - NEIGHBORHOOD SAFETY.....6
 - OTHER PARENT TOOK CHILD/ KIDNAPPED.....7
 - CHILD DECEASED8 → **RECODE A2 AND FOLLOW NEW PATH**
 - OTHER (NOT SPECIFIED).....9
-
- FATHER INCARCERATED.....101
 - LIVES WITH OTHER FAMILY102
 - FATHER DISABLED103
 - LIVES WITH MOTHER104
 - PARENTS BROKE UP105
 - NEVER LIVED WITH CHILD.....106
 - FATHER MOVED107
 - MOTHER/CHILD MOVED108
 - PARENTS DON'T GET ALONG.....109

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

CIRCLE ONE

- BIOLOGICAL MOTHER1 → **GO TO A3C**
 - MATERNAL GRANDPARENT(S).....2
 - PATERNAL GRANDPARENT(S)3
 - OTHER RELATIVE(S).....4
 - FRIEND.....5
 - FOSTER CARE6
 - ADOPTIVE PARENT.....7 → **UPDATE ADDRESS,
THANK MOTHER,
END INTERVIEW AND
CODE CASE ADOPTED.**
 - CHILD DECEASED8 → **RECODE A2 AND
FOLLOW NEW PATH**
 - OTHER (NOT SPECIFIED).....9 → **GO TO A3C**
- } → **GO TO A3B1A**
-

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

- YES.....1
- NO2

GO TO A3C

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

- YES 1
 - NO 2
 - DON'T KNOW -2
 - REFUSED -1
- } → **GO TO A3C**

A3B1B. Who provides this payment?

CIRCLE ALL
THAT APPLY

- A3B1B_1** RESPONDENT/CHILD'S FATHER1
 - A3B1B_2** CHILD'S MOTHER2
 - A3B1B_3** OTHER RELATIVE OF CHILD3
 - A3B1B_4** FRIEND4
 - A3B1B_5** GOVERNMENT AGENCY5
 - A3B1B_6** OTHER (NOT SPECIFIED)6
-

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

|__|__| MONTHS

LESS THAN ONE MONTH.....0

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

- YES1
- NO2

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

|__|__| NUMBER OF DAYS

NONE0

GO TO A4

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

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

CIRCLE ONE

- BIOLOGICAL MOTHER1
- MATERNAL GRANDPARENT(S).....2
- PATERNAL GRANDPARENT(S)3
- OTHER RELATIVE(S).....4
- FRIEND5
- OTHER (NOT SPECIFIED).....6

-
- PARENTS BROKE UP101
 - LIVES WITH MOTHER102
 - FATHER INCARCERATED.....103
 - FATHER WORK SCHEDULE104
 - DISTANCE105

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

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

|__|__| DAYS

NONE0

NO A3H THIS VERSION

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

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- LEGAL CUSTODY AGREEMENT1
 - CHILD PROTECTIVE SERVICES/OTHER
AGENCY/COURT ORDERED LIVING
ARRANGEMENT2
 - FINANCIAL PROBLEMS3
 - OWN HEALTH PROBLEMS4
 - CHILD'S HEALTH PROBLEMS5
 - NEIGHBORHOOD SAFETY6
 - INFORMAL AGREEMENT WITH OTHER
CUSTODIAN7
 - OTHER (NOT SPECIFIED)8
-

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

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

- Married, 1 → **GO TO A4A1**
- Romantically involved, 2
- Separated, 3
- Divorced, 4
- Just friends, or 5
- Not in any kind of a relationship? 6 → **GO TO A5**
- MOTHER DECEASED, VOLUNTEERED-14 → **GO TO A4C**
- REFUSED-1 → **GO TO A10**

A4A. Would you say you are romantically involved on a steady basis, or are you in an on-again - off-again relationship?

- STEADY1
- ON-AGAIN, OFF-AGAIN2

A4A1. **CODE WITHOUT ASKING IF KNOWN:**

Are you and (MOTHER) currently living together . . .

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

A4A2. **ARE FATHER AND MOTHER MARRIED AND LIVING TOGETHER ALL OR MOST OF THE TIME?**

(A4=1 AND A4A1=1)

- YES1 → GO TO A5
- NO2

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

|__| NIGHTS → GO TO A5

- NONE 0
- REFUSED-1

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

- YES1
- NO0 → GO TO A5

A4B2. For how many months over the past two years did you and (MOTHER) live together?

|_|_| MONTHS

NONE 0

REFUSED-1

GO TO A5

OFFER CONDOLENCES:

A4C. When did (MOTHER) die?

|_|_|_|
YEAR
(A4C2)

CODE WITHOUT ASKING IF KNOWN:

A4D. What was the cause of her death?

WON'T DISCUSS..... 1

ILLNESS (NOT SPECIFIED)..... 2

ACCIDENT (NOT SPECIFIED) 3

OTHER (NOT SPECIFIED) 4

DON'T KNOW-2

GO TO A10

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

YES1

NO2 → GO TO A6

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

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

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

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

YES1

NO2 → GO TO A7

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

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

|_|_|_| / |_|_|_|_| → GO TO A8C
MONTH YEAR
(A6A1) (A6A2)

A7. **WERE FATHER AND MOTHER MARRIED AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED BUT SEPARATED OR DIVORCED NOW?**
(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET A4=3 OR 4)

YES1

NO2 → GO TO A8

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

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

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

YES 1

NO 2 → GO TO A8C

MOTHER DIED-14 → GO TO A10

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

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

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

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

- FINANCIAL REASONS (DON'T HAVE WORK/MONEY).....1
 - DISTANCE (DON'T LIVE IN SAME TOWN) ...2
 - MOTHER'S INCARCERATION3
 - FATHER'S INCARCERATION4
 - RELATIONSHIP REASONS (DON'T GET ALONG, TOO YOUNG, NOT IN LOVE, NOT MATURE ENOUGH, TOO DIFFERENT, JUST GREW APART)5
 - DRUG OR ALCOHOL PROBLEM6
 - VIOLENT/ABUSIVE7
 - OTHER (NOT SPECIFIED).....8
-
- INFIDELITY101

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

- YES1 → GO TO A10
- NO0

A9. How often do you and (MOTHER) see or talk to each other? Is it . . .

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

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

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

|_|_| CHILDREN

CHILD IS THE ONLY ONE.....1 → **GO TO A11**

	CHILD 1	CHILD 2	CHILD 3
A10B. Is the mother of (CHILD IN A10B) also the mother of (CHILD)?	YES (GO TO A10I2) 1 NO.....2	YES (GO TO A10I3) 1 NO.....2	YES.....(GO TO A11)..... 1 NO.....2
A10C. Is the mother of (CHILD 02) also the mother of (CHILD 01/CHILD 03)?		YES 1 NO.....2	YES 1 NO.....2
A10D. Is the mother of (CHILD 03) also the mother of (CHILD 02)?			YES 1 NO.....2
A10E. What was your relationship with the mother of (CHILD IN A10B) at the time of that child's birth? Were you . . .	Married, 1 Separated,2 Divorced,3 Cohabiting,4 Romantic, but not living together, or5 Not romantic?6 VOLUNTEERED, MOTHER DIED(GO TO A10I).....-14 REFUSED...(GO TO A10I).....-1	Married, 1 Separated,2 Divorced,3 Cohabiting,4 Romantic, but not living together, or5 Not romantic?6 VOLUNTEERED, MOTHER DIED(GO TO A10I).....-14 REFUSED...(GO TO A10I).....-1	Married, 1 Separated,2 Divorced,3 Cohabiting,4 Romantic, but not living together, or5 Not romantic?6 VOLUNTEERED, MOTHER DIED.....(GO TO A11) ..-14 REFUSED.....(GO TO A11) ..-1
A10F. Does (CHILD IN A10B)'s mother provide any financial support?	YES 1 NO.....2	YES 1 NO.....2	YES 1 NO.....2
A10G. How old is (CHILD IN A10B)'s mother?	____ YEARS DON'T KNOW-2 REFUSED.....-1	____ YEARS DON'T KNOW-2 REFUSED.....-1	____ YEARS DON'T KNOW-2 REFUSED.....-1
A10H. What is (CHILD IN A10B)'s mother currently doing? Is she . . .	Employed full-time, 1 Employed part-time,2 Attending school,3 In jail, or4 Something else? (SPECIFY) 5 _____ DON'T KNOW-2 REFUSED.....-1 DISABILITY..... 101 DECEASED 102 UNEMPLOYED..... 103 SCHOOL AND WORK 104 STAY AT HOME 105 NOTHING 106 ON WELFARE..... 107	Employed full-time, 1 Employed part-time,2 Attending school,3 In jail, or4 Something else? (SPECIFY) 5 _____ DON'T KNOW-2 REFUSED.....-1 DISABILITY..... 101 DECEASED 102 UNEMPLOYED..... 103 SCHOOL AND WORK 104 STAY AT HOME 105 NOTHING 106 ON WELFARE..... 107	Employed full-time, 1 Employed part-time,2 Attending school,3 In jail, or4 Something else? (SPECIFY) 5 _____ DON'T KNOW-2 REFUSED.....-1 DISABILITY..... 101 DECEASED 102 UNEMPLOYED..... 103 SCHOOL AND WORK 104 STAY AT HOME 105 NOTHING 106 ON WELFARE..... 107
A10I. CHECK A10B, NEXT COLUMN. IS THERE ANOTHER CHILD TO ASK ABOUT?	YES.....(GO TO A10B2) 1 NO.....(GO TO A11).....2	YES.. (GO TO A10B3) 1 NO.....(GO TO A11).....2	GO TO A11

A11. **WERE FATHER AND CHILD'S MOTHER EVER MARRIED OR WAS FATHER NEVER INTERVIEWED?**
(CHECK MARRIAGE HISTORY ON CONTACT SHEET AND A4)

YES 1
NO 2
FATHER NEVER INTERVIEWED..... -10

→ **GO TO A11B**

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

YES 1 → **GO TO A11C**
NO 2 → **GO TO A12E**

A11B. Were you ever married?

YES 1
NO 2 → **GO TO A12E**

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

|||

ONCE 1

	MARRIAGE 01	MARRIAGE 02	MARRIAGE 03
A12A. What was the date of your (first/second/third) marriage to someone other than [MOTHER] IF MORE THAN THREE MARRIAGES, LIST THE THREE MOST RECENT.	__ __ / __ __ __ __ MONTH YEAR A12A1A A12A1C	__ __ / __ __ __ __ MONTH YEAR A12A2A A12A2C	__ __ / __ __ __ __ MONTH YEAR A12A3A A12A3C
A12B. Did you divorce this woman?	YES1 NO(GO TO A12C)....2	YES1 NO(GO TO A12C)....2	YES1 NO(GO TO A12E)2
A12C. On what date were you divorced from this woman?	__ __ / __ __ __ __ MONTH YEAR A12C1A A12C1C	__ __ / __ __ __ __ MONTH YEAR A12C2A A12C2C	__ __ / __ __ __ __ MONTH YEAR A12C3A A12C3C
A12D. CHECK A12A NEXT COLUMN. IS THERE ANOTHER MARRIAGE TO ASK ABOUT?	YES (GO TO A12B2)1 NO(GO TO A12E)2	YES (GO TO A12B3)1 NO(GO TO A12E)2	GO TO A12E

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

YES1 → **GO TO SECTION B**
 NO2

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

|__|__| RELATIONSHIPS → **GO TO A14**

NONE 0
 ONLY WITH MOTHER-10
 DON'T KNOW-2
 REFUSED-1 → **GO TO SECTION B**

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

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

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

- YES1
- NO2 → **GO TO A15**

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

|__|__| PARTNERS

- ONE1

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

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

SECTION B: CHILD WELL-BEING AND FATHERING

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

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

NO, LIVES MOSTLY WITH
SOMEONE ELSE2 → **GO TO B20A**

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

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

An excellent father,.....1

A very good father,2

A good father, or.....3

Not a very good father?4

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

Excellent,.....1

Very good,2

Good,.....3

Fair, or4

Poor?.....5

B2A. Has a doctor or other health professional ever told you that (CHILD) has asthma?

- YES 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED-1
- } → **GO TO B3**

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

- YES 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED-1
- } → **GO TO B3**

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

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

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

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

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

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

ACCEPT ESTIMATE.

|__|__|__| DAYS

DON'T KNOW-2

REFUSED-1

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

PROBE: Any other places?

CIRCLE ALL THAT APPLY

- B3B_1 WITH CHILD'S BIOLOGICAL MOTHER1
- B3B_2 WITH MATERNAL GRANDPARENT2
- B3B_3 WITH PATERNAL GRANDPARENT3
- B3B_4 WITH OTHER RELATIVE/FRIEND4
- B3B_5 WITH FOSTER PARENT5
- B3B_6 IN INSTITUTION/GROUP HOME6
- B3B_7 IN HOSPITAL7
- B3B_8 OTHER (NOT SPECIFIED)8

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

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- CHILD OR PARENT'S ILLNESS1
- COURT OR AGENCY REMOVED
CHILD FROM HOME2
- FATHER'S WORK SCHEDULE3
- FATHER IN JAIL/PRISON.....4
- FATHER ON VACATION5
- CHILD VISITED MOTHER6
- CHILD VISITED RELATIVES7
- OTHER (NOT SPECIFIED)8

-
- FAMILY ISSUES101
 - CHILD ON VACATION102
 - SPOUSAL ARGUMENTS.....103
 - SEPARATED.....104
 - FINANCIAL PROBLEMS105
 - DISTANCE106
 - MOTHER PREVENTED107

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

- YES1
- NO2 → GO TO B4

B3D1. For how many days were you and (CHILD) separated during the second most recent separation?

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

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

ACCEPT ESTIMATE.

|_|_|_|_| DAYS

DON'T KNOW-2

REFUSED-1

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

PROBE: Any other places?

CIRCLE ALL THAT APPLY

- B3E_1 WITH CHILD'S BIOLOGICAL MOTHER.....1
- B3E_2 WITH MATERNAL GRANDPARENT2
- B3E_3 WITH PATERNAL GRANDPARENT3
- B3E_4 WITH OTHER RELATIVE/FRIEND4
- B3E_5 WITH FOSTER PARENT5
- B3E_6 IN INSTITUTION/GROUP HOME6
- B3E_7 IN HOSPITAL7
- B3E_8 OTHER (NOT SPECIFIED)8

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

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- CHILD'S OR PARENT'S ILLNESS.....1
 - COURT OR AGENCY REMOVED
CHILD FROM HOME2
 - FATHER'S WORK SCHEDULE3
 - FATHER IN JAIL/PRISON.....4
 - FATHER ON VACATION5
 - CHILD VISITED MOTHER6
 - CHILD VISITED RELATIVES7
 - OTHER (NOT SPECIFIED)8
-
- FAMILY ISSUES101
 - CHILD ON VACATION.....102
 - SPOUSAL ARGUMENTS.....103
 - SEPERATED.....104
 - DISTANCE105
 - MOTEHR PREVENTED.....106

B4A. Now I would like to ask you some questions about things you may do with (CHILD).

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

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

RECORD "NEVER" AS "0".

		DAYS PER WEEK								DON'T KNOW
B4A1.	Sing songs or nursery rhymes with (CHILD)	0	1	2	3	4	5	6	7	-2
B4A2.	Read stories to (CHILD)	0	1	2	3	4	5	6	7	-2
B4A3.	Tell stories to (him/her)	0	1	2	3	4	5	6	7	-2
B4A4.	Play inside with toys such as blocks or legos with (CHILD)	0	1	2	3	4	5	6	7	-2
B4A5.	Tell (CHILD) that you appreciated something (he/she) did.....	0	1	2	3	4	5	6	7	-2
B4A6.	Play outside in the yard, park, or a playground with (CHILD) ...	0	1	2	3	4	5	6	7	-2
B4A7.	Take (CHILD) on an outing, such as shopping, or to a restaurant, church, museum, or special activity or event	0	1	2	3	4	5	6	7	-2
B4A8.	Watch TV or a video together...	0	1	2	3	4	5	6	7	-2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

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

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
B4B1.	(He/She) can't concentrate, can't pay attention for long	0	1	2
B4B2.	(He/She) can't sit still; (he/she) is restless or hyperactive	0	1	2
B4B3.	(He/She) clings to adults or is too dependent	0	1	2
B4B4.	(He/She) cries a lot	0	1	2
B4B5.	(He/She) is disobedient.....	0	1	2
B4B6.	(He/She) doesn't get along with other children	0	1	2
B4B7.	(He/She) doesn't seem to feel guilty after misbehaving	0	1	2
B4B8.	(He/She) has trouble getting to sleep.....	0	1	2
B4B9.	(He/She) is nervous, high strung, or tense	0	1	2
B4B10.	(He/She) has a speech problem	0	1	2
B4B11.	(He/She) is stubborn, sullen, or irritable	0	1	2
B4B12.	(He/She) has sudden changes in mood or feelings.....	0	1	2
B4B13.	(He/She) has temper tantrums or a hot temper ...	0	1	2
B4B14.	(He/She) is too fearful or anxious.....	0	1	2
B4B15.	(He/She) is unhappy, sad, depressed	0	1	2
B4B16.	(He/She) wants a lot of attention.....	0	1	2
B4B17.	(He/She) is withdrawn; (he/she) doesn't get involved with others.....	0	1	2
B4B18.	(He/She) feels worthless or inferior	0	1	2
B4B19.	(He/She) acts too young for (his/her) age	0	1	2

B5. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES1

NO2 → GO TO B6

B5A. Did you do this . . .

Every day or nearly every day,1

A few times a week,.....2

A few times this past month, or3

Only once or twice?4

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

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

Strongly agree,1

Somewhat agree,2

Somewhat disagree, or.....3

Strongly disagree?.....4

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

Strongly agree,1

Somewhat agree,2

Somewhat disagree, or.....3

Strongly disagree?.....4

B6C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

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

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

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

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

- YES1 → **ASK B8-B15
ABOUT JANUARY 1-
MAY 31**
- NO2

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

- YES1 → **ASK B8-B15
ABOUT JANUARY 1-
MAY 31**
- NO2 → **ASK B8-B15
ABOUT NOW**

SKIP ERROR B7-B7A

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

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

YES1

NO2 → GO TO B9

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

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

CIRCLE ONE

DAY CARE CENTER1

NURSERY SCHOOL2

PRESCHOOL3

HEAD START PROGRAM4

PRE-KINDERGARTEN5

JUNIOR KINDERGARTEN6

KINDERGARTEN7 (2 CITIES ONLY)

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

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

|__| |__| HOURS PER WEEK

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

- IT'S OWN BUILDING1
 - PUBLIC SCHOOL BUILDING2
 - PRIVATE SCHOOL BUILDING3
 - YMCA OR YWCA4
 - COLLEGE/UNIVERSITY5
 - CHURCH/SYNAGOGUE6
 - COMMUNITY CENTER.....7
 - PUBLIC LIBRARY8
 - OTHER (NOT SPECIFIED)9
-

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

- YES 1
- NO 2
- NO CHARGE FOR PROGRAM.....-10 → **GO TO B8G**

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

Would you say

- Less than \$50 per week,1
 - \$51 - \$100 per week,.....2
 - \$101 - \$150 per week,.....3
 - \$151 – 200 per week,4
 - \$201 - \$250 per week,.....5
 - \$251 - \$300 per week, or.....6
 - More than \$300 per week?7
 - PAYS NOTHING0
 - CHILD CARE PROVIDED IN EXCHANGE
FOR OTHER SERVICES-15
- } → **GO TO B8G**

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

|__|__| CHILDREN

CHILD ONLY1

B8G. CODE WITHOUT ASKING IF KNOWN

Is (CHILD) currently enrolled in this program?

YES1

NO2

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)

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

YES1 → **GO TO SECTION C**
NO2

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

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

YES1
NO2 → **GO TO SECTION C**

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

|__|__| HOURS PER WEEK

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

|__|__| ARRANGEMENTS

ONE.....1

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

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

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

- IN CHILD'S HOME1
 - IN PROVIDER'S HOME2
 - PROVIDER AND (CHILD) LIVE IN
SAME HOME.....3
 - OTHER (NOT SPECIFIED)4
-

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

|__|__| HOURS PER WEEK

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

YES 1

NO 2

NO CHARGE FOR CHILD CARE.....-10 → **GO TO B17**

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

Would you say

Less than \$50 per week,1

\$51 - \$100 per week,.....2

\$101 - \$150 per week,.....3

\$151 - \$200 per week,.....4

\$201 - \$250 per week,.....5

\$251 - \$300 per week, or.....6

More than \$300 per week?.....7

PAYS NOTHING0

CHILD CARE PROVIDED IN EXCHANGE
FOR OTHER SERVICES-15

} → **GO TO B17**

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

|__|__| CHILDREN

CHILD ONLY1

NO B16 THIS VERSION

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

|__|__| TIMES

NONE 0

DID NOT USE CHILD CARE

IN PAST MONTH-10 → **GO TO B19**

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

|__|__| TIMES

NONE 0

NOT APPLICABLE: NEITHER WORKS

NOR IN SCHOOL.....-10

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

YES1

NO2

B20. When (CHILD) is sick, can (any of) your provider(s) take care of (him/her), do you need to make other arrangements, or do you have to miss work or school to take care of (him/her)?

- ONE OF CURRENT PROVIDERS
CAN CARE FOR CHILD..... 1
- HAS TO MAKE OTHER
ARRANGEMENTS 2
- MISS WORK/SCHOOL 3
- SOMETIMES CAN MAKE OTHER
ARRANGEMENTS, SOMETIMES
HAVE TO MISS WORK OR SCHOOL 4
- NOT APPLICABLE: NEITHER WORKS
NOR IN SCHOOL.....-10

GO TO SECTION C

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

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

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

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

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

B22. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you talked to (CHILD's) doctor about how (he/she) is doing? This could be as part of a visit or a separate call.

- YES 1 → GO TO B23
- NO 2
- CHILD DOESN'T HAVE DOCTOR.....-10 → GO TO B23

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

- YES1
- NO2

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

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

- YES 1
 - NO 0
 - DON'T KNOW-2
- } → GO TO B25

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

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

- YES1 → GO TO B25
- NO2

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

- YES1
- NO2

B25. **DID FATHER SEE THE CHILD MORE THAN ONCE IN THE LAST 30 DAYS?**
(A3E = 2 OR MORE)

YES1

NO2 → GO TO SECTION C

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

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

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

RECORD “NEVER” AS “0.”

		DAYS PER WEEK								DON'T KNOW
B26A.	Sing songs or nursery rhymes with (CHILD)	0	1	2	3	4	5	6	7	-2
B26B.	Read stories to (CHILD)	0	1	2	3	4	5	6	7	-2
B26C.	Tell stories to (him/her)	0	1	2	3	4	5	6	7	-2
B26D.	Play inside with toys such as blocks or legos with (CHILD)	0	1	2	3	4	5	6	7	-2
B26E.	Tell (CHILD) that you appreciated something (he/she) did	0	1	2	3	4	5	6	7	-2
B26F.	Play outside in the yard, park, or playground with (CHILD)	0	1	2	3	4	5	6	7	-2
B26G.	Take (CHILD) on an outing, such as shopping, or to a restaurant, church, museum, or special activity or event	0	1	2	3	4	5	6	7	-2
B26H.	Watch TV or a video together	0	1	2	3	4	5	6	7	-2

B27. About how many, if any, books do you have for (CHILD)? This can include children's books shared with other children. Would you say (he/she) has . . .

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

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

	<u>YES</u>	<u>NO</u>
B27A. Breakfast.....	1	2
B27B. Lunch	1	2
B27C. Dinner	1	2

B29. The next questions are about (CHILD) and how (he/she) behaves.

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

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
B29A1.	(He/She) can't concentrate, can't pay attention for long	1	2	3
B29A2.	(He/She) can't sit still; (he/she) is restless or hyperactive	1	2	3
B29A3.	(He/She) clings to adults or is too dependent	1	2	3
B29A4.	(He/She) cries a lot	1	2	3
B29A5.	(He/She) is disobedient.....	1	2	3
B29A6.	(He/She) doesn't get along with other children	1	2	3
B29A7.	(He/She) doesn't seem to feel guilty after misbehaving	1	2	3
B29A8.	(He/She) has trouble getting to sleep.....	1	2	3
B29A9.	(He/She) is nervous, high strung, or tense.....	1	2	3
B29A10.	(He/She) has a speech problem	1	2	3
B29A11.	(He/She) is stubborn, sullen, or irritable	1	2	3
B29A12.	(He/She) has sudden changes in mood or feelings.....	1	2	3
B29A13.	(He/She) has temper tantrums or hot temper	1	2	3
B29A14.	(He/She) is too fearful or anxious.....	1	2	3
B29A15.	(He/She) is unhappy, sad, depressed	1	2	3
B29A16.	(He/She) wants a lot of attention.....	1	2	3
B29A17.	(He/She) is withdrawn; (he/she) doesn't get involved with others.....	1	2	3
B29A18.	(He/She) feels worthless or inferior	1	2	
B29A19.	(He/She) acts too young for (his/her) age	1	2	3

B30. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES1

NO2 → GO TO B31

B30A. Did you do this . . .

Every day or nearly every day,1

A few times a week,.....2

A few times this past month, or3

Only once or twice?4

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

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

Strongly agree,1

Somewhat agree,2

Somewhat disagree, or.....3

Strongly disagree?.....4

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

Strongly agree,1

Somewhat agree,2

Somewhat disagree, or.....3

Strongly disagree?.....4

B31C. I find that taking care of my child(ren) is much more work than pleasure.
Do you . . .

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

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

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

SECTION C: MOTHER-CHILD RELATIONSHIP

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

YES1 → **GO TO C3**

NO2

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

YES1 → **GO TO SECTION E**

NO2

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

YES1 → **GO TO C33A**

NO2

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

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

YES1

NO2 → **GO TO C8**

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

NUMBER OF DAYS|__|__| → **GO TO C2C**

NONE0

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

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

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

YES1
NO2 → GO TO C2E

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

ENCOURAGE AN ESTIMATE.

|_|_|_| NIGHTS → GO TO C2E
DON'T KNOW-2

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

1 - 3 nights,1
4 - 11 nights,2
12 - 24 nights, or3
25 or more nights?4

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

YES1
NO2 → GO TO C5A

C2F. Please think about the kind of mother you feel that (MOTHER) is to (CHILD).
Would you say that she is . . .

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

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

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

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

RECORD “NEVER” AS “0”.

		DAYS PER WEEK								DON'T KNOW
C3A.	Sing songs or nursery rhymes with (CHILD).....	0	1	2	3	4	5	6	7	-2
C3B.	Read stories to (CHILD).....	0	1	2	3	4	5	6	7	-2
C3C.	Tell stories to (him/her)	0	1	2	3	4	5	6	7	-2
C3D.	Play inside with toys such as blocks or legos with (CHILD).....	0	1	2	3	4	5	6	7	-2
C3E.	Tell (CHILD) that she appreciated something (he/she) did.....	0	1	2	3	4	5	6	7	-2
C3F.	Play outside in the yard, park, or playground with (CHILD).....	0	1	2	3	4	5	6	7	-2
C3G.	Take (CHILD) on an outing, such as shopping, or to a restaurant, church, museum, or special activity or event.....	0	1	2	3	4	5	6	7	-2
C3H.	Watch TV or a video together.....	0	1	2	3	4	5	6	7	-2

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

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

C4A. Did she do this . . .

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

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

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

C5A. **DOES MOTHER SEE CHILD FREQUENTLY?**

(C5=1 OR 2)

- YES 1 → **GO TO C6**
- NO 2

C5B. What is the main reason (MOTHER) doesn't see (CHILD) more often?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- FATHER DOESN'T WANT MOTHER
TO SEE CHILD1
- MOTHER DOES NOT WANT TO SEE/
ACKNOWLEDGE CHILD2
- CHILD DOESN'T WANT TO SEE MOTHER...3
- MOTHER LIVES TOO FAR AWAY4
- MOTHER DOESN'T HAVE ENOUGH TIME
OR HAS TIME CONFLICTS.....5
- MOTHER DOESN'T HAVE
ENOUGH MONEY.....6
- PARENTS DON'T GET ALONG.....7
- MOTHER'S CURRENT
PARTNER OBJECTS.....8
- FATHER'S CURRENT
PARTNER OBJECTS.....9
- OTHER (SPECIFY)10
-
- MOTHER INCARCERATED.....101
- VISITATION/CUSTODY AGREEMENT102
- COURT ORDER.....103
- HEALTH REASONS.....104
- MOTHER ON ALCOHOL/DRUGS.....105
- MOTHER FAMILY ISSUES.....106

C6A. Have you ever asked (MOTHER) to spend more time with (CHILD)?

YES1

NO2

MOTHER DOESN'T SHOW101

COURT ORDER.....102

SAFETY, HOUSING, LIFESTYLE103

MOTHER'S NEW FAMILY104

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

YES1

NO2 → GO TO C7

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

|__|__| TIMES

HAS NOT REFUSED SINCE
DATE OF LAST INTERVIEW/
DURING THE LAST TWO YEARS-10 → GO TO C7

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

INCONVENIENT/TIME CONFLICT1

CHILD ILL.....2

CHILD DIDN'T WANT TO VISIT MOTHER.....3

MOTHER NOT GOOD WITH CHILD4

MOTHER DRUNK, VIOLENT, ABUSIVE5

OTHER (NOT SPECIFIED).....6

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)

C7. HAS MOTHER SPENT LESS THAN ONE HOUR WITH CHILD IN THE PAST MONTH?

(C5=5)

YES1 → **GO TO C7E**

NO2

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

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

	OFTEN	SOMETIMES	RARELY	NEVER
C7A. How often does she look after (CHILD) when you need to do things?	1	2	3	4
C7B. How often does she run errands (for you) like picking things up from the store?	1	2	3	4
C7C. How often does she fix things around your home, paint, or help make it look nicer in other ways?	1	2	3	4
C7D. How often does she take (CHILD) places (he/she) needs to go, such as to daycare or the doctor?.....	1	2	3	4

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

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

YES1

NO2 → **GO TO C8**

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

YES1

NO2 → **GO TO C8**

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

|__|__| TIMES

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

|__|__| MONTHS (C7H1)

|__|__| YEARS (C7H2)

C8. **WERE FATHER AND MOTHER MARRIED AT LAST INTERVIEW OR WAS FATHER NEVER INTERVIEWED?**

(CHECK LAST INTERVIEW RELATIONSHIP STATUS ON CONTACT SHEET)

YES, MARRIED..... 1 → GO TO C11

NO 2

FATHER NEVER INTERVIEWED.....-10 → GO TO C10

C9. **WAS PATERNITY ESTABLISHED AT LAST INTERVIEW?**

(CHECK PATERNITY STATUS ON CONTACT SHEET)

YES 1 → GO TO C11

NO 2

NO PATERNITY INDICATOR-10

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

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

YES, LEGAL PATERNITY.....1 → GO TO C11

NO2

C10A1. What is the primary reason that legal paternity has not been established?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON:

CIRCLE ONE

- DON'T WANT THE STATE/LEGAL SYSTEM INVOLVED/MOTHER PREFERS TO RECEIVE PAYMENTS DIRECTLY1 → **GO TO C11**
- MOTHER DOESN'T WANT THE FATHER INVOLVED2
- FATHER DOESN'T WANT TO BE INVOLVED3
- OTHER (NOT SPECIFIED)4
- _____
- IN PROCESS101
- FATHER INCARCERATED102
- NO NEED103
- LIVES WITH CHILD104
- DIDN'T GET TO IT105

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

- FINANCIAL REASONS/FATHER NOT ABLE TO PROVIDE SUPPORT1
- MOTHER DOESN'T GET ALONG WITH FATHER2
- FATHER NOT A GOOD PARENT/ FATHER A BAD INFLUENCE3
- CAN'T LOCATE FATHER4
- OTHER (NOT SPECIFIED)5
- _____

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

YES1 → GO TO C23
NO2

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

YES 1
NO 2
FATHER NEVER INTERVIEWED.....-10

→ GO TO C12B

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

YES1 → GO TO C15A
NO2 → GO TO C16

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)

C12B. **WAS LEGAL PATERNITY ESTABLISHED?**
(C10A=1)

YES1
NO2 → GO TO C23

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

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

YES1 → GO TO C13B
NO2

C13A. What is the primary reason that you do not have a child support order?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

DON'T WANT THE STATE/LEGAL
SYSTEM INVOLVED/PREFER TO
RECEIVE PAYMENTS DIRECTLY1 → **GO TO C13A3**

MOTHER DOESN'T WANT THE FATHER
INVOLVED2

THE FATHER DOESN'T WANT TO BE
INVOLVED3

OTHER (NOT SPECIFIED)4 → **GO TO C13A3**

LIVING TOGETHER101

MOTHER NOT LOCATED102

MUTUAL UNDERSTANDING103

INCARCERATED104

CUSTODY ISSUES105

IN PROCESS106

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

FINANCIAL REASONS/FATHER NOT
ABLE TO PROVIDE SUPPORT1

MOTHER DOESN'T GET
ALONG WITH FATHER2

FATHER NOT A GOOD PARENT/
FATHER A BAD INFLUENCE3

MOTHER CAN'T LOCATE FATHER4

OTHER (NOT SPECIFIED)5

C13A2. Have you ever contacted a child support enforcement office, a department of social services, welfare office, or any government agency to find out about child support?

YES1
NO2

GO TO C23

C13B. When was that legal agreement first reached?

|_|_|_| / |_|_|_|_|_|
MONTH YEAR
(C13B1) (C13B2)

C13D. **NOT FOR PUBLIC RELEASE**

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

YES, MORE THAN ONE 1
NO, FOCAL CHILD ONLY 2 → **GO TO C15**

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

JUST FOR CHILD1
FOR OTHER CHILDREN AS WELL2

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

YES 1
NO 2 → **GO TO C16**

C15A. Why was the original agreement changed?

CIRCLE ALL THAT APPLY

- TO INCLUDE ANOTHER CHILD1
- CHANGE IN FATHER'S ECONOMIC CIRCUMSTANCES2
- CHANGE IN MOTHER'S ECONOMIC CIRCUMSTANCES3
- OTHER (NOT SPECIFIED)4

- MOVED IN TOGETHER.....101
- FELL BEHIND, STOPPED PAYMENTS102
- AGREEMENT TERMINATED103
- CHILD MOVED IN WITH FATHER104

C15B. When was the original agreement changed?

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

C15C. **NOT FOR PUBLIC RELEASE**

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

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

- WEEK.....1
- EVERY 2 WEEKS2
- MONTH3
- OTHER (NOT SPECIFIED)4

- NONE/PAYMENTS LEGALLY TERMINATED0

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

- YES1 → **GO TO C19**
NO2

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

- MOTHER1
COURT2
WELFARE OR CHILD SUPPORT AGENCY ..3
OTHER (NOT SPECIFIED)4
-

C19. How often do you pay on time? Is it . . .

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

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

- All of the amount agreed upon, 1 → **GO TO C20B**
Some of the amount agreed upon, 2
None of the amount agreed upon? 3 → **GO TO C20B**
DON'T KNOW-2
REFUSED-1

C20A. Can you tell me approximately how much you paid? Was it . . .

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

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

- YES1
- NO2 → GO TO C21

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

- \$ |__|__|,|__|__|__| → GO TO C21
- DON'T KNOW-2
- REFUSED-1

C20D. I just need a range. Can you tell me if it was . . .

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

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

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

- YES 1
 - NO 2
 - DON'T KNOW-2
- } → **GO TO C22**

C21A. What is the amount of the arrears?

\$ |__|__|,|__|__|__| → **GO TO C21C**

DON'T KNOW-2

REFUSED-1

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

Less than \$500, 1

\$500 to \$1,000, 2

\$1,001 to \$2,000, 3

\$2,001 to \$3,000, 4

\$3,001 to \$4,000, 5

\$4,001 to \$5,000, 6

\$5,001 to \$10,000, or 7

More than \$10,000? 8

DON'T KNOW-2

REFUSED-1

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

YES 1

NO 2

DON'T KNOW-2

→ **GO TO C22**

C21D. What action has been taken?

CIRCLE ALL THAT APPLY

- GARNISHED FATHER'S WAGES1
 - SEIZED FATHER'S
INCOME TAX REFUND2
 - SUSPENDED FATHER'S
DRIVER'S LICENSE3
 - SEIZED FATHER'S LIQUID ASSETS.....4
 - PUT A LIEN ON FATHER'S
PERSONAL PROPERTY5
 - SUSPENDED FATHER'S BUSINESS,
PROFESSIONAL OR OCCUPATIONAL
LICENSE6
 - SENT FATHER TO PRISON OR JAIL7
 - PUT FATHER ON PROBATION8
 - OTHER (NOT SPECIFIED).....9
-
- COURT CASE101
 - PAY MORE MONEY102
 - PAYMENT PLAN.....103

C22. **DO FATHER AND MOTHER LIVE TOGETHER?**
(A4A1=1 OR 2)

- YES1 → GO TO C23
- NO2

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

- YES1
- NO2 → GO TO C23

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

|__|__| DAYS

NONE0

OTHER (NOT SPECIFIED)9

EVERY OTHER WEEK101

WHENEVER SHE WANTS102

HOLIDAY AND VACATION103

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

YES1 → GO TO C25C

NO2

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

YES1 → GO TO C25C

NO2

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

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

YES1

NO2 → GO TO C25C

C25A. How much have you given for ([CHILD's]/your children's) support in the past twelve months?

\$ |__|__|,|__|__|__| → GO TO C25C

DON'T KNOW-2

REFUSED-1

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

Less than \$500, 1

\$500 to \$1,000, 2

\$1,001 to \$2,000, 3

\$2,001 to \$3,000, 4

\$3,001 to \$4,000, 5

\$4,001 to \$5,000, 6

\$5,001 to \$10,000, or 7

More than \$10,000? 8

DON'T KNOW-2

REFUSED-1

C25C. **DO FATHER AND MOTHER LIVE TOGETHER ALL OR MOST OF THE TIME?**

(A4A1=1)

YES1 → GO TO C27

NO2

C26. I am going to read you a list of things that children need. Please tell me how often you buy these for (CHILD).

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

		OFTEN	SOMETIMES	RARELY	NEVER
C26A.	Clothes for (CHILD)	1	2	3	4
C26B.	Toys for (CHILD)	1	2	3	4
C26C.	Medicine for (CHILD).....	1	2	3	4
C26D.	Food for (CHILD).....	1	2	3	4
C26E.	Anything else for (CHILD) (SPECIFY) ..	1	2	3	4

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

YES1

NO2 → GO TO C30

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

YES1

NO2 → GO TO C30

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

\$ |__|__|,|__|__|__| → GO TO C30

DON'T KNOW-2

REFUSED-1

C29A. I just need to have a range. Can you tell me if it was . . .

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

C30. Has (MOTHER) had any children with another man (since [DATE OF LAST INTERVIEW/during the last two years])?

- YES 1
 - NO 2
 - DON'T KNOW-2
- } → **GO TO C33**

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

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

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

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

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

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

C33. **IS FATHER LIVING WITH MOTHER ALL, MOST, OR SOME OF THE TIME?**
(A4A1=1 OR 2)

YES1 → **GO TO C36**
NO2

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

YES 1
NO 2
DON'T KNOW-2

C34. **NOT FOR PUBLIC RELEASE**

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

0 – 10 MILES.....1
11 – 30 MILES.....2
31 – 60 MILES.....3
61 – 100 MILES.....4
101 MILES OR MORE.....5

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

- WORKING AT A REGULAR JOB1
 - LOOKING FOR WORK2
 - IN SCHOOL.....3
 - UNABLE TO WORK.....4
 - IN JAIL/PRISON5 → GO TO C37A
 - STAY AT HOME PARENT/HOMEMAKER.....6
 - WORKING AND IN SCHOOL.....7
 - OTHER (NOT SPECIFIED).....8
-
- NOTHING 0
 - DON'T KNOW-2
 - ON DISABILITY..... 101
 - HALFWAY HOUSE/REHAB 102
 - ON VACATION..... 103

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

- YES 1
- NO 2 → GO TO C38
- MOTHER IS CURRENTLY IN JAIL 3
- DON'T KNOW-2 → GO TO C38

C37A. What (is/was) (MOTHER) in jail for?

PROBE: What else?

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

	<u>CIRCLE ALL THAT APPLY</u>
AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)	1 (C37A_1)
ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting)	2 (C37A_2)
POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS	3 (C37A_3)
MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug, DWI, DUI, reckless driving, driving without a license)	4 (C37A_4)
NON-PAYMENT OF CHILD SUPPORT	5 (C37A_5)
PAROLE OR PROBATION VIOLATION.....	6 (C37A_6)
SIMPLE ASSAULT	7 (C37A_7)
OTHER (NOT SPECIFIED).....	8 (C37A_8)
<hr/>	
DON'T KNOW	-2
REFUSED.....	-1
DOMESTIC VIOLENCE	101
TRAFFIC TICKETS	102

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

YES1 → GO TO C37D
NO2

C37C. How long did she spend in (jail/prison)?

INTERVIEWER: ACCEPT ESTIMATE.

|_|_| OR |_|_| OR |_|_| OR |_|_|
YEARS MONTHS WEEKS DAYS
(C37C1) (C37C2) (C37C3) (C37C4) → **GO TO C38**

DON'T KNOW-2

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

|_|_|_|_|
YEAR
(C37D2)

DON'T KNOW-2

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

|_|_|_|_|
YEAR
(C37E2)

DON'T KNOW-2

C37F. **NOT FOR PUBLIC RELEASE**

C37G. **NOT FOR PUBLIC RELEASE**

C37H. **NOT FOR PUBLIC RELEASE**

C38. Does (MOTHER) have any physical or mental health conditions that limit the kind or amount of work she can do?

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

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

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

C40. Next, I'm going to read some statements that describe how (MOTHER) may behave. For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree that this is like (MOTHER).

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

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
C40A.	She often says and does things without considering the consequences	1	2	3	4
C40B.	She often gets into trouble because she doesn't think before she acts	1	2	3	4

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

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

		VERY TRUE	SOMEWHAT TRUE	NOT TRUE
C41A.	She does things that may cause trouble with the law	1	2	3
C41B.	She lies or cheats	1	2	3
C41C.	She frequently gets into fights.....	1	2	3
C41D.	She doesn't seem to feel guilty when she misbehaves.....	1	2	3

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

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

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

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

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

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

- YES 1
 - NO 2
 - DON'T KNOW -2
- } → **GO TO C44A**

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

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

C44A. Since (CHILD) born, has (MOTHER) had a period lasting one month or longer when most of the time she felt worried, tense or anxious?

YES 1

NO 2

DON'T KNOW-2

→ **GO TO SECTION D**

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

YES 1

NO 2

DON'T KNOW-2

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

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

YES1 → **GO TO SECTION E**
NO2

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

YES1
NO2 → **GO TO D4**

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

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

	ALWAYS TRUE	SOMETIMES TRUE	RARELY TRUE	NEVER TRUE	REFUSED
D1A. When (MOTHER) is with (CHILD), she acts like the mother you want for your child	1	2	3	4	-1
D1B. You can trust (MOTHER) to take good care of (CHILD).....	1	2	3	4	-1
D1C. She respects the schedules and rules you make for (CHILD)	1	2	3	4	-1
D1D. She supports you in the way you want to raise (CHILD).....	1	2	3	4	-1
D1E. You and (MOTHER) talk about problems that come up with raising (CHILD).....	1	2	3	4	-1
D1F. You can count on (MOTHER) for help when you need someone to look after (CHILD) for a few hours	1	2	3	4	-1
D1G. You respect (MOTHER)'s wishes about how (CHILD) should be raised.....	1	2	3	4	-1
D1H. You are critical of the things (MOTHER) does	1	2	3	4	-1

D11. **IS RELATIONSHIP WITH MOTHER REFUSED?**
(A4=-1)

YES1 → **GO TO SECTION E**
NO2

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

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

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

YES1
NO2

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

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

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

YES1
NO2

D5. ARE FATHER AND MOTHER CURRENTLY MARRIED OR ROMANTICALLY INVOLVED WITH EACH OTHER?
(A4=1 OR 2)

YES1

NO2 → GO TO D8

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
D6A. My relationship with (MOTHER) is more important to me than almost anything else in my life	1	2	3	4	5
D6B. I may not want to be with (MOTHER) a few years from now	1	2	3	4	5
D6C. I like to think of (MOTHER) and me more as a couple than as two separate people	1	2	3	4	5
D6D. I want this relationship to stay strong no matter what rough times we may encounter	1	2	3	4	5
D6E. I am happy with my sexual relationship with (MOTHER)	1	2	3	4	5
D6F. I can trust that (MOTHER) will not cheat on me with other people	1	2	3	4	5

Sometimes couples have serious problems in their relationship and have thoughts of breaking up. Even people who get along well with their partner sometimes wonder whether their relationship is working out. For the next set of statements, please tell me how often each is true about your relationship with (MOTHER) over the past year.

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

	OFTEN	SOMETIMES	NEVER
D6G. (HOW OFTEN HAVE) you thought your relationship with (MOTHER) might be in trouble?	1	2	3
D6H. You and (MOTHER) discussed ending your relationship?	1	2	3
D6I. You talked to a close friend or relative about breaking up with (MOTHER)?	1	2	3

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

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

		OFTEN	SOMETIMES	NEVER
D7A.	She is fair and willing to compromise when you have a disagreement.....	1	2	3
D7B.	She expresses affection or love for you.....	1	2	3
D7C.	She insults or criticizes you or your ideas.....	1	2	3
D7D.	She encourages or helps you to do things that are important to you	1	2	3
D7E.	She tries to keep you from seeing or talking with your friends or family	1	2	3
D7F.	She tries to prevent you from going to work or school.....	1	2	3
D7G.	She withholds money, makes you ask for money, or takes your money.....	1	2	3
D7H.	She slaps or kicks you	1	2	3
D7I.	She hits you with a fist or an object that could hurt you.....	1	2	3
D7J.	She tries to make you have sex or do sexual things you don't want to do.....	1	2	3
D7K.	She withholds sex to try to control your behavior.....	1	2	3
D7L.	She insults or criticizes you for not taking good enough care of the child or your home	1	2	3
D7M.	She throws something at you.....	1	2	3
D7N.	She pushes, grabs, or shoves you	1	2	3
D7O.	She listens to you when you need someone to talk to.....	1	2	3
D7P.	She really understands your hurts and joys..	1	2	3

D8. **WERE PARENTS MARRIED OR ROMANTICALLY INVOLVED AT EITHER BASELINE, OR AT 12 MONTHS, OR AT 36 MONTHS, BUT NOT CURRENTLY?**
 (A4=3, 4, 5 OR 6 CHECK CONTACT SHEET FOR RELATIONSHIP STATUS AT BASELINE, 12-MONTH, AND 36-MONTH)

YES1
 NO2 → GO TO D10

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

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

		OFTEN	SOMETIMES	NEVER
D9A.	She was fair and willing to compromise when you have a disagreement.....	1	2	3
D9B.	She expressed affection or love for you	1	2	3
D9C.	She insulted or criticized you or your ideas	1	2	3
D9D.	She encouraged or helped you to do things that are important to you	1	2	3
D9E.	She tried to keep you from seeing or talking with your friends or family	1	2	3
D9F.	She tried to prevent you from going to work or school	1	2	3
D9G.	She withheld money, made you ask for money, or took your money	1	2	3
D9H.	She slapped or kicked you	1	2	3
D9I.	She hit you with a fist or an object that could hurt you	1	2	3
D9J.	She tried to make you have sex or do sexual things you don't want to do	1	2	3
D9K.	She withheld sex to try to control your behavior	1	2	3
D9L.	She insulted or criticized you for not taking good enough care of the child or your home	1	2	3
D9M.	She threw something at you	1	2	3
D9N.	She pushed, grabbed, or shoved you	1	2	3
D9O.	She listened to you when you need someone to talk to	1	2	3
D9P.	She really understood your hurts and joys	1	2	3

D10. Now I have some questions about events that may have happened since ([DATE OF LAST INTERVIEW])/in the last two years).

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

YES 1

NO 2

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

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

YES 1

NO 2

NO CONTACT WITH MOTHER DURING PERIOD (VOLUNTEERED)-14 } → GO TO SECTION E

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

YES1

NO2

D10C. Did you report the incident to the police?

YES1

NO2

D10D. Did you tell anyone else about this, such as a friend, a minister, a social worker, or someone else?

YES1

NO2

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

YES1

NO2

SECTION E: CURRENT PARTNER

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

YES1 → GO TO SECTION F
NO2

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

YES 1
NO 2
REFUSED-1

→ GO TO SECTION F

E2A. **NOT FOR PUBLIC RELEASE**

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

YES1 → GO TO E2D
NO0

E2A2. **NOT FOR PUBLIC RELEASE**

E2B. Are you married to (CURRENT PARTNER)?

YES1

NO2 → GO TO E2D

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

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

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

YES1

NO2 → GO TO E2F

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

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

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

|_|_| YEARS (E2F1)

|_|_| MONTHS (E2F2)

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

YES1

NO2 → GO TO E3

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

YES1 → GO TO E7


NO2

E3. Now I'd like to ask you some questions about (CURRENT PARTNER).
 First, how old is (CURRENT PARTNER)?

PROBE: Your best estimate is fine.

|__|__| YEARS OLD

DON'T KNOW-2
 REFUSED-1



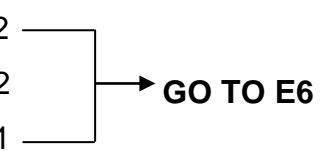
GO TO E5

E4. **NOT FOR PUBLIC RELEASE**

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

- White, 1
 - Black or African American, 2
 - Asian or Pacific Islander, or 3
 - Native American or Alaskan Native? 4
 - OTHER (NOT SPECIFIED) 5
-
- DON'T KNOW-2
 - REFUSED-1
 - HISPANIC101
 - MULTI-RACIAL.....102

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

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

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

- MEXICAN, MEXICAN AMERICAN1
- PUERTO RICAN2
- CUBAN.....3
- OTHER HISPANIC/LATINO
(NOT SPECIFIED).....4

- DON'T KNOW-2
- REFUSED-1

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

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

- DON'T KNOW -2

GRADE COMPLETED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--

E7. What was (CURRENT PARTNER) doing most of last week—working at a regular job, going to school, or something else?

- WORKING AT A REGULAR JOB1 → **GO TO E8**
 - LOOKING FOR WORK2
 - IN SCHOOL.....3
 - UNABLE TO WORK.....4
 - IN JAIL/PRISON5
 - STAY AT HOME PARENT/HOMEMAKER.....6
 - WORKING AND IN SCHOOL.....7 → **GO TO E8**
 - OTHER (NOT SPECIFIED).....8
-
- NOTHING 0
 - DON'T KNOW-2

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

_ _	/	_ _	_ _	_ _
MONTH		YEAR		
(E7A1)		(E7A2)		

- NEVER WORKED FOR TWO CONSECUTIVE WEEKS-10
- DON'T KNOW-2
- REFUSED-1

E8. Does (CURRENT PARTNER) engage in any activities (, other than regular paid employment,) in order to generate income, or in exchange for meals, clothing, a place to live, or other basic necessities?

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

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

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

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

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

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

- YES 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED-1
- } → **GO TO E16**

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

|___| |___| CHILDREN

ONLY ONE CHILD1 → GO TO E12

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

|___| MEN

DON'T KNOW-2

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

YES1

NO2 → GO TO E14

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

YES1

NO2 → GO TO E13B

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

YES1

NO2 → GO TO E14

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

YES 1

NO 2

DON'T KNOW-2

→ GO TO E14

E13C. Are any of these non-resident children under 18 years old?

- YES 1
- NO 2 → GO TO E13E
- DON'T KNOW-2

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

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

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

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

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

- YES1
- NO2 → GO TO E16

E14A. **NOT FOR PUBLIC RELEASE**

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

YES1

NO2

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

YES1

NO2 → GO TO SECTION F

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

YES1 → GO TO SECTION F

NO2

E18. Now I would like to ask you some questions about things (CURRENT PARTNER) may do with (CHILD).

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

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

RECORD “NEVER” AS “0”.

		DAYS PER WEEK								DON'T KNOW
E18A.	Sing songs or nursery rhymes with (CHILD)	0	1	2	3	4	5	6	7	-2
E18B.	Read stories to (CHILD)	0	1	2	3	4	5	6	7	-2
E18C.	Tell stories to (him/her).....	0	1	2	3	4	5	6	7	-2
E18D.	Play inside with toys such as blocks or legos with (CHILD)	0	1	2	3	4	5	6	7	-2
E18E.	Tell (CHILD) that (she/he) appreciated something (she/he) did.....	0	1	2	3	4	5	6	7	-2
E18F.	Play outside in the yard, park, or playground with (CHILD), such as	0	1	2	3	4	5	6	7	-2
E18G.	Take (CHILD) on an outing such as shopping, or to a restaurant, church, museum, or to a special activity or event.....	0	1	2	3	4	5	6	7	-2
E18H.	Watch TV or a video together	0	1	2	3	4	5	6	7	-2

E18l. Please think about the kind of parent you feel that (CURRENT PARTNER) is to (CHILD). Would you say that (she/he) is . . .

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

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

- YES1
- NO2 → GO TO SECTION F

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

- Every day or nearly every day,1
- A few times a week,.....2
- A few times this past month, or3
- Only once or twice?4

SECTION F: DEMOGRAPHICS

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

|_|_| PEOPLE

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

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

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

HOUSEHOLD GRID INSTRUCTIONS:

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

PUT THE NAMES IN COLUMN "NAME" IN THE GRID.

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

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

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

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

CONTINUE UNTIL YOU HAVE FINISHED COLLECTING ALL NAMES.

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

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

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

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

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

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

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

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

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

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

SECTION H: FATHER'S FAMILY BACKGROUND AND SUPPORT

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

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

- YES1 → GO TO H1G
- NO2

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

- YES1 → GO TO H1A
- NO2

H0B. **NOT FOR PUBLIC RELEASE**

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

- White,1
- Black or African American,2
- Asian or Pacific Islander, or3
- Native American or Alaskan Native?4
- OTHER (NOT SPECIFIED)5
- _____
- DON'T KNOW-2
- REFUSED-1
- HISPANIC101

H0D. Are you of Hispanic or Latino origin or descent?

- YES 1
 - NO 2
 - DON'T KNOW -2
 - REFUSED -1
- } → **GO TO H0E**

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

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

- DON'T KNOW -2
- REFUSED -1

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

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

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

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

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

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

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

YES	1 → GO TO H1E
NO	2
DON'T KNOW	-2

H1D. Are you a United States citizen?

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

H1E. What is the highest grade of school that your biological mother completed?

- NONE1
 - ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL2
 - REGULAR HIGH SCHOOL3
 - ABE OR GED PROGRAM.....4
 - NURSING SCHOOL (LPN OR RN)5
 - BUSINESS OR SECRETARIAL
SCHOOL6
 - VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL7
 - JUNIOR/COMMUNITY
COLLEGE (2-YEAR)8
 - COLLEGE (4-YEAR)9
 - GRADUATE OR PROFESSIONAL
SCHOOL11
 - SOME COLLEGE12
 - OTHER TYPE OF
SCHOOL (NOT SPECIFIED)13
-
- DON'T KNOW-1
 - REFUSED-2

GRADE COMPLETED: _ _ _

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

- NONE1
 - ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL2
 - REGULAR HIGH SCHOOL3 →
 - ABE OR GED PROGRAM.....4
 - NURSING SCHOOL (LPN OR RN)5
 - BUSINESS OR SECRETARIAL
SCHOOL6
 - VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL7
 - JUNIOR/COMMUNITY
COLLEGE (2-YEAR)8
 - COLLEGE (4-YEAR)9
 - GRADUATE OR PROFESSIONAL
SCHOOL11
 - SOME COLLEGE12
 - OTHER TYPE OF
SCHOOL (NOT SPECIFIED)13
-
- DON'T KNOW-2
 - REFUSED-1

GRADE COMPLETED __ __
--

H1G. (Now I have a few questions about your parents.)
Are both of your parents living?

- YES, BOTH LIVING..... 1
- NO, FATHER DECEASED 2
- NO, MOTHER DECEASED..... 3
- NO, BOTH PARENTS DECEASED 4
- DON'T KNOW-2

→ **GO TO H1I**

→ **GO TO H1M**

H1H. Are your parents currently living together?

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

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

IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT

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

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

- YES1
- NO0 → GO TO H1L

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

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

H1L. How often does (CHILD) see your (parents/mother/father)?
Would you say . . .

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

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

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

- YES1
- NO2 → GO TO H2

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

- YES, BOTH LIVING..... 1
 - NO, FATHER DECEASED 2
 - NO, MOTHER DECEASED..... 3
 - NO, BOTH PARENTS DECEASED 4
 - DON'T KNOW-2
- GO TO H1P (for items 2 and 3)
→ GO TO H2 (for items 4 and -2)

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

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

H1P. How do you get along with (MOTHER's) (parents/mother/father)? Would you say you get along . . .

IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT

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

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

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

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

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

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

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

- YES1
- NO2 → GO TO H3

H2A. Who gave you financial help or money?

PROBE: Anyone else?

CIRCLE ALL THAT APPLY

- H2A_1 RESPONDENT'S PARENTS1
 - H2A_2 OTHER RELATIVES OF FATHER.....2
 - H2A_3 MOTHER'S PARENTS.....3
 - H2A_4 OTHER RELATIVES OF MOTHER.....4
 - H2A_5 FRIEND(S)5
 - H2A_6 GIRLFRIEND/PARTNER.....6
 - H2A_7 PARTNER'S FAMILY7
 - H2A_8 OTHER (NOT SPECIFIED).....8
-

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

- \$ |__|__|,|__|__|__| → GO TO H3
- DON'T KNOW-2
- REFUSED-1

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

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

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

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

Loan you \$200?

- YES1
- NO2 → GO TO H4

H3A. What about \$1,000?

- YES1
- NO2

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

- YES1
- NO2

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

YES 1

NO 2

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

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

YES1

NO2 → GO TO SECTION I

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

YES1

NO2

SECTION I: ENVIRONMENT AND PROGRAMS

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

- YES1
- NO2 → **GO TO I0J**

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

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

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

- YES1
- NO2

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

- YES 1
 - NO 2
 - DON'T KNOW-2
- } → **GO TO I0E**

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

- Every month or more, 1
 - Every few months, 2
 - Only once or twice a year, or 3
 - Never? 4
 - DON'T KNOW-2
- } → **GO TO I0E**

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

- Always or almost always,1
- Sometimes,2
- Rarely, or3
- Never?4

I0E. (Have/Did) you ever attended any workshops, talks or information sessions at (CHILD's) (school/center/program)?

YES1
 NO2 → GO TO I0G

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

READ EACH CATEGORY AND CODE YES OR NO FOR EACH

	CIRCLE YES OR NO FOR EACH	
	YES	NO
Child rearing including discipline	1	2
Nutrition and health	1	2
Finding jobs or job training	1	2
Legal issues, including legal aid.....	1	2
Educational issues, including ESL, computers, and reading	1	2
Anything else (NOT SPECIFIED).....	1	2

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

YES1
 NO2 → GO TO I0J

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

|__|__| FRIENDS MET THROUGH CHILD'S SCHOOL

10I. And how many of them are close friends? By close friends we mean someone you spend time with or talk to outside of the (school/center/program) on a frequent basis.

- ONE TO TWO1
- THREE TO SIX2
- MORE THAN SIX3
- NONE4

10J. In general, how many close friends do you have overall (including friends that you didn't meet through [CHILD]'s [school/center/program])? Your best estimate is fine.

|__|__| CLOSE FRIENDS

10K. Is there any special person you know that you feel very close with—someone you share confidences and feelings with; someone you can depend on?

- YES1
- NO2

10L. How many of the families on your block would you say that you know well? Would you say you know . . .

- Almost all,1
- Most,2
- Some,3
- Very few, or4
- None?5

10M. The next question is about the people living in your neighborhood. For each item I read, please tell me how likely it would be for your neighbors to intervene or get involved.

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

	VERY LIKELY	SOMEWHAT LIKELY	NOT VERY LIKELY	VERY UNLIKELY	DON'T KNOW/ REFUSED
1. If children were skipping school and hanging out on the street	1	2	3	4	-2
2. If children were spray painting buildings with graffiti.....	1	2	3	4	-2
3. If children were showing disrespect to an adult.....	1	2	3	4	-2
4. If a fight broke out in front of the house	1	2	3	4	-2
5. If the fire station closest to the neighborhood was threatened and its budget was cut	1	2	3	4	-2

10N. Now I'm going to read some statements about your neighborhood and the people who live there. For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

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

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW/ REFUSED
1. People around here are willing to help their neighbors ..	1	2	3	4	-2
2. This is a close-knit neighborhood	1	2	3	4	-2
3. People in this neighborhood generally <u>don't</u> get along with each other	1	2	3	4	-2
4. People in this neighborhood <u>do not</u> share the same values.....	1	2	3	4	-2
5. Gangs are a problem in this neighborhood.	1	2	3	4	-2

I00. Have you ever been afraid to let (CHILD) go outside because of violence in your neighborhood.

YES 1

NO 2

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

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

YES1

NO2

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

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

YES1

NO2 → GO TO I7

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

|__|__| MOVES

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

CIRCLE ONE

- Rent your own apartment or house,1
- Live with family or friends and contribute part of the rent,2
- Live with family or friends and do not pay rent,3
- Own your own home,4
- Live in a house or condo owned by another family member,5
- Live in temporary housing or a group shelter, or6
- Do you live in some other housing arrangement? (NOT SPECIFIED)7

- HALFWAY HOUSE/TREATMENT FACILITY8
- JAIL/PRISON9
- ON THE STREET, HOMELESS10
- MILITARY101

GO TO I4

GO TO I5

GO TO I3

GO TO I7

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

PROBE FOR APPROXIMATE AMOUNT.

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

DON'T KNOW-2

REFUSED-1

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

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

DON'T KNOW-2

REFUSED-1

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

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

DON'T KNOW-2

REFUSED-1

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

CIRCLE ONE

FATHER'S NAME ONLY1

MOTHER'S OR CURRENT PARTNER'S
NAME ONLY2

BOTH FATHER'S NAME AND MOTHER'S
OR CURRENT PARTNER'S NAMES.....3

FAMILY MEMBER(S) ON THE
FATHER'S SIDE.....4

FAMILY MEMBER(S) ON THE MOTHER'S
OR CURRENT PARTNER'S SIDE5

OTHER (NOT SPECIFIED).....6

DON'T KNOW-2

REFUSED-1

13C. **DOES RESPONDENT LIVE IN A HOUSE OR CONDO OWNED BY ANOTHER FAMILY MEMBER?**
(12=5)

YES1
NO2 → GO TO I7

14. How much rent do you pay each month?

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

NONE 0
DON'T KNOW-2
REFUSED-1

14A. Whose name is on the lease for this (apartment/house/condo)?

FATHER'S NAME ONLY1
MOTHER'S OR CURRENT PARTNER'S
NAME ONLY2
BOTH FATHER'S NAME AND MOTHER'S
OR CURRENT PARTNER'S NAMES.....3
FAMILY MEMBER(S) ON THE
FATHER'S SIDE.....4
FAMILY MEMBER(S) ON THE MOTHER'S
OR CURRENT PARTNER'S SIDE5
OTHER (NOT SPECIFIED)6

NOT APPLICABLE—DOES NOT
HAVE A LEASE-10
DON'T KNOW-2
REFUSED-1
OTHER FAMILY MEMBER101
FRIEND102

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

YES1

NO2

CODE WITHOUT ASKING IF KNOWN:

I5. Is this home in a public housing project?

YES1

NO2

I5A. **DOES RESPONDENT LIVE WITH FAMILY OR FRIENDS, BUT PAY NO RENT?**

(I2=3, OR I2=5 AND I4=0)

YES1 → **GO TO I7**

NO2

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

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

YES1

NO2

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

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

		CIRCLE YES OR NO FOR EACH	
		YES	NO
A.	An agency to help you collect child support	1	2
B.	Head Start or Early Head Start.....	1	2
C.	A child care referral agency.....	1	2
D.	W.I.C.	1	2
E.	An Employment Office.....	1	2
F.	A welfare office or welfare job placement.....	1	2

NO I7G THIS VERSION

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

YES1

NO2

18. In the last twelve months, have you or anyone else in your household received income from any of the following programs?

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

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

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

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

		18A.		18B.	18C.
		YES	NO	MONTHS RECEIVED	AMOUNT PER MONTH
1.	Welfare or TANF	1	2	_ _	\$ _ _ _
PROBE: By welfare or TANF, we mean temporary assistance to needy families, AFDC, or cash welfare.					
2.	Food Stamps.....	1	2	_ _	\$ _ _ _
3.	Other assistance such as Unemployment Insurance, or Worker's Compensation (SPECIFY)	1	2	_ _	\$ _ _ _

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

YES1

NO2 → GO TO I12

CODE WITHOUT ASKING IF KNOWN:

110. Are you currently receiving welfare or TANF?

YES1

NO2 → GO TO I13

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

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

DON'T KNOW-2

REFUSED-1

GO TO I15

I12. Have you ever received welfare or TANF?

YES1

NO2 → **GO TO I15**

I13. When did you last receive welfare or TANF?

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

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

OWN DECISION1

CUT BY WELFARE DEPT.2 → **GO TO I14B**

I14A. Why did you decide to stop receiving cash aid?

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

CIRCLE ONE

- GOT A JOB1
 - GOT A DIFFERENT OR BETTER JOB.....2
 - WORKED MORE HOURS OR GOT A
RAISE OR GOT MORE EARNINGS3
 - MARRIED/REMARRIED4
 - MOVED IN WITH PARTNER WHO
HELPED SUPPORT FAMILY5
 - MOVED IN WITH FAMILY6
 - MOVED TO ANOTHER COUNTY
OR STATE7
 - WANTED TO SAVE UP SOME MONTHS
ON THE TIME CLOCK.....8
 - WANTED TO AVOID THE WORK OR
OTHER PARTICIPATION REQUIREMENTS..9
 - COULDN'T STAND THE HASSLES10
 - OTHER (NOT SPECIFIED).....11
-
- DON'T KNOW-2
 - REFUSED-1
 - DIDN'T WANT101
 - OTHER SUPPORT.....102
 - INCARCERATED103
 - INELIGIBLE104

GO TO I15

I14B. Why did the welfare office stop or cut off your cash aid?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CIRCLE ONE

- EARNINGS INCREASED AND MADE FAMILY INELIGIBLE1
 - ASSETS WERE TOO HIGH.....2
 - REACHED END OF WELFARE TIME LIMIT3
 - DID NOT FOLLOW PROGRAM RULES AND WAS CUT OFF/SANCTIONED.....4
 - MARRIED/REARRIED/
MOVED IN WITH PARTNER5
 - MOVED IN WITH FAMILY6
 - MOVED TO ANOTHER COUNTY OR STATE7
 - OTHER (NOT SPECIFIED)8
-
- DON'T KNOW-2
 - REFUSED-1
 - CHILD MOVED OUT101
 - AGE LIMIT102
 - INCARCERATED103
 - OTHER SUPPORT104

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

- YES1
- NO2 → GO TO I18

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

YES1

NO2 → GO TO I18D

I16A. What were you required to do?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- I16A_1 LOOK FOR A JOB.....1
 - I16A_2 WORK IN A PAID JOB.....2
 - I16A_3 WORK IN AN UNPAID JOB3
 - I16A_4 ATTEND SCHOOL OR TRAINING4
 - I16A_5 BE NAMED AS THE FATHER OF CHILD.....5
 - I16A_6 OTHER (NOT SPECIFIED).....6
-

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

YES1

NO2

GO TO I18D

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

YES1

NO2 → GO TO I18D

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

YES, APPLIED1

NO, DID NOT APPLY (OR DID NOT FINISH APPLYING)2 → **GO TO I18C**

I18B. What happened with the application? Was it turned down, did you get the benefits, or are you still waiting to hear?

CIRCLE ONE

TURNED DOWN 1

RECEIVED BENEFITS..... 2

STILL WAITING TO HEAR 3

DON'T KNOW-2

REFUSED-1

GO TO I18D

I18C. Why didn't you apply for welfare? Was it because you didn't know how to apply, you did not want to go on welfare, or some other reason?

CIRCLE ONE

- DIDN'T KNOW HOW1
 - DON'T WANT WELFARE2
 - NEVER GOT AROUND TO IT.....3
 - OTHER (NOT SPECIFIED).....4
-
- DON'T KNOW-2
 - REFUSED-1
 - DID NOT NEED.....101
 - STIGMA.....102
 - FOUND WORK103
 - TROUBLE APPLYING.....104
 - OTHER HEP105
 - INCARCERATED106
 - INELIGIBLE107

I18D. Have you or (CHILD) received Supplemental Security Income (SSI) in the past twelve months?

- YES1
- NO2 → GO TO I19

I18E. Who has received SSI in the past twelve months?

CIRCLE ONE

- RESPONDENT.....1
 - CHILD.....2
 - BOTH RESPONDENT AND CHILD3
 - OTHER (NOT SPECIFIED)4
-

I18F. How many months did (you/[CHILD]/you and [CHILD]/[OTHER]) receive SSI in the past twelve months?

|__|__| MONTHS

I18G. Approximately how much did (you/[CHILD]/you and [CHILD]/[OTHER]) receive each month?

\$ |__|__|__|

I19. **DID FATHER RECEIVE FOOD STAMPS IN THE PAST 12 MONTHS?**
(I8A2=1)

- YES1 → GO TO I21
- NO2

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

- YES1
- NO2 → GO TO I21

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

- YES, APPLIED1
- NO, DID NOT APPLY (OR DID NOT FINISH APPLYING)2 → GO TO I21

I20B. What happened with the application? Was it turned down, did you get the food stamps, or are you still waiting to hear?

CIRCLE ONE

- TURNED DOWN1
- RECEIVED BENEFITS.....2
- STILL WAITING TO HEAR3
- OTHER (NOT SPECIFIED)4

- DON'T KNOW-2
- REFUSED-1

I21. Did you fill out a federal tax return for 2002 or 2003?

- YES1
 - NO2
 - NOT YET, BUT WILL3
- **GO TO I23**

I22. As part of filling out your federal tax return the last time, did you fill out a special form to claim the Earned Income Credit, called Schedule EIC?

PROBE IF DON'T KNOW WHAT EIC IS: The federal government has a special rule that allows working people who make less than about \$29,000 a year to get a tax refund. It's called the Earned Income Credit or EIC. Sometimes, if the IRS thinks that someone is eligible for the EIC they send out a letter asking that person to fill out a special form so that they can claim the EIC.

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

I23. 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"

		YES	NO
I23A.	In the past twelve months, did you receive free food or meals?	1	2
I23B.	(In the past twelve months,) Was (CHILD/ were the children) ever hungry, but you just couldn't afford more food?	1	2
I23C.	(In the past twelve months,) were you ever hungry, but didn't eat because you couldn't afford enough food?	1	2
I23D.	(In the past twelve months,) Did you not pay the full amount of rent or mortgage payments?	1	2
I23E.	(In the past twelve months,) Were you evicted from your home or apartment for not paying the rent or mortgage?	1	2
I23F.	(In the past twelve months,) Did you not pay the full amount of a gas, oil, or electricity bill?	1	2
I23G.	(In the past twelve months,) Was your gas or electric service ever turned off or the heating oil company not deliver oil, because there wasn't enough money to pay the bills.....	1	2
I23H.	(In the past twelve months,) Did you borrow money from friends or family to help pay bills?	1	2
I23I.	(In the past twelve months,) Did you move in with other people even for a little while because of financial problems ...	1	2
I23J.	(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?	1	2
I23K.	(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?	1	2
I23L.	(In the past twelve months,) Have you cut back on buying clothes for yourself?	1	2
I23M.	(In the past twelve months,) Have you worked overtime or taken a second job?	1	2

I23N. In the past twelve months, was your telephone service ever disconnected by the telephone company because there wasn't enough money to pay the bill?

YES1

NO2 → GO TO I23P

I23O. About how many days in the past twelve months were you without phone service?

|__|__|__| DAYS

I23P. Next I'm going to read some opinions other people have expressed about welfare. For each statement, please tell me whether you strongly agree, agree, disagree or strongly disagree with it.
Welfare.....(READ ITEM).

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
1. Makes people work less than they would if there wasn't a welfare system	1	2	3	4	-2
2. Helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family	1	2	3	4	-2
3. Encourages young women to have babies before marriage ..	1	2	3	4	-2
4. Helps keep people's marriage together in times of financial problem	1	2	3	4	-2
5. Helps to prevent hunger and starvation.....	1	2	3	4	-2
6. Discourages young women who get pregnant from marrying the father of the child.....	1	2	3	4	-2

I23Q. The next two statements have to do with applying for welfare. Again, for each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree with it.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
1. The application process to apply for welfare is humiliating	1	2	3	4	-2
2. The rules of the welfare program take away your personal freedom	1	2	3	4	-2

I24. My next questions are about some experiences you may have had (since [DATE OF LAST INTERVIEW]/in the last two years).

(Since [DATE OF LAST INTERVIEW]/During the last two years), other than for a minor traffic violation, have you been stopped by the police, but not picked up or arrested?

YES1
NO2

I25. And, (Since [DATE OF LAST INTERVIEW]/During the last two years), not counting minor traffic offenses, have you ever been booked or charged with breaking a law, either by the police or by someone connected with the courts? Please include juvenile offenses.

YES1
NO2 → GO TO SECTION J

I26. Do you currently have any charges pending against you?

YES1
NO2 → GO TO I27

I26A. How many charges do you currently have pending?

|__|__| CHARGES

I26B. What charges do you currently have pending?

PROBE: What other charges?

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

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

I27. And, (Since [DATE OF LAST INTERVIEW]/during the last two years), have you been convicted of any charges? Do not count minor traffic violations.

YES1

NO2 → GO TO I29

I27A. How many times have you been convicted of something (since [DATE OF LAST INTERVIEW]/during the last two years),?

|_|_| TIMES

I28A. Please tell me the charges you were convicted of (since [DATE OF LAST INTERVIEW]/during the last two years).

PROBE: What other charges?

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

CIRCLE ALL THAT APPLY

AGGRAVATED ASSAULT/RAPE/MURDER (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)	1 (I28A_1)
ROBBERY/THEFT/LARCENY (Taking something from someone with or without using a weapon; forgery, fraud, embezzlement, bad checks; shoplifting	2 (I28A_2)
POSSESSION, USE, OR SALE OF MARIJUANA, COCAINE, OR OTHER ILLICIT DRUGS	3 (I28A_3)
MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license)	4 (I28A_4)
NON-PAYMENT OF CHILD SUPPORT	5 (I28A_5)
PAROLE OR PROBATION VIOLATION	6 (I28A_6)
SIMPLE ASSAULT	7 (I28A_7)
OTHER (NOT SPECIFIED)	8 (I28A_8)
<hr/>	
DON'T KNOW	-2
REFUSED	-1

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

YES1

NO2

SECTION J: HEALTH AND HEALTH BEHAVIOR

J0. My next question is about how satisfied you are with your life overall. In general, would you say you are . . .

- Very satisfied with your life overall,.....1
- Somewhat satisfied,2
- Somewhat dissatisfied, or.....3
- Very dissatisfied?4

J1. Now I'd like to ask you some questions about your health and how you've been feeling in the past twelve months.

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

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

J2. Do you have a serious health problem that limits the amount or kind of work you can do?

- YES1
- NO2 → **GO TO J2B**

J2A. What is this health problem?

CIRCLE ALL THAT APPLY

J2A_1	DIABETES.....	1
J2A_2	ASTHMA	2
J2A_3	HIGH BLOOD PRESSURE	3
J2A_4	PAIN	4
J2A_5	SEIZURES/EPILEPSY	5
J2A_6	HEART DISEASE.....	6
J2A_7	BACK PROBLEMS.....	7
J2A_8	OTHER (NOT SPECIFIED).....	8
	TRAUMA	101
	ARTHRITIS	102
	MENTAL HEALTH.....	103
	CANCER	104
	VISION	105
	KNEE/LEG	106
	WRIST/ARM/SHOULDER.....	107
	KIDNEY PROBLEM.....	108
	GASTRO PROBLEMS	109

J2B. Do you regularly take any prescribed medication for physical or mental health problems?

YES1
 NO2 → GO TO J2C

J2B1. For which of the following conditions do you take prescribed medication? Do you take them for . . .

CIRCLE YES OR NO FOR EACH

	<u>YES</u>	<u>NO</u>
J2B1_1 Diabetes?	1	2
J2B1_2 Asthma?	1	2
J2B1_3 High Blood Pressure?.....	1	2
J2B1_4 Depression?	1	2
J2B1_5 Anxiety?.....	1	2
J2B1_6 Attention Deficit?	1	2
J2B1_7 Pain?	1	2
J2B1_8 Seizures or Epilepsy?.....	1	2
J2B1_9 Anything else? (NOT SPECIFIED)	1	2
ALLERGIES	101	
THYROID	102	
HEART/STROKE	103	
GASTROINTESTINAL	104	
MIGRAINES	105	
MENTAL HEALTH.....	106	
CANCER	107	
OTHER PROBLEM	108	
CHOLESTEROL.....	109	
DON'T KNOW	-2	
REFUSED	-1	

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

YES1

NO2 → GO TO J2E

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

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

|__|__| TIMES

NONE0

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

|__|__| TIMES

NONE0

J2E. How much do you weigh?

PROBE: Your best guess is fine.

|__|__|__| POUNDS

DON'T KNOW-2

REFUSED-1

J2F. How much does (MOTHER) weigh?

PROBE: Your best guess is fine.

|__|__|__| POUNDS

DON'T KNOW-2

REFUSED-1

J3. Are you or your child(ren) (who live with you) currently covered by Medicaid (CA: Medi-Cal) or by another public, federal or state assistance program which pays for medical care, or do you belong to a Medicaid HMO?

YES1

NO2 → GO TO J4

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

CIRCLE ONE

You only,1

Your child(ren) only, or2

Both you and your child(ren)?3 → GO TO J5

J4. Are you or your child(ren) currently covered by a private health insurance plan?

YES1

NO2 → GO TO J5

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

CIRCLE ONE

You only,1

Your child(ren) only, or2

Both you and your child(ren)?3

J4B. Did you purchase the plan yourself, did someone else purchase it, or did you get it through an employer?

PROBE: Any others?

CIRCLE ALL THAT APPLY

- PURCHASED BY SELF1
- PURCHASED BY OTHER.....2
- THROUGH RESPONDENT'S EMPLOYER3
- THROUGH CHILD'S
MOTHER'S EMPLOYER.....4
- THROUGH PARTNER'S EMPLOYER5
- OTHER (NOT SPECIFIED)6

-
- VETERAN101
 - RELATIVE102

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

- YES1
 - NO2
 - NO, ON MEDICATION/
ANTI-DEPRESSANTS (VOLUNTEERED)-14
- **GO TO J9**

J6. For the next questions, please think of the two-week period during the past twelve months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last . . .

- All day long,1
- Most of the day,2
- About half of the day, or3
- Less than half the day?4 → **GO TO J9**

J7. During those two weeks, did you feel this way . . .

- Every day,.....1
- Almost every day, or.....2
- Less often?.....3 → **GO TO J9**

J8. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- YES1
- NO2

GO TO J12

J9. During the past twelve months, has there ever been a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- YES1
 - NO2
 - NO, ON MEDICATION/
ANTI-DEPRESSANTS (VOLUNTEERED)-14
- **GO TO J18**

J10. For the next few questions, please think of the two-week period during the past twelve months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last . . .

- All day long,1
- Most of the day,2
- About half of the day, or3
- Less than half the day?4 → **GO TO J18**

J11. Did you feel this way every day, almost every day, or less often during the two weeks?

- EVERY DAY1
- ALMOST EVERY DAY2
- LESS OFTEN3 → GO TO J18

J12. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- YES1
- NO2

J13. During these two weeks, did you gain or lose weight without trying, or did you stay about the same?

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

- GAIN.....1
 - LOSE.....2
 - IF VOLUNTEERED: BOTH GAINED AND LOST WEIGHT3
 - STAYED ABOUT THE SAME4
 - IF VOLUNTEERED: WAS ON A DIET5
- GO TO J14

J13A. About how much did (you gain/you lose/your weight change) during these two weeks?

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

- |__|__| POUNDS
- DON'T KNOW-2
- REFUSED-1

J14. Did you have more trouble falling asleep than you usually do during those two weeks?

YES1

NO2 → GO TO J15

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

EVERY NIGHT1

NEARLY EVERY NIGHT2

LESS OFTEN3

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

YES1

NO2

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

YES1

NO2

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

YES1

NO2

J18. In the past month, did you smoke cigarettes?

YES1

NO2 → GO TO J20

J19. How many packs per day do you usually smoke?

- LESS THAN HALF A PACK A DAY1
- ABOUT A PACK2
- A PACK AND A HALF3
- ABOUT 2 PACKS4
- MORE THAN TWO PACKS5

J20. The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past twelve months—none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

NOTE: IF RESPONDENT VOLUNTEERS “I never drink,” ACCEPT THE ANSWER AND CODE AS “NONE.”

- NONE0
 - 1-31
 - 4-102
 - 11-203
 - MORE THAN 20.....4
- } → **GO TO J22**

IF NEEDED:

ALCOHOL EQUIVALENTS

Beer

- 1 12 or 16 oz bottle = 1 drink
- 1 case of beer = 24 drinks

Wine

- 1 4 oz. glass of wine = 1 drink
- 1 liter or quart bottle = 6 drinks
- 1 wine cooler = 1 drink

Hard Liquor

- 1 highball = 1 drink
 - 1 shot glass = 1 drink
 - ½ pint of liquor = 6 drinks
 - 1 pint of liquor = 12 drinks
 - 1 fifth of liquor = 20 drinks
 - 1 quart of liquor = 24 drinks
-

J20A. In the past twelve months, how often did you have four or more drinks in one day? Was it . . .

- Every day or almost every day, 1
- A few times a week, 2
- A few times a month, 3
- About once a month, or 4
- Less than once a month? 5
- DON'T KNOW-2
- REFUSED-1

J21. In the past twelve months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?

- YES1
- NO2
- I AM A CASUAL/SOCIAL DRINKER
(VOLUNTEERED)3

J22. The next questions are about your use of drugs on your own. By “on your own,” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you use any of these drugs on your own during the past twelve months?

During the past twelve months did you use . . .

CIRCLE YES OR NO FOR EACH		
	YES	NO
J22A. Sedatives, including either barbiturates or sleeping pills on your own? (e.g., Seconal, Halcion, Methaqualone)	1	2
J22B. Tranquilizers or “nerve pills” on your own? (e.g., Librium, Valium, Ativan, Meprobamate, Xanax)..	1	2
J22C. Amphetamines or other stimulants on your own? (e.g., Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed”)	1	2
J22D. Analgesics or other prescription painkillers on you own? (NOTE: This does not include normal use of aspirin, Tylenol without codeine, etc. but <u>does</u> include use of Tylenol with codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone)	1	2
J22E. Inhalants that you sniff or breathe to get high or to feel good? (e.g., Amylnitrate, Freon, Nitrous Oxide (“Whippets”), Gasoline, Spray paint).....	1	2
J22F. Marijuana or hashish?.....	1	2
J22G. Cocaine or crack or free base?	1	2
J22H. LSD or other hallucinogens? (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)?	1	2
J22I. Heroin?	1	2

J22J. **DID RESPONDENT USE ONE OR MORE DRUGS IN J22A-J22I?**

YES1

NO2 → **GO TO J24A**

J22K. In the past twelve months, how often did you use ([DRUG]/any of those drugs)? Was it . . .

Every day or almost every day, 1

A few times a week, 2

A few times a month, 3

About once a month, or 4

Less than once a month? 5

DON'T KNOW-2

REFUSED-1

J23. In the past twelve months, did your use of (NAME OF DRUG/any of these substances) ever interfere with your work at school, or a job, or at home?

YES1

NO2

J24A. In the past twelve months, have you received counseling, therapy, or other treatment for personal problems, for example, feelings of depression, worry, alcohol, or drug use problems?

YES1

NO2 → **GO TO J25A**

J24B. Was this counseling or therapy for . . .

CIRCLE ALL THAT APPLY

- J24B_1 Depression?1
 J24B_2 Anxiety?.....2
 J24B_3 Attention problems?3
 J24B_4 Alcohol problems?.....4
 J24B_5 Drug use problems?5
 J24B_6 Anything else? (SPECIFY)6
-
- DON'T KNOW-2
 REFUSED-1
 ANGER MANAGEMENT101

J25A. Now I am going to read you some statements that describe how people sometimes behave. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
J25A1. I often say and do things without considering the consequences. Do you. . .	1	2	3	4
J25A2. I often get into trouble because I don't think before I act. Do you. . .	1	2	3	4

J25B. For the next statements, please tell me whether this is very true, somewhat true, or not true.

	VERY TRUE	SOMEWHAT TRUE	NOT TRUE
J26B1. I do things that may cause trouble with the law.....	1	2	3
J26B2. I lie or cheat.....	1	2	3
J26B3. I frequently get into fights	1	2	3
J26B4. I don't seem to feel guilty when I misbehave	1	2	3

(CONSTRUCTED FOR 2 CITIES)

J25C. WAS RESPONDENT INTERVIEWED AT THREE-YEAR?

- YES1 → **GO TO SECTION R**
- NO2

J26. Now I have some questions about your biological father.

Did your biological father ever have periods lasting two weeks or more when he was depressed, down in the dumps, or blue most of the time?

- YES..... 1
 - NO 2 → **GO TO J27**
 - VOLUNTEERED: NO KNOWLEDGE**
ABOUT FATHER-14 → **GO TO J31**
 - DON'T KNOW-2
 - REFUSED.....-1
- } → **GO TO J27**

J26A. Did he ever get professional treatment for depression?

- YES..... 1
 - NO 2
 - DON'T KNOW-1
 - REFUSED.....-2
- } → **GO TO J27**

J26B. Was he ever hospitalized for depression?

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

J27. Did your biological father have periods of a month or more when he was constantly nervous, edgy, or anxious?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- } → **GO TO J28**

J27A. Did he ever get professional treatment for his nervousness?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- } → **GO TO J28**

J27B. Was he ever hospitalized for his nervousness?

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

J28. Did your biological father ever have a problem with drinking?

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

J28A. Did he ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

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

J28B. Did he ever have a problem with illegal drugs?

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

J29. **DID BIOLOGICAL FATHER HAVE PROBLEMS WITH DRINKING OR DRUGS?**

(J28 OR J28A OR J28B = 1)

- YES..... 1
 - NO 2
 - ALL REFUSED-1
- **GO TO J30**

J29A. Did he ever get professional treatment for his (drinking/(or)/drug) problem(s)?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- **GO TO J30**

J29B. Was he ever hospitalized for his (drinking/(or)/drug use)?

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

J30. **NOT FOR PUBLIC RELEASE**

J30A. **NOT FOR PUBLIC RELEASE**

J31. The next questions are about your biological mother.

Did your biological mother ever have periods lasting two weeks or more when she was depressed, blue, or down in the dumps most of the time?

- YES..... 1
 - NO 2 → **GO TO J32**
 - VOLUNTEERED: NO KNOWLEDGE
ABOUT MOTHER.....-14 → GO TO SECTION R**
 - DON'T KNOW -2
 - REFUSED..... -1
- } → **GO TO J32**

J31A. Did she ever get professional treatment for depression?

- YES..... 1
 - NO 2
 - DON'T KNOW -2
 - REFUSED..... -1
- } → **GO TO J32**

J31B. Was she ever hospitalized for depression?

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

J32. Did your biological mother have periods of a month or more when she was constantly nervous, edgy, or anxious?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- } → **GO TO J33**

J32A. Did she ever get professional treatment for her nervousness?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- } → **GO TO J33**

J32B. Was she ever hospitalized for her nervousness?

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

J33. Did your biological mother ever have a problem with drinking?

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

J33A. Did she ever abuse prescription drugs such as valium, sleeping pills, or diet pills?

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

J33B. Did she ever have a problem with illegal drugs?

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

J34. **DID BIOLOGICAL MOTHER HAVE PROBLEMS WITH DRINKING OR DRUGS?**

(J33 OR J33A OR J33B = 1)

- YES..... 1
 - NO 2
 - ALL REFUSED-1
- **GO TO J35**

J34A. Did she ever get professional treatment for her (drinking/(or)/drug) problem(s)?

- YES..... 1
 - NO 2
 - DON'T KNOW-2
 - REFUSED.....-1
- **GO TO J35**

J34B. Was she ever hospitalized for her (drinking/(or)/drug use)?

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

J35. **NOT FOR PUBLIC RELEASE**

J35A. **NOT FOR PUBLIC RELEASE**

SECTION R: RELIGION

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

R1. My religious faith is an important guide for my daily life. Do you . . .

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

R2. How often do you attend religious services? Do you attend services . . .

- Every day,1
- A few times a week,2
- Once a week,3
- A few times a month,4
- A few times a year,5
- Less often than that, or6
- Never?7

R3. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you had any religious experiences that transformed your life?

- YES1
- NO2

SECTION K: EDUCATION AND EMPLOYMENT

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

Are you currently attending any school or participating in any training programs or taking any classes? Please include regular high school, GED classes, vocational or trade school, Job Corps, college or other types of school as well as training programs to learn job skills.

- YES1
 NO2 → **GO TO K3**

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

CIRCLE ALL THAT APPLY

- | | | | |
|-------|--|------------|--|
| K2_1 | REGULAR HIGH SCHOOL.....1 | | |
| K2_2 | GENERAL EQUIVALENCY DEGREE (GED) OR
ADULT BASIC EDUCATION (ABE) PROGRAM.....2 → | Which one? | |
| K2_3 | ESL PROGRAM.....3 | GED1 | |
| K2_4 | NURSING SCHOOL (LPN OR RN).....4 | ABE2 | |
| K2_5 | BUSINESS OR SECRETARIAL
SCHOOL.....5 | | |
| K2_6 | PROGRAM TO IMPROVE READING6 | | |
| K2_7 | VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL.....7 | | |
| K2_8 | JOB CORPS8 | | |
| K2_9 | JUNIOR/COMMUNITY COLLEGE (2-YEAR).....9 | | |
| K2_10 | COLLEGE (4-YEAR).....10 | | |
| K2_11 | OTHER TYPE OF SCHOOL (NOT SPECIFIED)11 | | |
| _____ | | | |
| K2_12 | OTHER TYPE OF TRAINING (NOT SPECIFIED)12 | | |
| _____ | | | |
| K2_13 | PROGRAM TO LEARN JOB SKILLS.....13 | | |
| K2_14 | PROGRAM TO HELP GET A JOB.....14 | | |
| K2_15 | GRADUATE/PROFESSIONAL SCHOOL15 | | |

K3. Have you completed any training programs or any years of schooling (since [DATE OF LAST INTERVIEW]/during the last two years)?

YES1

NO2 → **GO TO K3B**

K3A. What program or schooling have you completed?

CIRCLE ALL THAT APPLY

- | | | | |
|--------|---|-----|--------------------------------|
| K3A_1 | REGULAR HIGH SCHOOL..... | 1 → | GRADE COMPLETED: __ __ |
| K3A_2 | GENERAL EQUIVALENCY DEGREE (GED) OR
ADULT BASIC EDUCATION (ABE) PROGRAM..... | 2 → | K3A_1A
Which one? |
| K3A_3 | ESL PROGRAM..... | 3 | GED1 |
| K3A_4 | NURSING SCHOOL (LPN OR RN)..... | 4 | ABE2 |
| K3A_5 | BUSINESS OR SECRETARIAL
SCHOOL..... | 5 | |
| K3A_6 | PROGRAM TO IMPROVE READING | 6 | |
| K3A_7 | VOCATIONAL, TECHNICAL, OR
TRADE SCHOOL..... | 7 | |
| K3A_8 | JOB CORPS | 8 | |
| K3A_9 | JUNIOR/COMMUNITY
COLLEGE (2-YEAR)..... | 9 | |
| K3A_10 | COLLEGE (4-YEAR)..... | 10 | |
| K3A_11 | OTHER TYPE OF SCHOOL
(NOT SPECIFIED) | 11 | |
| <hr/> | | | |
| K3A_12 | OTHER TYPE OF
TRAINING (NOT SPECIFIED) | 12 | |
| | PROFESSIONAL | 101 | |
| | PARENTING, LIFE SKILLS | 102 | |
| | POLICE, FIRE, EMT | 103 | |
| | NURSING/HEALTH CARE..... | 104 | |
| | CHILD CARE | 105 | |
| | THEOLOGICAL TRAINING | 106 | |
| | MILITARY..... | 107 | |
| <hr/> | | | |
| K3A_13 | PROGRAM TO LEARN JOB SKILLS..... | 13 | |
| K3A_14 | PROGRAM TO HELP GET A JOB..... | 14 | |
| K3A_15 | SOME COLLEGE..... | 15 | |
| K3A_16 | GRADUATE/PROFESSIONAL SCHOOL | 16 | |

K3B. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you taken any classes to improve your job skills, such as computer training or literacy classes?

YES1
NO2

K3C. (Since [DATE OF LAST INTERVIEW]/During the last two years), have you received any kind of employment counseling?

YES1
NO2

K4. Now I'd like to ask you about your current work status. Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular paycheck.

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

YES1 → GO TO K10
NO2

K5. Are you currently looking for a regular job?

YES1
NO2 → GO TO K7

K6. How long have you been looking for a regular job? Would you say . . .

Less than a week,1
More than a week, but less than a month,2
Between a month and six months,3
Between six months and a year, or4
More than a year?5

GO TO K8

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

- OWN BUSINESS1
 - ALREADY HAVE A JOB (ON VACATION,
ILL OR ON TEMPORARY LAYOFF)2
 - IN SCHOOL OR TRAINING PROGRAM.....3
 - DISABLED.....4
 - DON'T WANT/NEED TO WORK.....5
 - PERSONAL/FAMILY REASONS6
 - BELIEVE NO WORK AVAILABLE7
 - IN JAIL/PRISON.....8
 - STAY AT HOME PARENT/HOMEMAKER.....9
 - OTHER (NOT SPECIFIED)..... 10
-
- HEALTH REASONS.....101
 - RETIRED.....102



K8. What would the hourly wage have to be in order for you to take a job?

- \$ |__|__| . |__|__| PER HOUR
- DON'T KNOW-2
 - WOULD NOT TAKE A JOB AT ANY
WAGE RIGHT NOW-10

K9. When did you last work at a regular job lasting two weeks in a row or more, for which you received a regular paycheck?

- |__|__| / |__|__|__|__|
MONTH YEAR
(K9A) (K9B)
- NEVER WORKED FOR TWO
CONSECUTIVE WEEKS-10 → GO TO K24

K10. My next few questions are about your (current/most recent) job.

How many hours (do/did) you usually work per week at (this/that) job? Include regular overtime hours.

INTERVIEWER: IF RESPONDENT WORKS/WORKED MORE THAN ONE JOB AT A TIME, ASK ABOUT THE ONE AT WHICH HE USUALLY WORKS/WORKED THE MOST HOURS.

|_|_|_| HOURS PER WEEK

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

SELF1

SOMEONE ELSE2

K12. What (do/did) you do at (this/that) job?

PROFESSIONAL/TECHNICAL101

EXECUTIVE/ADMINISTRATIVE/MANAGERIAL102

SALES.....103

ADMINISTRATIVE SUPPORT/CLERICAL104

PRECISION/CRAFT/REPAIR105

MACHINE OPERATORS/ASSEMBLERS.....106

TRANSPORATION/MOVING.....107

HANDLERS/HELPERS/LABORERS108

SERVICE OCCUPATIONS109

OTHER (NOT SPECIFIED).....110

MILITARY.....112

K13. About how much (do/did) you usually earn in (this/that) job, before taxes and deductions?

\$ |__|__|__|,|__|__|__|.|__|__| PER

HOUR.....1

DAY2

WEEK.....3

EVERY 2 WEEKS
(26 CHECKS PER YEAR)4

TWICE A MONTH
(24 CHECKS PER YEAR)5

MONTH6

YEAR.....7

OTHER (NOT SPECIFIED)8

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

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

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

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

K15. **HAS FATHER WORKED SINCE CHILD WAS BORN?**
(K4=1, OR DATE IN K9 IS MORE RECENT THAN DATE OF CHILD'S BIRTH ON CONTACT SHEET)

YES1

NO2 → GO TO K22

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

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

	ALWAYS	OFTEN	SOME-TIMES	NEVER
K16A. My shift and work schedule (cause/caused) extra stress for me and my child.....	1	2	3	4
K16B. Where I (work/worked), it (is/was) difficult to deal with child care problems during working hours.....	1	2	3	4
K16C. In my work schedule I (have/had) enough flexibility to handle family needs.....	1	2	3	4

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

YES1

NO2 → GO TO K19

K18. When you were working more than one regular job at the same time, about how many hours per week did you usually work altogether?

|_|_|_| HOURS PER WEEK

K19. About how much did you earn from (all of) your regular job(s) in the past twelve months? Please do not count earnings from any “off-the-books” or “under-the-table” jobs.

INTERVIEWER: IF AMOUNT IS LESS THAN \$1,000 OR MORE THAN \$100,000, CONFIRM: You told me you made (AMOUNT) dollars in the last twelve months. Is that correct? **CORRECT ANSWER IF APPROPRIATE.**

\$ |_|_|_|,|_|_|_| → GO TO K21

NOTHING/DID NOT WORK
IN THE LAST 12 MONTHS0 → GO TO K22

DON'T KNOW-2

REFUSED-1

K20. I just need to have a range. Can you tell me if it was . . .

- Less than \$5,000, 1
- \$5,001 to \$10,000, 2
- \$10,001 to \$15,000, 3
- \$15,001 to \$20,000, 4
- \$20,001 to \$25,000, 5
- \$25,001 to \$30,000, 6
- \$30,001 to \$40,000, 7
- \$40,001 to \$60,000, or 8
- More than \$60,000? 9
- DON'T KNOW-2
- REFUSED-1

K21. In the past twelve months, how many weeks did you work (at your job/at all of your regular jobs)? If you worked the entire year, but used paid vacation time or sick time, you worked 52 weeks.

|__|__| NUMBER OF WEEKS

K22. In the past twelve months, how many regular jobs have you had that lasted two weeks or more?

|__|__| JOBS → GO TO K24

DON'T KNOW-2

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

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

K24. We are interested in finding out about some ways, other than regular work, in which people make money. This kind of activity may be paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else.

Please tell me if you have done any of the following in the past twelve months.

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

	K24	K25	K26
During the past twelve months, did you . . .	Work in your own business? Please do not include work you already told me about. PROBE: This could include things such as doing other people's hair, either in your home or theirs.	Sell or deliver drugs, engage in prostitution, or do other kinds of hustles? Do not include work you already told me about.	Do anything else to earn money?
A. DID ACTIVITY?	YES 1 ↓ What type of business? SPECIFY: _____ NO (ASK K25) 2	YES 1 SPECIFY: _____ NO (ASK K26) 2	YES 1 SPECIFY: _____ NO 2
B. In the last twelve months, about how many weeks did you (ACTIVITY) . . .	IF K24A=YES, ASK K24B. IF NO, GO TO K25A	IF K25A=YES, ASK K25B. IF NO, GO TO K26A	IF K26A=YES, ASK K26B. IF NO, GO TO SECTION L
	_ _ WEEKS	_ _ WEEKS	_ _ WEEKS
C. And, during those (NUMBER FROM B) weeks, about how many hours per week did you (ACTIVITY). . .	_ _ _ HOURS PER WEEK	_ _ _ HOURS PER WEEK	_ _ _ HOURS PER WEEK
D. When you did this, were you paid in cash, or did you receive something else such as meals, clothing, or a place to live?	CASH RECEIVED 1 - ASK K24E OTHER 2 - ASK K24F BOTH CASH 3 - ASK K24E & K24F AND OTHER	CASH RECEIVED 1 - ASK K25E OTHER 2 - ASK K25F BOTH CASH 3 - ASK K25E & K25F AND OTHER	CASH RECEIVED 1 - ASK K26E OTHER 2 - ASK K26F BOTH CASH 3 - ASK K26E & K26F AND OTHER

E. MONEY: How much did you receive in the last twelve months for this activity?	K24 \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → GO TO K25F	K25 \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → GO TO K26F	K26 \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → GO TO K27F
E(1). I just need to know a range. Please tell me if it was . . . Under \$500, 1 \$501 to \$1,000, 2 \$1,001 to \$3,000, 3 \$3,001 to \$5,000, 4 \$5,001 to \$10,000, 5 \$10,001 to \$15,000, 6 \$15,001 to \$20,000, 7 \$20,001 to \$25,000, 8 \$25,001 to \$30,000, 9 \$30,001 to \$40,000, or... 10 More than \$40,000 11 DON'T KNOW -2 REFUSED -1	DON'T KNOW -2 REFUSED -1	DON'T KNOW -2 REFUSED -1	DON'T KNOW -2 REFUSED -1
F. WAS OTHER TYPE OF PAYMENT RECEIVED? (K24D = 2 OR 3)?	YES 1 NO 2 → GO TO K25A	YES 1 NO 2 → GO TO K26A	YES 1 NO 2 → GO TO SECTION L
F(1). What (else) did you get in exchange for this?	CIRCLE ALL THAT APPLY MEALS 1 CLOTHING 2 PLACE TO LIVE 3 OTHER (SPECIFY) 4 CHILD CARE 5 GO TO K25A	CIRCLE ALL THAT APPLY MEALS 1 CLOTHING 2 PLACE TO LIVE 3 OTHER (SPECIFY) 4 CHILD CARE 5 GO TO K26A	CIRCLE ALL THAT APPLY MEALS 1 CLOTHING 2 PLACE TO LIVE 3 OTHER (SPECIFY) 4 CHILD CARE 5 GO TO SECTION L

SECTION L: INCOME

L1. In the past twelve months, what was the total income of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.

INTERVIEWER: IF AMOUNT IS LESS THAN \$1,000 OR MORE THAN \$100,000, CONFIRM: You say your household income was (AMOUNT) in the last twelve months. Is that correct? **CORRECT ANSWER IF APPROPRIATE.**

\$ |__|__|__|,|__|__|__| → GO TO L2

DON'T KNOW-2

REFUSED-1

L1A. I just need to know a range. Can you tell me if it was . . .

Less than \$5,000, 1

\$5,001 to \$10,000, 2

\$10,001 to \$15,000, 3

\$15,001 to \$20,000, 4

\$20,001 to \$25,000, 5

\$25,001 to \$30,000, 6

\$30,001 to \$40,000, 7

\$40,001 to \$60,000, or 8

More than \$60,000? 9

DON'T KNOW-2

REFUSED-1

L2. In the past twelve months, have you given or loaned any money to friends or relatives?

YES1

NO2 → GO TO L3

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

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

DON'T KNOW-2

REFUSED-1

L3. **IS FATHER LIVING WITH MOTHER OR LIVING WITH A CURRENT PARTNER?**

(A4A1=1 OR 2 OR E2D=1)

YES1

NO2 → GO TO L7

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

YES1

NO2 → GO TO L5

MULTIPLE ACCOUNTS.....3

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

CIRCLE ONE

FATHER'S NAME 1

WIFE'S/PARTNER'S NAME 2

BOTH NAMES (JOINT ACCOUNT) 3

BOTH JOINT AND SEPARATE
ACCOUNTS 4

SEPARATE ACCOUNTS 5

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

YES1

NO2 → GO TO L5B

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

CIRCLE ONE

FATHER'S NAME 1

WIFE'S/PARTNER'S NAME 2

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

BOTH JOINT AND SEPARATE
CARDS..... 4

SEPARATE CARDS..... 5

L5B. Couples handle money differently. Which of the following do you do?
Do you . . .

CIRCLE ONE

Keep your own money separate,..... 1

Put some of your money together but
keep the rest separate, or 2

Put all of your money together? 3

DON'T KNOW -2

REFUSED -1

L5C. Couples also make different arrangements for handling financial responsibilities, such as paying the rent, mortgage, or other household bills. In your household, who is usually responsible for making sure the bills get paid?

CIRCLE ONE

- FATHER USUALLY PAYS THE BILLS 1
- WIFE OR PARTNER
USUALLY PAYS THE BILLS..... 2
- FATHER AND WIFE OR PARTNER
PAY BILLS TOGETHER OR TAKE
TURNS/ALTERNATE MONTHS 3
- FATHER AND WIFE OR PARTNER
HAVE SPECIFIC BILLS EACH IS
RESPONSIBLE FOR PAYING EACH
MONTH 4
- OTHER (E.G., SOMEONE ELSE IN
THE HOUSEHOLD IS RESPONSIBLE
FOR PAYING THE BILLS) 5
- DON'T KNOW -2
- REFUSED -1

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

CIRCLE ONE

- RESPONDENT 1
- WIFE/PARTNER 2
- BOTH EQUALLY 3
- OTHER (NOT SPECIFIED) 4
- DON'T KNOW -2
- REFUSED -1

L6. Do you or your (wife/partner) own a car, truck or van?
YES 1
NO 2 → END INTERVIEW
LEASE.....-10

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

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

YES1
NO2

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

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

NOTHING 0
DON'T KNOW-2
REFUSED-1
LEASE.....-10 → END INTERVIEW

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

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

NOTHING 0
DON'T KNOW-2

END INTERVIEW

L7. Do you have a bank account?

YES1
NO2

L8. Do you have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

YES1
NO2

L9. Do you own a car, truck or van?

YES 1
NO 2 → **END INTERVIEW**
LEASE -10

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

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

YES1
NO2

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

\$ |__|__|,|__|__|__|
NOTHING 0
DON'T KNOW-2
REFUSED-1
LEASE-10 → **END INTERVIEW**

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

\$ |__|__|,|__|__|__|
NOTHING 0
DON'T KNOW-2