

*The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS). Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.*

# **The Fragile Families and Child Wellbeing Study**

## **(SURVEY OF PARENTS)**

### **Nine-Year Follow-Up Primary Caregiver Interview**

#### **Public Use Version**

**February 2012**

Surveys were conducted by Westat, Inc. under contract with the Center for Research on Child Wellbeing at Princeton University and the Columbia Population Research Center at Columbia University.

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## INTRODUCTION TO NPCG/PRIMARY CAREGIVER

### INTRODUCTION:

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

#### BOX AA1

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

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

#### NOTE

SECTION A THROUGH SECTION F WERE ONLY COMPLETED BY NON-PARENTAL PCGs AND INCLUDE PREFIX "N5" INSTEAD OF PREFIX "P5" IN THE DATA.

## SECTION A: INTRODUCTION TO NON-PARENTAL CAREGIVER SURVEY

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

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

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

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

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

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

A2. Now, I'd like to ask you some questions about {CHILD}.

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

GAVE DATE ..... 1

REFUSED ..... -1 → GO TO A3

DON'T KNOW ..... -2 → GO TO A3

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

PROBE: Do you know the month?

JANUARY ..... 1

FEBRUARY ..... 2

MARCH ..... 3

APRIL ..... 4

MAY ..... 5

JUNE ..... 6

JULY ..... 7

AUGUST ..... 8

SEPTEMBER ..... 9

OCTOBER ..... 10

NOVEMBER ..... 11

DECEMBER ..... 12

REFUSED ..... -1 → GO TO A3

DON'T KNOW ..... -2

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

PROBE: Do you know the year?

|\_|\_|\_|\_|

ENTER YEAR

OR

REFUSED ..... -1

DON'T KNOW ..... -2

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

CODE HALF BROTHERS OR SISTERS AS BIOLOGICAL.

YES ..... 1

NO ..... 2 → GO TO A5

REFUSED ..... -1 → GO TO A5

DON'T KNOW ..... -2 → GO TO A5

A4. How many of these brothers and/or sisters are living with you now?

\_\_\_\_\_  
ENTER NUMBER OF CHILDREN  
OR  
REFUSED ..... -1  
DON'T KNOW ..... -2

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

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

FULL-TIME..... 1 →GO TO A7  
SPLITS TIME ..... 2  
REFUSED.....-1→GO TO A7  
DON'T KNOW.....-2 →GO TO A7

A6. Who else does {CHILD} stay with?

PROBE: Anyone else?

...CODE ALL THAT APPLY

n5a6\_1 MOTHER..... 1  
n5a6\_2 BOTH MOTHER AND FATHER..... 2  
n5a6\_3 FATHER ..... 3  
n5a6\_4 GRANDPARENT ..... 4  
n5a6\_5 AUNT/UNCLE ..... 5  
n5a6\_6 OTHER RELATIVE ..... 6  
n5a6\_7 FRIEND ..... 7  
n5a6\_8 FOSTER PARENT..... 8  
n5a6\_91 OTHER (SPECIFY)..... 91

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

A6B. In a typical week, about how many nights a week does {CHILD} stay with you?

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

\_\_\_\_\_  
ENTER NUMBER OF NIGHTS  
OR  
REFUSED ..... -1  
DON'T KNOW ..... -2

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

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

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

GAVE DATE ..... 1  
CHILD NEVER LIVED WITH BIO MOTHER 2 → GO TO A9  
REFUSED ..... -1 → GO TO A9  
DON'T KNOW ..... -2 → GO TO A9

A8A. [When did {CHILD} last live full-time with {his/her} biological mother?]

PROBE: Do you know the month?

--	--	--

ENTER MONTH  
OR  
REFUSED ..... -1 → GO TO A9  
DON'T KNOW ..... -2

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

PROBE: Do you know the year?

--	--	--	--	--

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

**BOX A8C**

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

BOX A9A.

ELSE, GO TO A9.



- A9. IF RESPONDENT HAS ALREADY VOLUNTEERED THAT MOTHER IS DECEASED, CODE "1" AND DO NOT ASK QUESTION.

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

CODE ALL THAT APPLY

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

**BOX A9A**

IF ANY ANSWER IN A9 = 1 OR 2, GO TO A11.

ELSE, IF THE FATHER IS DECEASED OR UNKNOWN (ACCORDING  
PRELOAD), GO TO A12.

ELSE, IF THE MOTHER IS DECEASED OR IN JAIL (A9 = 1 OR 2) OR  
MOTHER IS DECEASED ACCORDING TO THE PRELOAD), GO TO  
**TIES  
ONLY)**

ELSE, GO TO A10.

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

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

YES, THEY LIVE TOGETHER ..... 1 → **GO TO A12**

NO, THEY DO NOT LIVE TOGETHER ..... 2

FATHER UNKNOWN ..... 3 → **GO TO A12**

FATHER DECEASED (OFFER  
CONDOLENCES) ..... 4 → **GO TO A12**

FATHER IN JAIL ..... 5 → **GO TO A12**

REFUSED ..... -1

DON'T KNOW ..... -2

A11. CODE WITHOUT ASKING IF RESPONDENT HAS PREVIOUSLY VOLUNTEERED THAT THE FATHER IS DECEASED, UNKNOWN, OR IN JAIL.

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

CODE ALL THAT APPLY

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

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

YES.....	1 →GO TO A15
NO .....	2
REFUSED.....	-1→GO TO A15
DON'T KNOW.....	-2

A13. How much longer do you think {CHILD} will stay with you?

PROBE: Your best estimate is fine.

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

GAVE NUMBER OF MONTHS ..... 1 → GO TO A13A  
GAVE NUMBER OF YEARS ..... 2 → GO TO A13B  
GAVE CHILD'S AGE/AGE CHILD WILL BE. 3 → GO TO A13C  
REFUSED ..... -1 → GO TO A14  
DON'T KNOW ..... -2 → GO TO A14

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

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

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

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

<p style="text-align: center;"><b>BOX A13A1</b></p> <p>GO TO A14.</p>
---

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

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

<p style="text-align: center;"><b>BOX A13B1</b></p> <p>GO TO A14.</p>
---

A13C. [How much longer do you think {CHILD} will stay with you?]

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

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

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

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

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

A16. Where do you receive payments from?

CODE ALL THAT APPLY

n5a16\_1 CHILD'S MOTHER ..... 1  
n5a16\_2 CHILD'S FATHER ..... 2  
n5a16\_3 FOSTER CARE PAYMENT ..... 3  
n5a16\_4 TANF / WELFARE ..... 4  
n5a16\_101 SOCIAL SECURITY FOR CHILD ..... 101  
n5a16\_102 UNSPECIFIED GOVERNMENT SOURCE ..... 102  
n5a16\_91 OTHER (SPECIFY) ..... 91

REFUSED ..... -1

DON'T KNOW ..... -2

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

CHILD ONLY ..... 1 →GO TO A17

CHILD AND OTHER CHILDREN ..... 2

REFUSED ..... -1 →GO TO A17

DON'T KNOW ..... -2

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

|\_|\_|

ENTER NUMBER OF CHILDREN

OR

REFUSED ..... -1

DON'T KNOW ..... -2

A17. How much did you receive altogether last month?

\$ |\_|\_|,|\_|\_|\_|

ENTER AMOUNT

OR

REFUSED ..... -1

DON'T KNOW ..... -2

**BOX A17A**

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

ELSE, GO TO SECTION B.

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

REGULAR AMOUNT ..... 1  
MONEY ONCE IN A WHILE ..... 2  
REFUSED.....-1  
DON'T KNOW.....-2

## SECTION B: MOTHER-CHILD RELATIONSHIP

### BOX B0

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

ELSE, GO TO B0A.

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

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

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

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

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

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



**BOX B21**

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

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

ELSE, GO TO B2A.

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

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

|\_|\_|  
ENTER NUMBER OF DAYS

OR

REFUSED ..... -1

DON'T KNOW ..... -2

**BOX B2A1**

IF B2A GREATER THAN 0, GO TO B3.

ELSE, GO TO B2B.

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

PROBE: Do you know the month?

|\_|\_|  
ENTER MONTH

OR

REFUSED ..... -1 → **GO TO SECTION C**

DON'T KNOW ..... -2

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

PROBE: Do you know the year?

|\_|\_|\_|  
ENTER YEAR

OR

REFUSED ..... -1

DON'T KNOW ..... -2

**BOX B2C1**

GO TO SECTION C

B3. I am going to read you a list of things that children need. Please tell me how often {MOTHER} buys or pays for these for {CHILD}. How often does {MOTHER} buy or pay for ...

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

		OFTEN	SOMETIMES	RARELY	NEVER	REF	DK
B3A.	Clothes for {CHILD}? Is it often, sometimes, rarely or never? .....	1	2	3	4	-1	-2
B3B.	Toys for {CHILD}? .....	1	2	3	4	-1	-2
B3C.	Medicine for {CHILD}? .....	1	2	3	4	-1	-2
B3D.	Food for {CHILD}? .....	1	2	3	4	-1	-2
B3E.	Camp or school tuition for {CHILD}? .....	1	2	3	4	-1	-2
B3F.	School supplies for {CHILD}? .....	1	2	3	4	-1	-2
B3G.	Entertainment items for {CHILD} such as videos, computer games, music CDs? .....	1	2	3	4	-1	-2
B3H.	Personal items (haircuts, etc)? .....	1	2	3	4	-1	-2
B3I.	Anything else (SPECIFY) .....	1	2	3	4	-1	-2

## SECTION C: FATHER-CHILD RELATIONSHIP

### BOX C0

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

ELSE, GO TO C0A.

C0a. Now I'd like to ask you some questions about {FATHER} and his relationship with {CHILD}.

First, do you have any contact with {CHILD}'s father?

YES .....1

NO.....2 →GO TO SECTION D

REFUSED ..... -1 →GO TO SECTION D

DON'T KNOW ..... -2 →GO TO SECTION D

C1. Please think about the kind of father you feel that {FATHER} is to {CHILD}. Would you say that he is . . .

An excellent father, .....1

A very good father, .....2

A good father, or .....3

Not a very good father? .....4

FATHER DOESN'T KNOW ABOUT CHILD

(VOLUNTEERED) .....14 →GO TO SECTION D

REFUSED .....-1

DON'T KNOW ..... -2

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

YES .....1

NO.....2 →GO TO C2B

REFUSED ..... -1 →GO TO C2B

DON'T KNOW ..... -2 →GO TO C2B

**BOX C2**

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

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

ELSE, GO TO C2A.

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

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

|\_|\_|  
ENTER NUMBER OF DAYS

OR

REFUSED.....-1

DON'T KNOW.....-2

**BOX C2A1**

IF C2A GREATER THAN 0, GO TO C3.

ELSE, GO TO C2B.

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

PROBE: Do you know the month?

|\_|\_|  
ENTER MONTH

OR

REFUSED.....-1 → **GO TO SECTION D**

DON'T KNOW..... -2

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

PROBE: Do you know the year?

|\_|\_|\_|  
ENTER YEAR

OR

REFUSED ..... -1

DON'T KNOW..... -2

**BOX C2CA**

GO TO SECTION D.

- C3. I am going to read you a list of things that children need. Please tell me how often {FATHER} buys or pays for these for {CHILD}. How often does {FATHER} buy or pay for...?

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

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

## SECTION D: DEMOGRAPHICS

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

D1. IS THE RESPONDENT MALE OR FEMALE?

CODE WITHOUT ASKING, IF POSSIBLE.

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

D2\_AGE. RESPONDENT'S AGE IN YEARS AT TIME OF INTERVIEW (constructed)

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

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

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

D3. [Not including yourself and {CHILD}, how many people are currently living with you?

PROBE: Please include people who sleep in (your/this) home most nights.]

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

**BOX D3A**

**LOOP 1:** ASK D3A, D3B, D3C, D3D, BOX D3D2, AND D3E IN A LOOP FOR UP TO 10 PEOPLE (NOT COUNTING THE FOCAL CHILD). CONTINUE THE LOOP UNTIL INFORMATION FOR 10 PERSONS HAS BEEN ENTERED OR “ENTER” IS USED IN A BLANK CELL IN D3A, INDICATING THAT THE MATRIX IS COMPLETE. WHEN THE MATRIX IS COMPLETE, END THE LOOP AND SKIP TO D3F.

**HOUSEHOLD MATRIX INSTRUCTIONS:**

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

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

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

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

ENTER FIRST NAME OF HOUSEHOLD MEMBER OR PRESS ENTER IF MATRIX IS COMPLETE.

IF TWO PEOPLE HAVE SAME FIRST NAME, CLARIFY BY USING A MIDDLE INITIAL.

D3B. CODE IF OBVIOUS. OTHERWISE, ASK: Is {NAME} male or female?

ENTER GENDER OF {NAME}.

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

D3C. What is {his/her} age?

ROUND AGE OF CHILDREN BETWEEN 6 MONTHS AND A YEAR TO “001”.  
ROUND CHILDREN BETWEEN BIRTH AND 5 MONTHS TO “000”.

ENTER AGE OF {NAME}.  
OR  
REFUSED ..... -1 → GO TO D3C2  
DON’T KNOW ..... -2 → GO TO D3C2

D3C2. Is {NAME}. . .

a newborn to 15 year old, .....	-11
16 to 21, .....	-12
22 to 30, .....	-13
31 to 50, .....	-14
51 to 65, or .....	-15
older than 65? .....	-16
REFUSED .....	-1
DON'T KNOW .....	-2

D3D. What is {NAME}'s relationship to you?

CODE RELATIONSHIP OF HOUSEHOLD MEMBER.

CODE WITHOUT ASKING, IF KNOWN.

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

**BOX D3D2**

FOR EACH HOUSEHOLD MEMBER WHOSE AGE IS 16 OR OLDER,  
ASK D3E.

ELSE, GO TO BOX D3E2.



D3E. Is {NAME} currently working?

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

**BOX D3E2**

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

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

YES ..... 1 → GO TO D3A  
NO ..... 2  
REFUSED ..... -1  
DON'T KNOW ..... -2

**BOX D3G**

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

ELSE, GO TO D3H.

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

YES ..... 1 → GO TO D3A  
NO ..... 2  
REFUSED ..... -1  
DON'T KNOW ..... -2

D5A. Next I have a few questions about your background. First, in what country or territory were you born?

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

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

**BOX D5B**

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

ELSE, GO TO D5C.

D5C. Are you a United States citizen?

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

## SECTION E: INCOME, EDUCATION, AND EMPLOYMENT

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

NONE..... 1→ GO TO E2  
ELEMENTARY, MIDDLE, OR  
JUNIOR HIGH SCHOOL ..... 2→ GO TO E2  
SOME REGULAR HIGH SCHOOL ..... 3 →GO TO E1B  
HIGH SCHOOL DIPLOMA ..... 4→ GO TO E2  
GED ..... 5→ GO TO E2  
ABE PROGRAM..... 6→ GO TO E2  
NURSING SCHOOL (LPN OR RN)..... 7→ GO TO E2  
BUSINESS OR SECRETARIAL  
SCHOOL..... 8→ GO TO E2  
VOCATIONAL, TECHNICAL, OR  
TRADE SCHOOL ..... 9→ GO TO E2  
JUNIOR/COMMUNITY  
COLLEGE (2-YEAR) ..... 10→ GO TO E2  
SOME COLLEGE ..... 11→ GO TO E2  
COLLEGE (4-YEAR) DEGREE ..... 12→ GO TO E2  
GRADUATE OR PROFESSIONAL  
SCHOOL ..... 13→ GO TO E2  
OTHER TYPE OF SCHOOL (SPECIFY) ..... 91→ GO TO E2  
  
\_\_\_\_\_  
REFUSED ..... -1→ GO TO E2  
DON'T KNOW ..... -2→ GO TO E2

**BOX E1A**

GO TO E2.

E1B. ENTER GRADE COMPLETED

CAP I INSTRUCTION: HARD RANGE CHECK: 1-12.

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

E2. What is your current employment status?

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

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

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

**ENTER AMOUNT → GO TO SECTION F**

DON'T KNOW.....-2

DON'T KNOW.....-2

## SECTION F: HEALTH AND WELL-BEING

- F0. My next question is about how satisfied you are with your life overall. In general, would you say you are . . .

Very satisfied with your life overall, .....1  
Somewhat satisfied, .....2  
Somewhat dissatisfied, or .....3  
Very dissatisfied? .....4  
REFUSED .....-1  
DON'T KNOW .....-2

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

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

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

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

YES .....1  
NO .....2 → GO TO F2B  
REFUSED .....-1 → GO TO F2B  
DON'T KNOW .....-2 → GO TO F2B

F2A. What is this health problem?

CODE ALL THAT APPLY

f2a_1	DIABETES.....	1
f2a_2	ASTHMA .....	2
f2a_3	HIGH BLOOD PRESSURE .....	3
f2a_4	PAIN .....	4
f2a_5	SEIZURES/EPILEPSY .....	5
f2a_6	HEART DISEASE .....	6
f2a_7	BACK PROBLEMS .....	7
f2a_91	OTHER (SPECIFY).....	91
REFUSED .....		-1
DON'T KNOW .....		-2

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

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

YES .....	1
NO .....	2 → GO TO F2C
REFUSED .....	-1 → GO TO F2C
DON'T KNOW .....	-2 → GO TO F2C

F2B1. For which of the following conditions do you take prescribed medication? Do you take them for . . .

		YES	NO	REF	DK
F2B1A.	Diabetes? .....	1	2	-1	-2
F2B1B.	Asthma? .....	1	2	-1	-2
F2B1C.	High Blood Pressure?.....	1	2	-1	-2
F2B1D.	Depression?	1	2	-1	-2
F2B1E.	Anxiety? .....	1	2	-1	-2
F2B1F.	Attention Deficit? .....	1	2	-1	-2
F2B1G.	Pain? .....	1	2	-1	-2
F2B1H.	Seizures or Epilepsy? .....	1	2	-1	-2
F2B1_101	Cholesterol? .....	1	2	-1	-2
F2B1_102	Thyroid? .....	1	2	-1	-2
F2B1I.	Anything else? (SPECIFY) _____	1	2	-1	-2

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

YES .....1  
 NO .....2 → GO TO F2E  
 REFUSED .....-1 → GO TO F2E  
 DON'T KNOW .....-2 → GO TO F2E

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

IF ANSWER IS "NONE," ENTER ZEROS.

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

              
 ENTER NUMBER OF TIMES



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

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

IF ANSWER IS "NONE," ENTER ZEROS.

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

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

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

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

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

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

All day long, ..... 1  
 Most of the day, .....2  
 About half of the day, or .....3  
 Less than half the day? .....4 → GO TO F7

REFUSED .....-1 → **GO TO F7**  
DON'T KNOW .....-2 → **GO TO F7**

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

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

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

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

**BOX F6**

**GO TO F10.**

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

YES .....1  
NO .....2 → **GO TO F16**  
NO, ON MEDICATION/  
ANTI-DEPRESSANTS (VOLUNTEERED) .....-14 → **GO TO F16**  
REFUSED .....-1 → **GO TO F16**  
DON'T KNOW .....-2 → **GO TO F16**

- F8. For the next few questions, please think of the two-week period during the past twelve months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last . . .

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

- F9. Did you feel this way every day, almost every day, or less often during the two weeks?

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

- F10. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

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

F11. During these two weeks, did you gain or lose weight without trying, or did you stay about the same?

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

GAIN.....1  
LOSE.....2  
IF VOLUNTEERED: BOTH  
GAINED AND LOST WEIGHT .....3  
STAYED ABOUT THE SAME .....4 → GO TO F12  
IF VOLUNTEERED: WAS ON A DIET .....5 → GO TO F12  
REFUSED .....-1 → GO TO F12  
DON'T KNOW .....-2 → GO TO F12

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

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

|\_|\_|  
ENTER NUMBER OF POUNDS  
OR  
DON'T KNOW .....-2  
REFUSED .....-1

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

YES .....1  
NO.....2 → GO TO F13  
REFUSED .....-1 → GO TO F13  
DON'T KNOW .....-2 → GO TO F13

F12A. Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT .....1  
NEARLY EVERY NIGHT.....2  
LESS OFTEN .....3  
REFUSED .....-1  
DON'T KNOW .....-2

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

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

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

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

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

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

F16. For each of the following statements, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

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

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

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

YES ..... 1

NO ..... 2 → GO TO SECTION G

REFUSED ..... -1

DON'T KNOW ..... -2 → GO TO SECTION G

F18. How many packs per day do you usually smoke?

LESS THAN HALF A PACK A DAY .....	1
ABOUT A PACK .....	2
A PACK AND A HALF .....	3
ABOUT 2 PACKS .....	4
MORE THAN TWO PACKS .....	5
REFUSED .....	-1
DON'T KNOW .....	-2

## SECTION G: ENVIRONMENT

- G1. We are also interested in some of the problems that families face making ends meet. In the past twelve months, did you do any of the following because there wasn't enough money?

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

		YES	NO	REF	DK
G1A.	In the past twelve months, did you receive free food or meals?.....	1	2	-1	-2
G1B.	(In the past twelve months,) Were you ever hungry, but didn't eat because you couldn't afford enough food? .....	1	2	-1	-2
G1C.	(In the past twelve months,) Did you not pay the full amount of rent or mortgage payments? .....	1	2	-1	-2
G1D.	(In the past twelve months,) Were you evicted from your home or apartment for not paying the rent or mortgage? ...	1	2	-1	-2
G1E.	(In the past twelve months,) Did you not pay the full amount of a gas, oil, or electricity bill? .....	1	2	-1	-2
G1F.	(In the past twelve months,) Was your gas or electric service ever turned off, or did the heating oil company not deliver oil, because there wasn't enough money to pay the bills? .....	1	2	-1	-2
G1G.	(In the past twelve months,) Did you borrow money from friends or family to help pay bills? .....	1	2	-1	-2
G1H.	(In the past twelve months,) Did you move in with other people even for a little while because of financial problems .....	1	2	-1	-2
G1I.	(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	-1	-2
G1J.	(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	-1	-2



## PRIMARY CAREGIVER/ SECTION H: HEALTH AND ACCIDENTS

{Our first /The next} set of questions is about {CHILD}'s health and development and how {he/she} is doing.

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

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

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

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

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

- YES..... 1
- NO ..... 2 → GO TO H2
- REFUSED..... -1 → GO TO H2
- DON'T KNOW ..... -2 → GO TO H2

H1CA. In the past month, how much of the time did {CHILD}'s asthma keep {him/her} from getting as much done at school or at home?

- All of the time, ..... 1
- Most of the time , ..... 2
- Some of the time , ..... 3
- A little of the time, or ..... 4
- None of the time? ..... 5
- REFUSED..... -1
- DON'T KNOW ..... -2

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

- More than once a day, ..... 1
- Once a day, ..... 2
- 3 to 6 times a week, ..... 3
- Once or twice a week, or ..... 4
- Not at all? ..... 5
- REFUSED..... -1
- DON'T KNOW ..... -2

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

- 4 or more nights a week, ..... 1
- 2 or 3 nights a week, ..... 2
- Once a week, ..... 3
- Once or twice, or ..... 4
- Not at all? ..... 5
- REFUSED..... -1
- DON'T KNOW ..... -2

H1CD. During the past month, how often has {CHILD} used {his/her} rescue inhaler or nebulizer medication (such as albuterol)?

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

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

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

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

	YES	NO	REF	DK
a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) .....	1	2	-1	-2
b. Mental retardation or developmental delay .....	1	2	-1	-2
c. Down's Syndrome .....	1	2	-1	-2
d. Cerebral Palsy.....	1	2	-1	-2
e. Sickle Cell Anemia .....	1	2	-1	-2
f. Autism .....	1	2	-1	-2
g. Congenital Heart Disease or Other Heart Condition .....	1	2	-1	-2
h. Total blindness .....	1	2	-1	-2
i. Partial blindness .....	1	2	-1	-2
j. Total deafness.....	1	2	-1	-2
k. Partial deafness.....	1	2	-1	-2
l. Speech or language problem.....	1	2	-1	-2
m. Problems with limbs (SPECIFY) .....	1	2	-1	-2

H3. In the past 12 months, has {CHILD} had any of the following health problems?

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

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

YES..... 1

NO ..... 2 → GO TO H4

DON'T KNOW ..... -2 → GO TO H4

REFUSED..... -1 → GO TO H4

H3B1. Which of the following conditions does {CHILD} regularly take prescription medication for:

		CODE ALL THAT APPLY
<b>h3b1_1</b>	ADHD? .....	1
<b>h3b1_2</b>	Hay fever or respiratory allergy?.....	2
<b>h3b1_3</b>	Food or digestive allergy? .....	3
<b>h3b1_4</b>	Eczema or skin allergy? .....	4
<b>h3b1_5</b>	Migraines? .....	5
<b>h3b1_6</b>	Seizures? .....	6
<b>h3b1_7</b>	Depression/Anxiety? .....	7
<b>h3b1_8</b>	Diabetes? .....	8
<b>h3b1_101</b>	Asthma? .....	101
<b>h3b1_102</b>	Sickle cell anemia? .....	102
<b>h3b1_103</b>	Bed wetting? .....	103
<b>h3b1_104</b>	Digestive problems? .....	104
<b>h3b1_105</b>	Dental/tooth problems? .....	105
<b>h3b1_106</b>	Ear/nose/throat problems? .....	106
<b>h3b1_107</b>	Eye problems? .....	107
<b>h3b1_108</b>	Sleep problems? .....	108
<b>h3b1_91</b>	Anything else? (SPECIFY) .....	91

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

YES..... 1  
 NO ..... 2 → GO TO H6  
 REFUSED..... -1 → GO TO H6  
 DON'T KNOW ..... -2 → GO TO H6

H5. What were the results?

NORMAL..... 1  
 BORDERLINE—DIDN'T REQUIRE  
 TREATMENT ..... 2  
 TOO HIGH—REQUIRED TREATMENT ..... 3  
 REFUSED..... -1  
 DON'T KNOW ..... -2

- H6. In the last 12 months, approximately how many times has {CHILD} been seen by a doctor, nurse, or other health care professional for a regular check-up or “well-child visit?” Would you say . . .

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

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

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

PROBE: Do not include the emergency room.

YES..... 1  
NO ..... 2  
REFUSED..... -1 → GO TO H9  
DON'T KNOW ..... -2 → GO TO H9

H8. Where does {CHILD} usually go for health care?

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

CODE ONLY ONE

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

---

REFUSED ..... -1 → GO TO H9  
DON'T KNOW ..... -2 → GO TO H9

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

IF ANSWER IS "NONE," ENTER ZEROS.

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

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

IF ANSWER IS "NONE," ENTER ZEROS.

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

H11. In the last 12 months, has {CHILD} stayed overnight in a hospital?

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

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

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

IF ANSWER IS "NONE," ENTER ZEROS.

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

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

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

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

YES ..... 1  
NO..... 2 → GO TO H15  
REFUSED..... -1→ GO TO H15  
DON'T KNOW..... -2→ GO TO H15



H14B. Did you purchase the plan yourself, did someone else purchase it, or did you get it through an employer?

PROBE: Any others?

**CODE ONE (2 CITIES)**

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

<b>h14b_1</b>	PURCHASED BY SELF .....	1
<b>h14b_2</b>	PURCHASED BY OTHER .....	2
<b>h14b_3</b>	THROUGH RESPONDENT'S EMPLOYER.....	3
<b>h14b_4</b>	THROUGH CHILD'S FATHER'S EMPLOYER .....	4
<b>h14b_5</b>	THROUGH CHILD'S MOTHER'S EMPLOYER .....	5
<b>h14b_6</b>	THROUGH EMPLOYER OF PARTNER WHO IS NOT A BIO PARENT .....	6
<b>h14b_91</b>	OTHER (NOT SPECIFIED).....	91
	REFUSED .....	-1
	DON'T KNOW .....	-2

**BOX H15**

IF PCG = BIO MOM OR BIO DAD GO TO H15.

ELSE, GO TO H15A.

H15. Do you smoke?

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

H15A. {Not including yourself,} {does/Does} anyone else in your household smoke?

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

YES ..... 1  
NO..... 2 → GO TO H15C  
REFUSED .....-1 → GO TO H15C  
DON'T KNOW .....-2 → GO TO H15C

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

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

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

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

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

6 months ago or less, ..... 1  
More than 6 months ago but not more  
than 1 year ago,..... 2  
More than 1 year, but not more than  
2 years ago, or ..... 3  
More than 2 years, or ..... 4  
Never? ..... 5 → GO TO H16B  
REFUSED..... -1 → GO TO H16B  
DON'T KNOW..... .. -2 → GO TO H16B

H16A. How many dental fillings has {CHILD} ever had?

      

ENTER NUMBER OF FILINGS

OR

REFUSED..... -1

DON'T KNOW..... -2

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

YES .....1

NO .....2

REFUSED .....-1

DON'T KNOW .....-2

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

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

NO .....1

YES, BARELY .....2

YES, DEFINITELY .....3

THAT DEVELOPMENT IS COMPLETED .....4

REFUSED.....-1

DON'T KNOW.....-2

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

NO .....1

YES, BARELY .....2

YES, DEFINITELY .....3

THAT DEVELOPMENT IS COMPLETED .....4

REFUSED.....-1

DON'T KNOW.....-2

H17B. Have you noticed any changes in {her/his} skin, especially pimples? Would you say . . .

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

**BOX H18**

IF CHILD IS MALE, GO TO H19.

ELSE, GO TO H21.

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

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

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

NO.....1 → **GO TO H23**  
YES, BARELY .....2 → **GO TO H23**  
YES, DEFINTELY .....3 → **GO TO H23**  
THAT DEVELOPMENT IS COMPLETED .....4 → **GO TO H23**  
REFUSED.....-1 → **GO TO H23**  
DON'T KNOW.....-2 → **GO TO H23**

H21. Would you say that her breasts have started to grow? Would you say...

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

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

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

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

PROBE: Do you know how many years old?

\_\_\_\_\_  
ENTER YEARS OLD  
OR  
REFUSED ..... -1  
DON'T KNOW ..... -2

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

PROBE: Do you know how many months old?

\_\_\_\_\_  
ENTER MONTHS  
OR  
REFUSED ..... -1 → GO TO H23  
DON'T KNOW ..... -2

H23. Compared with other {boys/girls} {his/her} age, do you think {CHILD}'s physical development is:

- Much earlier than other {boys/girls}, ..... 1
- Somewhat earlier than other {boys/girls}, .....2
- About the same as other {boys/girls}, ..... 3
- Somewhat later than other {boys/girls}, or ..... 4
- Much later than other {boys/girls}? ..... 5
- REFUSED..... -1
- DON'T KNOW..... -2

**PRIMARY CAREGIVER/ SECTION I: FAMILY ROUTINES AND HOME LIFE**

11. Now I would like to ask you some questions about things you may do with {CHILD}.

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

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

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

I2. Outside of school hours in the past year, has {CHILD} participated in...

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

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

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

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

\_\_\_\_|

ENTER HOURS PER WEEKDAY

OR

REFUSED ..... -1

DON'T KNOW ..... -2

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

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

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

\_\_\_\_|

ENTER HOURS PER WEEKEND DAY

OR

DON'T KNOW ..... -2

REFUSED ..... -1



15. Think a moment about a typical weekday for your family. How much time would you say {CHILD} spends playing outdoors, either at your home or somewhere else?

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

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

|\_|\_|\_|

ENTER HOURS PER WEEKDAY

OR

DON'T KNOW..... -2

REFUSED..... -1

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

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

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

|\_|\_|\_|

ENTER HOURS PER WEEKEND DAY

OR

DON'T KNOW ..... -2

REFUSED..... -1

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

|\_|\_|\_|

ENTER HOURS PER WEEKDAY

OR

DON'T KNOW ..... -2

REFUSED..... -1

18. Now think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time would you say {CHILD} spends doing homework?

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

            

ENTER HOURS PER WEEKEND DAY

OR

DON'T KNOW..... -2

REFUSED..... -1

19. Does {CHILD} have a regular bedtime during the week?

YES..... 1

NO ..... 2→ GO TO I12

REFUSED..... -1→ GO TO I12

DON'T KNOW ..... -2→ GO TO I12

- I10 . When does {CHILD} usually go to bed?

ENTER HOUR. ENTER MINUTES IN NEXT QUESTION.

            

ENTER HOUR

OR

REFUSED .....-1

DON'T KNOW .....-2

- I10A. [When does {CHILD} usually go to bed?]

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

            

ENTER MINUTE

OR

REFUSED .....-1

DON'T KNOW .....-2

I10B. [When does {CHILD} usually go to bed?]

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

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

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

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

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

ENTER NUMBER OF HOURS A NIGHT  
OR  
REFUSED..... -1  
DON'T KNOW ..... -2

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

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

**BOX I13**

IF I13 = 0, GO TO I17.

ELSE, GO TO I14.

I14. Does {CHILD} have a television in {his/her} bedroom?

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

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

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

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

ENTER NUMBER OF HOURS  
OR

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

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

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

I17. Do you have a computer in your home?

YES..... 1  
NO ..... 2 → **GO TO I19**  
REFUSED..... -1 → **GO TO I19**  
DON'T KNOW ..... -2 → **GO TO I19**

I18A. Does {CHILD} use the computer to...

CODE ALL THAT APPLY

- i18a\_1 Play games?..... 1  
i18a\_2 Do school work? ..... 2  
i18a\_3 Email or IM friends?..... 3  
i18a\_4..... Go on the internet?4  
REFUSED..... -1  
DON'T KNOW ..... -2

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

IF LESS THAN 1 HOUR PER DAY, ENTER ZERO.

PROBE: Your best estimate will be fine.

            

ENTER NUMBER OF HOURS

OR

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

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

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

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

I20A. Does {CHILD} have access to at least 10 books at home?

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

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

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

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

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

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

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

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

I21B. In the last three months, have you had the chance to read a book for fun?

YES..... 1

NO ..... 2

REFUSED..... -1

DON'T KNOW..... -2

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

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

		DEFINITELY UNTRUE	SOMEWHAT UNTRUE	NOT REALLY TRUE OR UNTRUE	SOMEWHAT TRUE	DEFINITELY TRUE	REF	DK
I22A.	You can't hear yourself think in your home. Is that definitely untrue, somewhat untrue, not really true or untrue, somewhat true or definitely true?	1	2	3	4	5	-1	-2
I22B.	It's a real zoo in your home.	1	2	3	4	5	-1	-2
I22C.	The children have a regular bedtime routine.	1	2	3	4	5	-1	-2
I22D.	You are usually able to stay on top of things.	1	2	3	4	5	-1	-2
I22E.	The atmosphere in your house is calm.	1	2	3	4	5	-1	-2

I23. How many of {CHILD}'s close friends do you know by sight and by first and last name? Do you know....

None of them,.....1

Only a few,.....2

About half .....3

Most of them, or.....4

All of them? .....5

IF VOLUNTEER: HE/SHE DOES NOT HAVE ANY FRIENDS 6→ **GO TO I26**

REFUSED .....-1

DON'T KNOW.....-2

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

None of them,.....1

Only a few,.....2

About half, .....3

Most of them, or.....4

All of them? .....5

REFUSED.....-1

DON'T KNOW.....-2

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

|\_|\_|

ENTER NUMBER OF FRIENDS

OR

REFUSED.....-1

DON'T KNOW.....-2



I26. Do you know what your {CHILD} does during {his/her} free time? Would you say...

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

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

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

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

ENTER NUMBER OF MORNINGS

OR

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

I29. In a typical week, how many nights does your family eat dinner together?

PROBE (2 CITIES): By your family, we mean either you or the other parent.

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

\_\_\_\_|

ENTER NUMBER OF NIGHTS

OR

DON'T KNOW..... -2

REFUSED..... -1

**BOX I30**

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

ELSE, ASK I30A.

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

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

**YES (LIVING IN HH WITH BIO MOTHER) .....1**

**NO (LIVING ELSEWHERE).....2**

**FATHER DECEASED .....3**

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

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

**BOX I30B**

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

ELSE, ASK I30C.

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

- YES .....1
- NO .....2 ☐ **GO TO BOX I39**
- FATHER DOESN'T KNOW ABOUT CHILD .....3 ☐ **GO TO BOX I39**
- FATHER DECEASED .....4 ☐ **GO TO BOX I39**
- REFUSED .....-1 ☐ **GO TO BOX I39**
- DON'T KNOW .....-2 ☐ **GO TO BOX I39**

- I31. I am now going to ask you about some of the things we just talked about, but ask you to tell me about the father's involvement with {CHILD}. About how often in the past month did {FATHER}...

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

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

- I32. Now, I would like to ask you about some school-related activities that {FATHER} may or may not have done in the last year. Since the beginning of {this/last} school year has {FATHER}...

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

	ONCE IN CURRENT SCHOOL YEAR	MORE THAN ONCE	NOT IN CURRENT SCHOOL YEAR	REF	DK
I32a. Attended an open house or back-to-school night? Would you say that {FATHER} has done this once in the {this/the last} school year, done this more than once in the {this/the last} school year, or you have not done this in the {this/the last} school year?.....	1	2	3	-1	-2
I32b. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher? .....	1	2	3	-1	-2
I32c. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated?.....	1	2	3	-1	-2

I33. Children often do things that are wrong, disobey, or make their parents angry. We would like to know what {FATHER} has done when {CHILD} did something wrong or made him upset or angry.

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

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

	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN PAST YEAR	THIS HAS NEVER HAPPENED	REF	DK
--	------	-------	--------------	---------------	----------------	-----------------------------	---	-------------------------------	-----	----

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

1	2	3	4	5	6	7	8	-1	-2
---	---	---	---	---	---	---	---	----	----

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

1	2	3	4	5	6	7	8	-1	-2
---	---	---	---	---	---	---	---	----	----

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

1	2	3	4	5	6	7	8	-1	-2
---	---	---	---	---	---	---	---	----	----

- I34. How many of {CHILD}'s close friends does {FATHER} know by sight and by first and last name?

|\_|\_|

ENTER NUMBER OF FRIENDS

OR

REFUSED .....-1

DON'T KNOW .....-2

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

YES ..... 1

NO ..... 2

CHILD DOESN'T HAVE DOCTOR ..... 3

REFUSED .....-1

DON'T KNOW .....-2

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

YES ..... 1

NO ..... 2

REFUSED ..... -1

DON'T KNOW ..... -2

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

YES ..... 1

NO ..... 2

REFUSED ..... -1

DON'T KNOW ..... -2

- I38. Now I'd like to ask you how much influence you feel {FATHER} has in making major decisions about some area's of {CHILD}'s life. For each item I read

please tell me if you feel that {FATHER} has no influence, some influence, or a great deal of influence. How about....

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

		NO INFLUENCE	SOME INFLUENCE	GREAT DEAL OF INFLUENCE	REF	DK
I38A.	{CHILD}'s school? Do you feel that {FATHER} has no influence, some influence, or a great deal of Influence in making decisions about this? .....	1	2	3	-1	-2
I38B.	{CHILD}'s religion? .....	1	2	3	-1	-2
I38C.	{CHILD}'s health care? .....	1	2	3	-1	-2

### I39

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

ELSE, GO TO I39A.

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

YES ..... 1

NO..... 2 ☐ **GO TO SECTION J**

REFUSED ..... -1 ☐ **GO TO SECTION J**

DON'T KNOW ..... -2 ☐ **GO TO SECTION J**



- I40. I am now going to ask you about some of the things we just talked about, but ask you to tell me about the {PARTNER} 's involvement with {CHILD}. About how often in the past month did {PARTNER}...

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

	NOT ONCE IN PAST MONTH	1-2 TIMES PAST MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY	REF	DK
I40A. Do dishes, prepare food, or do other household chores together? Would you say that {PARTNER} did this with {CHILD} not once in the past month, 1-2 times in the past month, about once a week, several times a week, or every day?.....	1	2	3	4	5	-1	-2
I40B. Play sports or do outdoor activities together? .....	1	2	3	4	5	-1	-2
I40C. Watch TV or videos together?.....	1	2	3	4	5	-1	-2
I40D. Play video or computer games together? .....	1	2	3	4	5	-1	-2
I40E. Read books with {CHILD} or talk with {him/her} about books {he/she} reads? .....	1	2	3	4	5	-1	-2
I40F. Participate in indoor activities together such as arts and crafts or board games? .....	1	2	3	4	5	-1	-2
I40G. Talk with {CHILD} about current events, like things going on in the news? .....	1	2	3	4	5	-1	-2
I40H. Talk with {CHILD} about {his/her} day? .....	1	2	3	4	5	-1	-2
I40I. Check to make sure the {CHILD} has completed his/her homework? .....	1	2	3	4	5	-1	-2
I40J. Help {CHILD} with homework or school assignments? .....	1	2	3	4	5	-1	-2

- I41. Now, I would like to ask you about some school-related activities that {PARTNER} may or may not have done in the last year. Since the beginning of {this/last} school year has {PARTNER}...

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

	ONCE IN CURRENT SCHOOL YEAR	MORE THAN ONCE	NOT IN CURRENT SCHOOL YEAR	REF	DK
I41a. Attended an open house or back-to-school night? Would you say that {PARTNER} has done this once in the {this/the last} school year, done this more than once in the {this/the last} school year, or you have not done this in the {this/the last} school year? .....	1	2	3	-1	-2
I41b. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher? .....	1	2	3	-1	-2
I41c. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated?.....	1	2	3	-1	-2

I42. Children often do things that are wrong, disobey, or make their parents angry. We would like to know what {PARTNER} has done when {CHILD} did something wrong or made him upset or angry.

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

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

		ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN PAST YEAR	THIS HAS NEVER HAPPENED	REF	DK
I42a.	Shouted, yelled, or screamed at {CHILD}?.....	1	2	3	4	5	6	7	8	-1	-2
I42b.	Spanked or slapped {him/her}?.....	1	2	3	4	5	6	7	8	-1	-2
I42c.	Called {him/her} dumb or lazy or some other name like that?...	1	2	3	4	5	6	7	8	-1	-2

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

|\_|\_|

ENTER NUMBER OF FRIENDS

OR

REFUSED.....-1

DON'T KNOW.....-2

I44. In the last year, has {PARTNER} talked to {CHILD}'s doctor about how {he/she} is doing? This could be as part of a visit or a separate call.

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

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

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

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

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

I47. Now I'd like to ask you how much influence you feel {PARTNER} has in making major decisions about some area's of {CHILD}'s life. For each item I read please tell me if you feel that {PARTNER} has no influence, some influence, or a great deal of influence. How about....

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

		NO INFLUENCE	SOME INFLUENCE	GREAT DEAL OF INFLUENCE	REF	DK
I47A	{CHILD}'s school? Do you feel that {PARTNER} has no influence, some influence, or a great deal of Influence in making decisions about this?.....	1	2	3	-1	-2
I47B	{CHILD}'s religion? .....	1	2	3	-1	-2
I47C	{CHILD}'s health care? .....	1	2	3	-1	-2

## PRIMARY CAREGIVER/ SECTION J: NUTRITION

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

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

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

	NONE	1	2	3	4	5 OR MORE	REF	DK
A. Milk? .....	0	1	2	3	4	5	-1	-2
B. Other dairy products (eggs, cheese, yogurt)? .....	0	1	2	3	4	5	-1	-2
C. Fruit juice? .....	0	1	2	3	4	5	-1	-2
D. Diet Soda (e.g., Diet Coke, Diet Pepsi)? .....	0	1	2	3	4	5	-1	-2
E. Regular Soda (e.g. Coke, Pepsi)	0	1	2	3	4	5	-1	-2
F. Fresh fruit or vegetables? .....	0	1	2	3	4	5	-1	-2
G. Candy or sweets? .....	0	1	2	3	4	5	-1	-2
H. Frozen or canned vegetables?.....	0	1	2	3	4	5	-1	-2
I. Snack foods or chips? .....	0	1	2	3	4	5	-1	-2
J. Starches like bread, cereal or spaghetti?.....	0	1	2	3	4	5	-1	-2

J3. About how many times a week does {CHILD} eat a meal from a “fast food” restaurant (for example, McDonald’s, KFC, etc.)?

- None or hardly ever, ..... 0
- 1 time, ..... 1
- 2 times, ..... 2
- 3 times, ..... 3
- 4 times, or ..... 4
- 5 or more times? ..... 5
- REFUSED ..... -1
- DON’T KNOW ..... -2

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

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

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

#### BOX J5

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

ELSE, GO TO J6.

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

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

YES..... 1  
NO ..... 2  
NOT APPLICABLE—MOTHER HAS NO  
CHILDREN OTHER THAN {CHILD} ..... 3  
REFUSED..... -1  
DON'T KNOW ..... -2

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

\$ | | | | , | | | | |  
ENTER COST OF FOOD USED AT HOME  
OR  
REFUSED ..... -1 → GO TO J7B  
DON'T KNOW ..... -2 → GO TO J7B  
0 (Back coded) ..... 0 → GO TO J8

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

ENTER UNIT.

PER DAY ..... 1 → GO TO J8  
PER WEEK ..... 2 → GO TO J8  
PER TWO WEEKS..... 3 → GO TO J8  
PER MONTH..... 4 → GO TO J8  
OTHER (SPECIFY)..... 5 → GO TO J8  
REFUSED ..... -1 → GO TO J7B  
DON'T KNOW..... -2 → GO TO J7B



J7B. Can you give me a range? Is it . . .

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

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

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

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

PROBE: Your best estimate is fine.

\$ | | | | , | | | |  
ENTER COST OF FOOD DELIVERED  
OR  
DON'T KNOW ..... -2→ **GO TO J9B**  
REFUSED ..... -1→ **GO TO J9B**  
0 (Back coded) ..... 0→ **GO TO J10**

J9A. [How much did you spend on take out food or food that was delivered during the last month? You can tell me about how much you spent per week if that's easiest.]

ENTER UNIT.

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

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

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

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

PROBE: Your best estimate is fine.

\$ | | | , | | |  
 ENTER COST OF EATING OUT  
 OR  
 DON'T KNOW ..... -2→ GO TO J10B  
 REFUSED ..... -1→ GO TO J10B  
 0 (Back coded) ..... 0→ GO TO J11

J10A. [About how much did you and anyone else in your family spend eating out in the last month? You can tell me about how much you spent per week if that's easiest.]

ENTER UNIT.

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

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

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

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

CODE ONE

SUPERMARKET ..... 1→ GO TO J12  
 SMALLER STORE ..... 2→ GO TO J12  
 SUPERMARKET AND SMALLER STORE EQUALLY 101→ GO TO J12  
 OTHER (SPECIFY) ..... 91→ GO TO J12  
 REFUSED..... -1→ GO TO J12  
 DON'T KNOW ..... -2 → GO TO J12

- J12. How do you usually get to the grocery store where you do most of your shopping?  
Do you . . .

CODE ONE

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

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

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

15 minutes or less ..... 1  
 Around a half hour ..... 2  
 Close to 1 hour or longer ..... 3  
 REFUSED ..... -1  
 DON'T KNOW ..... -2

**PRIMARY CAREGIVER/ SECTION K: PARENTAL STRESS AND MASTERY**

K1. Now I'm going to read some statements about {being a parent /taking care of children}. Please tell me how much you agree or disagree with each statement.

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

Strongly agree, .....1

Somewhat agree,.....2

Somewhat disagree, or .....3

Strongly disagree? .....4

REFUSED .....-1

DON'T KNOW .....-2

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

Strongly agree, .....1

Somewhat agree,.....2

Somewhat disagree, or .....3

Strongly disagree? .....4

REFUSED .....-1

DON'T KNOW .....-2

K1C. I find that taking care of my child(ren) is much more work than pleasure.  
Do you . . .

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

K1D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

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

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

An excellent {caregiver/parent}, ..... 1  
A very good {caregiver/parent}, ..... 2  
A good {caregiver/parent}, or ..... 3  
Not a very good {caregiver/parent}? ..... 4  
REFUSED ..... -1  
DON'T KNOW ..... -2

K1F. How close do you feel to {CHILD}? Would you say. . .

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

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

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

**PRIMARY CAREGIVER/ SECTION L: CHILD'S EDUCATION**

L1. What grade {is {CHILD} currently/was {CHILD}} enrolled in {last school year}?

  

ENTER GRADE

OR

REFUSED .....-1

DON'T KNOW .....-2

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

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

CODE ONE ONLY

Public school, ..... 1

Private school, ..... 2

Parochial or religious school, or ..... 3

Home school? ..... 4 → **GO TO L10**

CHILD IS NOT ATTENDING SCHOOL FOR

SOME REASON..... 5 → **GO TO L10**

REFUSED..... -1

DON'T KNOW ..... -2

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

YES..... 1

NO ..... 2

REFUSED..... -1

DON'T KNOW ..... -2



- L3. Now, I would like to ask you about some school-related activities that you may or may not have done in the last year. Since the beginning of {this/last} school year have you...

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

	ONCE IN THIS/LAST SCHOOL YEAR	MORE THAN ONCE	NOT IN THIS/LAST SCHOOL YEAR	REF	DK
L3a. Attended an open house or back-to-school night? Would you say you have done this once in {this/ the last} school year, done this more than once in the {this/the last} school year, or you have not done this in {this/the last} school year? .....	1	2	3	-1	-2
L3b. Attended a meeting of a PTA, PTO or parent-teacher organization? .....	1	2	3	-1	-2
L3c. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher? .....	1	2	3	-1	-2
L3d. Attended a school or class event, such as a play, sports event, or science fair, in which your child participated?.....	1	2	3	-1	-2
L3e. Attended a school or class event, such as a play, sports event, or science fair, in which your child did not participate? .....	1	2	3	-1	-2
L3f. Volunteered at the school or served on a committee? .....	1	2	3	-1	-2
L3g. Met with a school counselor? .....	1	2	3	-1	-2
L3h. Visited or sat in on {CHILD}'s classroom?.....	1	2	3	-1	-2
L3i. Had a conference with {CHILD}'s school principal? .....	1	2	3	-1	-2
L3j. Gone to a workshop or meeting about health, nutrition, or safety issues?.....	1	2	3	-1	-2

L4a. In a typical week, do you talk in person with any parents of children in {CHILD}'s class?

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

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

|\_|

ENTER NUMBER OF PARENTS

OR

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

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

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

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

|\_|

ENTER NUMBER OF PARENTS

OR

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

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

|\_|

ENTER NUMBER OF DAYS PER WEEK

OR

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

**BOX L5**

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

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

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

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

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

L8. What grade levels are included in this school?

CODE ALL THAT APPLY

- p5l8\_1 KINDERGARTEN .....1  
p5l8\_2 1ST GRADE .....2  
p5l8\_3 2ND GRADE .....3  
p5l8\_4 3RD GRADE .....4  
p5l8\_5 4TH GRADE .....5  
p5l8\_6 5TH GRADE .....6  
p5l8\_7 6TH GRADE .....7  
p5l8\_8 7TH GRADE .....8  
p5l8\_9 8TH GRADE .....9  
p5l8\_10 9TH GRADE .....10  
p5l8\_11 10TH GRADE .....11  
p5l8\_12 11TH GRADE .....12  
p5l8\_13 12TH GRADE .....13  
REFUSED .....-1  
DON'T KNOW .....-2

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

PROBE: Include first grade.

IF HOMESCHOOLED SINCE FIRST GRADE, ENTER 0.

|\_ |

ENTER NUMBER OF SCHOOLS

OR

REFUSED.....-1

DON'T KNOW.....-2

**BOX L11**

IF L1A = 4 (CHILD IS HOME SCHOOLED), GO TO SECTION M.

ELSE, GO TO L11.

L11. During the {current/last} school year, how many times has {CHILD} been absent from school?

PROBE: Your best estimate is fine.

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

L12. What were the reasons for these absences?

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

L13. Does {CHILD} receive any of the following services at school during the day?

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

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

YES ..... 1  
 NO.....2→ GO TO L15  
 REFUSED .....-1→ GO TO L15  
 DON'T KNOW .....-2 → GO TO L15

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

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

L15. Has {CHILD} ever repeated any grades?

YES ..... 1  
 NO.....2→ GO TO L17  
 REFUSED .....-1→ GO TO L17  
 DON'T KNOW .....-2 → GO TO L17

L15A. Which grades has {CHILD} repeated?

CODE ALL THAT APPLY

p5l15a\_1 KINDERGARTEN.....1  
 p5l15a\_2 1ST GRADE.....2  
 p5l15a\_3 2ND GRADE .....3  
 p5l15a\_4 3RD GRADE .....4  
 p5l15a\_5 4TH GRADE .....5  
 REFUSED .....-1  
 DON'T KNOW .....-2

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

	YES	NO	REF	DK
L17A. Behavioral or social problems? .....	1	2	-1	-2
L17B. Academic problems?.....	1	2	-1	-2
L17C. Tardiness or absences?.....	1	2	-1	-2
L17D. Homework not done?.....	1	2	-1	-2
L17E. To discuss child's health or medications? .....	1	2	-1	-2
L17F. To discuss which teacher your child is assigned to?..	1	2	-1	-2
L17_101. To discuss child being bullied? .....	1	2	-1	-2
L17_102. To discuss home/personal issues? .....	1	2	-1	-2
L17_103. To discuss school procedures and activities? .....	1	2	-1	-2
L17_104. To have a routine conference? .....	1	2	-1	-2
L17G. Some other reason (SPECIFY)? .....	1	2	-1	-2

L18. Who initiated this contact?

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

L20. NOT FOR PUBLIC RELEASE

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

YES .....1 → GO TO L23  
NO .....2  
REFUSED .....-1 → GO TO L17  
DON'T KNOW .....-2 → GO TO L23

L22. NOT FOR PUBLIC RELEASE

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

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

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

FULL-DAY KINDERGARTEN .....1  
HALF-DAY KINDERGARTEN .....2  
REFUSED .....-1  
DON'T KNOW .....-2



## PRIMARY CAREGIVER/ SECTION M: CHILD'S NEIGHBORHOOD

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

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

Almost all, .....1  
Most, .....2  
Some, .....3  
Very few, or .....4  
None? .....5  
REFUSED .....-1  
DON'T KNOW .....-2

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

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

	VERY LIKELY	SOMEWHAT LIKELY	NOT VERY LIKELY	VERY UNLIKELY	REF	DK
M2a. If children were skipping school and hanging out on the street. Would you say it is very likely they would do something or get involved, somewhat likely, not very likely, or very unlikely? .....	1	2	3	4	-1	-2
M2b. If children were spray painting buildings with graffiti?.....	1	2	3	4	-1	-2
M2c. If children were showing disrespect to an adult? .....	1	2	3	4	-1	-2
M2d. If a fight broke out in front of the house or building?.....	1	2	3	4	-1	-2
M2e. If the fire station closest to the neighborhood was threatened and its budget was cut?.....	1	2	3	4	-1	-2

M3. Now I'm going to read some statements about your neighborhood and the people who live there. For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

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

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

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

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

M5. The next set of questions is about violent things that may have happened to you or that you may have seen in the last year.

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

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

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

	NEVER	ONCE	2-3 TIMES	4-10 TIMES	MORE THAN 10 TIMES	REF	DK
M5a. In the past year, about how many times did you see someone else get hit, slapped, punched, or beaten up by someone? Was it never, once, 2-3 times, 4-10 times, or more than 10 times? ...	0	1	2	3	4	-1	-2
M5b. {In the past year, about how many times did you} see someone else get attacked by someone with a weapon like a knife or bat? .....	0	1	2	3	4	-1	-2
M5c. {In the past year, about how many times did you} see someone else get shot at by someone? ...	0	1	2	3	4	-1	-2