Los Angeles Family and Neighborhood Survey, Wave 2

PARENT QUESTIONNAIRE

ONE QUESTIONNAIRE IS COMPLETED BY THE PCG FOR EACH SAMPLED RSC≤18 AND SIB≤18

Preloads (for main Adult Questionnaire) from W2 Roster Module and W1 data

Preloaded from Roster
1. Type of child this questionnaire is reporting on: RSC_P, SIB_P, RSC_NE, SIB_NE
2. First name of child for whom this qx is being completed
3. Is this child’s (bio/adoptive) mother in HH? (RA20 on child’s roster record)
4. Is this child’s (bio/adoptive) father in HH? (RA24 on child’s roster record)
5. Does this child have same father as RSC_P (1=yes, 0=no; if RSC_P,=7 for N/A)
   • Does this child have same father as SIB_P (1=yes, 0=no; if SIB_P,=7 for N/A)
   • Does this child have same father as RSC_NE (1=yes, 0=no; if RSC_NE,=7 for N/A)
   • Does this child have same father as SIB_NE (1=yes, 0=no; if SIB_NE,=7 for N/A)
6. What is this child’s relationship with PCG (i.e., mother or other relationship code)?
7. Respondent (PCG)’s current marital status (never married, married, divorced, separated, living with someone)
8. Does CHILD have ANY brothers and sisters (i.e., people with the same mother) in the HH (List 2)
9. Roster id of bio/adopt mother (RA21ID on child’s roster record)
10. Roster id of bio/adopt father (RA25ID on child’s roster record)
11. Is this child’s father the RSA, but not the PCG?
12. Sex of this PCG
13. Does this child have same mother as other W2 parent module child
14. Does this child have same father as other W2 parent module child
15. Name of PCG
16. Whether or not the Roster includes info on bio-parent status of PCG
17. Whether PCG is: (1) bio-mother, (2) bio-father, (3) definitely neither one, or (4) not sure
18. Number of kids under age 12 living in the household (PTOTLT12)
19. Roster id of this child
20. Relationship of this child to household head.
21. Is PCG the household head?

NOTE: USE CHILD AGE CALCULATED FROM BIRTHDATE RATHER THAN PRELOADED AGE FROM ROSTER

Preloaded from Blaise / Case management
Create FIRSTCHILD and SOURCE1–SOURCE4
Has a Parent questionnaire been completed by this PCG in Wave 2?
If no, FIRSTCHILD=1 and SOURCE1=type of child this upcoming Parent qx is for.
If yes, then check previously set SOURCE variables.
If SOURCE1 has a value and SOURCE2 is blank, then FIRSTCHILD=2 and SOURCE2=type of child this upcoming Parent qx is for. IF SOURCE2 has a value and SOURCE3 is blank then FIRSTCHILD=3 and SOURCE3=type of child for upcoming Parent qx. If SOURCE3 has a value and SOURCE4 is blank, then FIRSTCHILD=4 and SOURCE4=type of child for upcoming Parent qx.

Preloaded from FIRST W2 Parent Module administered to this PCG to be used in subsequent W2 Parent module for this PCG if this child is not first W2 parent module administered to this PCG.
1. First name of child covered in 1st W2 Parent module that was administered to this PCG.
2. Age of child covered in 1st W2 parent module that was administered to this PCG.
3. Did child complete H2–H69 (that is, H15 has a value or H31 has a value or H51 has a value or H69 has a value—i.e., one of those variables is not blank)
Preloaded from SECOND W2 Parent Module administered to this PCG to be used in subsequent W2 Parent module for this PCG if this child is 3rd or 4th parent module administered to this PCG.
1. First name of child covered in 2nd W2 Parent module that was administered to this PCG.
2. Age of child covered in 2nd W2 parent module that was administered to this PCG.
3. Did child complete H2–H69 (that is, H15 has a value or H31 has a value or H51 has a value or H69 has a value—i.e., one of those variables is not blank)

Preloaded from THIRD W2 Parent Module administered to this PCG to be used in subsequent W2 Parent module for this PCG if this child is 4th parent module administered to this PCG.
1. First name of child covered in 3rd W2 Parent module that was administered to this PCG.
2. Age of child covered in 3rd W2 parent module that was administered to this PCG.
3. Did child complete H2–H69 (that is, H15 has a value or H31 has a value or H51 has a value or H69 has a value—i.e., one of those variables is not blank)

Preloaded from W1 survey
1. Birthdate of RSC_P, SIB_P
2. Interview month and year from W1 parent module for RSC_P, SIB_P
3. W1 PCG relationship to RSC_P, to SIB_P (text)
4. Address of W1 residence
5. W1 PCG first name
6. Place of birth of RSC_P, SIB_P from W1 Parent module
7. Variables PE9 and PE14 from W1 Parent module for RSC_P, SIB_P
8. Indicator that RSC_P (SIB_P) parents married after RSC_P (SIB_P) was born
9. Indicators for whether each section of W1 Parent module was completed for RSC_P, SIB_P
10. Indicator for whether RSC_P, SIB_P was born in USA
11. Indicator that PK2–PK6 were completed in W1 for this child
12. Country of birth for mother of RSC_P / SIB_P
13. Country of birth of father of RSC_P / SIB_P

Questionnaire formatting key
- **Black bold:** Question numbers
- **Black normal:** Interviewer to read question text
- **BLACK UPPER CASE:** Interviewer and programming instructions
- **BLACK BOLD ITALIC UPPER CASE:** Comments
SECTION A. RELATIONSHIP CHECK

PA1. Let me make sure my information is correct. You are [CHILD]'s [mother / stepmother / other relationship]. Is that correct?

1. YES (GO TO PA3)
2. NO

PA2_A. How is [CHILD] related to you?

0. HOUSEHOLD HEAD
1. HUSBAND OR WIFE
2. PARTNER (LOVER, GIRLFRIEND, BOYFRIEND)
3. BIOLOGICAL CHILD
4. STEPCHILD
5. ADOPTED CHILD
6. FOSTER CHILD
7. CHILD OF PARTNER (CHILD OF LOVER, GIRLFRIEND, BOYFRIEND)
8. SON-IN-LAW OR DAUGHTER-IN-LAW
9. PARENT
10. STEPPARENT
11. PARENT-IN-LAW
12. GRANDPARENT
13. BROTHER OR SISTER
14. STEPBROTHER OR STEPSISTER
15. HALF-BROTHER OR HALF-SISTER
16. BROTHER-IN-LAW OR SISTER-IN-LAW
17. GRANDCHILD
18. UNCLE OR AUNT
19. NEPHEW OR NIECE
20. OTHER RELATIVE, SPECIFY: __________
21. ROOMMATE
22. FRIEND
23. LIVE-IN MAID, CARE PROVIDER, SERVANT OR DOMESTIC WORKER
24. OTHER NONRELATIVE, SPECIFY
25. EX-SPOUSE
26. PARENT’S LOVER / PARTNER
27. SON OR DAUGHTER’S LOVER / PARTNER
28. COUSIN
29. GREAT GRANDPARENT

PA3. CAPI: CHECK HH ROSTER AND PA2:

1. R IS CHILD’S MOTHER, STEPMOTHER OR FOSTER MOTHER (GO TO PA6A)
2. R IS SOMEONE ELSE AND NO MOTHER STEPMOTHER OR FOSTER MOTHER IN HH (GO TO PA5)
3. R IS SOMEONE ELSE BUT THE [MOTHER / STEPMOTHER / FOSTER MOTHER]IS IN THE HH

PA4. INTERVIEWER: SELECT THE REASON THAT THE [FILL APPROPRIATE MOTHER / STEPMOTHER / FOSTER MOTHER] IS NOT THE RESPONDENT:

1. [MOTHER / STEPMOTHER / FOSTER MOTHER] IS INCAPACITATED, SPECIFY REASON:

2. [MOTHER / STEPMOTHER / FOSTER MOTHER] USUALLY LIVES IN THE HOUSEHOLD BUT IS AWAY FOR AN EXTENDED PERIOD
3. [MOTHER / STEPMOTHER / FOSTER MOTHER] NOT INVOLVED IN CARING FOR CHILD
4. OTHER, SPECIFY: ______________________

PA5. You are the person in this household who has primary responsibility for [CHILD]. Is that correct?
PROBE: Are you the person primarily responsible for [CHILD] when [he / she] stays here?

1. YES (GO TO PA6a)
5. NO

PA6. INTERVIEWER: RESOLVE WHO ACTUALLY HAS PRIMARY RESPONSIBILITY IN THIS HOUSEHOLD FOR CHILD. MAKE CORRECTIONS AND BEGIN WITH CORRECT RESPONDENT.

PA6a. CAPI CHECK ON PANEL RESPONDENT STATUS:

1. CHILD IS EITHER RSC_P OR SIB_P AND PCG IS SAME PCG INTERVIEWED FOR THIS CHILD IN W1 (SET NEWPCG=0 AND GO TO PA6B)
2. CHILD IS EITHER PSC_P OR SIB_P AND PCG IS NOT SAME PCG INTERVIEWED FOR THIS CHILD IN W1 (SET NEWPCG=1 AND GO TO PA6B)
3. CHILD IS EITHER RSC_NE OR SIB_NE AND PCG WAS INTERVIEWED IN W1 (SET NEWPCG=0 AND GO TO PA7)
4. CHILD IS EITHER RSC_NE OR SIB_NE AND PCG WAS NOT INTERVIEWED IN W1 (SET NEWPCG=1 AND GO TO PA7)

PA6B. CAPI CHECK:

1. HAVE A BIRTHDATE FROM W1 FOR THIS CHILD (GO TO PA9)
5. DO NOT HAVE A BIRTHDATE FROM W1 FOR THIS CHILD (CONTINUE)

PA7_M. When was [CHILD] born?

_______DAY _______MONTH _________YEAR

PA7ck. CAPI: CALCULATE [CHILD]’S CURRENT AGE (TODAY’S INTERVIEW DATE – BIRTHDATE=AGE AT LAST BIRTHDAY. DO NOT ROUND UP.

CHECK PA7CK AGAINST ROSTER AGE OF CHILD. IF DIFFER BY MORE THAN 1 YEAR (PLUS OR MINUS), RECONFIRM DATE IN PA7 WITH R.

PA8. So this means that [CHILD] is [AGE AT LAST BIRTHDAY] years old / less than one year old. Is that correct?

1. YES
5. NO (RETURN TO PA7 AND CORRECT YEAR OF BIRTH)

PA8A. How old is [CHILD]?

__________ MONTHS (RANGE: 0 TO 11) OR __________ YEARS (RANGE: 1 TO 18)

INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.
IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN.
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN.
FOR CHILDREN REPORTED AS 24 TO 35 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 2 YEARS ON THE NEXT SCREEN.

QUESTIONS ABOUT PANEL SAMPLED CHILDREN

PA9. In [W1 INTERVIEW MONTH AND YEAR] we interviewed [you / [CHILD]’S [W1 PCG RELATIONSHIP TO CHILD]] about [CHILD]. At that time, [you / [CHILD]’S [W1 PCG RELATIONSHIP TO CHILD]] told us that [CHILD]’s birthdate is [BIRTH DAY, MONTH, AND YEAR FROM W1]. Is that correct?

1. YES (GO TO PA12ck)
5. NO

PA11_M. When was [CHILD] born?

__________ DAY _____MONTH ______YEAR

PA12. Can you help me understand why [you / [CHILD]'S [W1 PCG RELATIONSHIP TO CHILD]] gave me a different birthdate for [CHILD] in [W1 INTERVIEW MONTH AND YEAR] than you are giving me now?

________________________________

PA12ck. CAPI: CALCULATE [CHILD]'S CURRENT AGE (TODAY’S INTERVIEW DATE – BIRTHDATE=AGE AT LAST BIRTHDAY. DO NOT ROUND UP.

IF PA9=5, CHECK PA12CK AGAINST ROSTER AGE OF CHILD. IF DIFFER BY MORE THAN 1 YEAR (PLUS OR MINUS), RECONFIRM DATE IN PA11 WITH R.

PAGE: CAPI VARIABLE

IF PA7CK HAS NON-MISSING VALUE, PAGE=PA7CK
IF PA8A HAS NON-MISSING VALUE, PAGE=PA8A
IF PA12CK HAS NON-MISSING VALUE, PAGE=PA12CK

INTERVIEWER: IF PAGE > 18, THE SITUATION SHOULD BE CLARIFIED WITH THE RESPONDENT (AND SUPERVISOR IF NECESSARY) AND THE INTERVIEW SHOULD BE ENDED IF CHILD REALLY IS AGE 19 OR MORE.


PA14. I have recorded that in [W1 INTERVIEW MONTH AND YEAR] when we interviewed [you / [CHILD]'S [W1 PCG RELATIONSHIP TO CHILD]] the first time, [CHILD] was living [here / at [W1 ADDRESS]] with [you / [his / her] [W1 PCG RELATIONSHIP TO CHILD], [FIRST NAME OF PCG IN W1]]. Is that correct?

1. YES (GO TO END OF SECTION A)
5. NO

PA15. What part if not correct?

MARK ALL THAT APPLY

1. [This respondent / [CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] was not interviewed in [W1 INTERVIEW MONTH AND YEAR], but interviewed at another time
2. This respondent does not remember [CHILD]’s, [W1 PCG RELATIONSHIP TO CHILD]] being interviewed or is unsure, but could have been interviewed
3. Respondent is sure that [he / she / [CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] was not interviewed in W1
4. [This respondent / [CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] was not living [here / at address shown] in [MONTH AND YEAR OF W1 INTERVIEW], but [did live there at some other time / is living here now]
5. Respondent says [he / she / [CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] never lived at W1 address
6. Respondent says [he / she / [CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] did not live with [CHILD], but did live with [him / her] at another time
7. Respondent says [he / she / CHILD]’s [W1 PCG RELATIONSHIP TO CHILD]] never lived with [CHILD]
8. Other, specify_______________________

PA16. CAPI CHECK:
1. PA15=4, 5, 6, 7
2. PA15=ONLY 7 (IN OTHER WORDS, ONLY CODE 7 IS MARKED) (GO TO PA21)
5. OTHERWISE (GO TO SECTION END)

PA17. Where was [CHILD] living or staying in [W1 INTERVIEW MONTH AND YEAR]? What was the address?

PROBE: What street was this place on? What is the nearest intersection, corner, or cross-street? What city and state was that in?

ENTER ALL THAT R KNOWS

1. EXACT HOUSE / APT NUMBER AND STREET NAME ______________________________
2. ON __________________ STREET NEAR CORNER OF __________________ STREET
   IN __________________ CITY ______________ STATE ______________ COUNTRY (IF NOT U.S.)
3. IN __________________ CITY ______________ STATE ______________ COUNTRY (IF NOT U.S.)

PA18. INTERVIEWER: DOES [W1 ADDRESS] APPEAR TO BE THE SAME AS [ADDRESS IN PA17]? IF YOU ARE NOT SURE, ASK RESPONDENT: Is this address you just gave me the same as [W1 ADDRESS]?

1. YES (GO TO PA20)
5. NO (CONTINUE)

PA19. Can you help me understand why my records say that [CHILD] lived at [W1 STREET ADDRESS, CITY NAME, STATE NAME] in [W1 INTERVIEW MONTH AND YEAR] but you are telling me that [CHILD] lived at [ADDRESS IN PA17] at that time?

__________________________

PA20. CAPI CHECK:

1. CODE 7 WAS ONE OF THE CODES MARKED IN PA15
5. OTHERWISE (GO TO PA23)

PA21. Who was [CHILD] living with in [W1 MONTH AND YEAR]?

MARK ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER’S BOYFRIEND / PARTNER
8. FATHER’S GIRLFRIEND / PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND / WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS / HER BOYFRIEND / GIRLFRIEND
20. LIVING BY HIMSELF / HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEONE ELSE, SPECIFY: ________

**PA22.** Can you help me understand why my records say that [CHILD] lived with [his / her] [W1 PCG RELATIONSHIP TO CHILD] but you are telling me that [CHILD] lived with [his / her] [TEXT OF CODE IN PA21] at that time?

________________

**PA23.** INTERVIEWER: BASED ON RESPONSE IN PA15 THROUGH PA22, DETERMINE WHETHER THIS IS THE CORRECT RESPONDENT AND THE CORRECT PANEL CHILD. IF NOT, LOCATE AND INTERVIEW CORRECT PCG FOR THE CORRECT CHILD. IS THIS THE CORRECT RESPONDENT AND THE CORRECT PANEL CHILD?

1. YES
5. NO

**PA23_1.** INTERVIEWER: IF THIS IS NOT THE CORRECT RESPONDENT PLEASE BREAK OFF THE INTERVIEW AND ENTER CODE 361. ATTEMPT TO RESOLVE THE ISSUE AND RETURN TO BEGINNING WITH CORRECT RESPONDENT.

**SECTION B. LIVING ARRANGEMENTS**

**PB1.** Let me begin by asking you about [CHILD]’s current living arrangements. Some kids have two or more homes that they stay at regularly. Does [CHILD] always stay here at night, or is there another home where [he / she] regularly spends the night?

INTERVIEWER: DO NOT INCLUDE OCCASIONAL SLEEPOVERS AT FRIENDS’ OR RELATIVES’ HOMES

1. THIS IS THE ONLY PLACE CHILD STAYS REGULARLY AT NIGHT (GO TO SECTION C)
2. CHILD ALSO STAYS AT ANOTHER HOME REGULARLY

**PB2_A.** How often does [CHILD] spend the night here in this [house / apartment]?

1. ________________ NIGHTS PER WEEK (RANGE 1–7, VERIFY IF UNDER 4)
2. ________________ NIGHTS PER MONTH (RANGE 1–31, VERIFY IF UNDER 15)
3. ________________ NIGHTS PER YEAR (RANGE 1–365, VERIFY IF UNDER 182)

**PB3.** How many other places does [CHILD] stay on a regular basis?

______________ NUMBER OF PLACES (VERIFY IF 5 OR MORE)

**PB4.** Who does [CHILD] stay with when [he / she] stays somewhere else? / Think about the place other than this household where [CHILD] spends the most time. Who does [CHILD] stay with there?

INTERVIEWER: CODE ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER’S BOYFRIEND / PARTNER
8. FATHER’S GIRLFRIEND / PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND / WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS / HER BOYFRIEND / GIRLFRIEND
20. LIVING BY HIMSELF / HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY: _____

PB5. Where is the place located where [CHILD] stays part-time? / Where is the place other than this household where [CHILD] spends the most time located?

PROBE: What street is this place on? What is the nearest intersection, corner, or cross-street? What city is that in?

INTERVIEWER: ENTER ALL INFORMATION THAT RESPONDENT KNOWS

EXACT HOUSE / APT NUMBER AND STREET NAME: _________________________________
ON ______________________ STREET AT THE CORNER OF _______________ STREET
IN _______ CITY _______ STATE _______ COUNTRY (IF NOT U.S.)

SECTION C. RESIDENTIAL HISTORY

PCINTRO. Now I would like to ask where [CHILD] lived since [FILL STARTDATE].

**NOTE: FOR NEW ENTRANTS, STARTDATE IS SIX YEARS BEFORE THE INTERVIEW DATE. FOR PANEL SAMPLED CHILDREN, STARTDATE IS THE DATE ON WHICH THE WAVE 1 PARENT QUESTIONNAIRE WAS COMPLETED FOR THIS CHILD.

CHILDREN ARE SKIPPED OUT OF THIS HISTORY SECTION IF:

1. THEY HAVE LIVED WITH PCG SINCE THE DATE THEY WERE BORN (INCLUDING BIRTHDAYS POST-STARTDATE)
2. IF THEY HAVE LIVED WITH PCG SINCE STARTDATE
3. IF FIRSTCHILD NE 1 AND THIS CHILD HAS LIVED WITH FIRSTCHILD SINCE STARTDATE

PC1. Has [CHILD] been living with you all the time since [he / she] was born? Do not include time away at summer camp, short trips [CHILD] has taken, or periods of less than one month spent with relatives.

1. YES (GO TO END OF SECTION C)
5. NO

PC2. CAPI CHECK: WAS [CHILD] BORN BEFORE [STARTDATE]?

1. YES
5. NO (GO TO PC4)

PC3. Has [CHILD] been living with you all the time since [STARTDATE]?

1. YES (GO TO END OF SECTION C)
5. NO

PC4. CAPI CHECK: IS FIRSTCHILD=1?
PC4A. CAPI CHECK: DID FIRSTCHILD=1 COMPLETE SECTION C?
   1. YES
   5. NO (GO TO PC5A)

PC5. Has [CHILD] been living with [FIRSTCHILD] all the time since [STARTDATE / [CHILD] was born]?
   1. YES (GO TO SECTION D)
   5. NO

PC5A. CAPI CHECK:
   1. FIRSTCHILD=2 (GO TO PC6)
   5. OTHERWISE (CONTINUE)

PC5A1. CAPI CHECK: DID FIRSTCHILD=2 COMPLETE SECTION C?
   1. YES
   5. NO (GO TO PC5C)

PC5B. Has [CHILD] been living with [SECONDCHILD] all the time since [STARTDATE / [CHILD] was born]?
   1. YES (GO TO SECTION D)
   5. NO

PC5C. CAPI CHECK:
   1. FIRSTCHILD=3 (GO TO PC6)
   5. OTHERWISE (CONTINUE)

PC5C1. CAPI CHECK: DID FIRSTCHILD=3 COMPLETE SECTION C?

PC5D. Has [CHILD] been living with [THIRDCHILD] all the time since [STARTDATE / [CHILD] was born]?
   1. YES (GO TO SECTION D)
   5. NO

PC6. When did [CHILD] start living with you? What month and year?

   INTERVIEWER: IF RESPONDENT SAYS HE / SHE DOES NOT KNOW THE MONTH OR YEAR, GET AN
   ESTIMATE OF BOTH THE MONTH AND YEAR.

   IF RESPONDENT CAN ONLY GIVE YEAR, ASK: Was it around the beginning of the year, in the spring, in the
   summer, in the fall or around the end of the year?

   1. _____ MONTH _______ YEAR (HARD CHECK AT CHILD'S BIRTHDATE IF HAVE)
   2. _________________ YEAR AND
      A. BEGINNING OF YEAR
      B. THE SPRING
      C. THE SUMMER
      D. THE FALL
      E. END OF THE YEAR
   3. _________________ YEAR (RESPONDENT DOES NOT KNOW MONTH OR SEASON)

   IF PC6=DK OR REF CONTINUE
   IF PC6 IS SEASON AND YEAR OR JUST YEAR, CONTINUE
ELSE IF GAVE COMPLETE DATE, GO TO PC7

PC6A. How long ago did [CHILD] start living with you?

1. _______ MONTHS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)
   OR
2. _______ YEARS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)

PC6B_mo. How old was [CHILD] when [he / she] started living with you?

INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.

IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN.

FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN.

FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO YEARS ON THE NEXT SCREEN

__________ MONTHS (HARD CHECK AT CHILD’S CURRENT AGE) (RANGE: 0 TO 11)
   OR
__________ YEARS (HARD CHECK AT CHILD’S CURRENT AGE) (RANGE: 1 TO 18)

PC6C_1. CAPI CHECK: CALCULATE APPROXIMATE YEAR AND MONTH CHILD MOVED BASED ON CHILD’S BIRTHDATE, CHILD’S CURRENT AGE, PC6, PC6A, AND PC6B. USE THE FOLLOWING RULES:

CONVERT ALL MONTHS OF AGE OR MONTHS AGO TO FRACTIONS OF YEARS. WHEN MONTHS ALONE ARE USED BELOW, THEY ARE ASSUMED TO TAKE THE VALUES 1 TO 12.

1. IF YOU HAVE YEAR AND SEASON ONLY:
   IF SEASON IS BEGINNING OF THE YEAR, SET MONTH TO 1.5
   IF SEASON IS SPRING, SET MONTH TO 4.5
   IF SEASON IS SUMMER, SET MONTH TO 7.5
   IF SEASON IS FALL, SET MONTH TO 10.5
   IF SEASON IS END OF YEAR, SET MONTH TO 12
   THIS GIVES YOU AN ESTIMATE OF MONTH AND YEAR. GO TO 10.

2. IF NEITHER MONTH NOR SEASON OF MOVE IS AVAILABLE:
   CALCULATE ALL OF THE DATES THAT ARE POSSIBLE TO CALCULATE FROM THE RESPONSES GIVEN IN PC9, PC9A, PC9B PLUS CHILD’S AGE AT INTERVIEW (CAAI) AND CHILD’S BIRTHDATE (CBD):
   DATE1=IF INTERVIEW YEAR=YEAR OF MOVE, DATE1=MOVE YEAR + TRUNCATION(INTERVIEW MONTH / 2))
   ELSE DATE1=YEAR OF MOVE + SIX MONTHS (I.E., JUNE OF YEAR OF MOVE)
   DATE2=INTERVIEW DATE MINUS HOW LONG AGO MOVE WAS
   DATE3=INTERVIEW DATE MINUS (CHILD’S CURRENT AGE MINUS CHILD’S AGE AT MOVE)
   DATE4=CHILD’S BIRTHDATE PLUS CHILD’S AGE AT MOVE PLUS SIX MONTHS

COMPARE ALL DATES THAT CAN BE CALCULATED BASED ON AVAILABLE INFORMATION AND CHOOSE THE ONE THAT IS CLOSEST TO INTERVIEW DATE.

PC7. Where did [he / she] live just before moving in with you (this time)?

PROBE: What was the street address? What city and state was that? What is the nearest intersection, corner, or cross-street?

ENTER ALL THAT R KNOWS

1. EXACT STREET NUMBER AND STREET NAME _______________________________
OR
2. ON __________________ STREET) NEAR THE CORNER OF __________________ (CROSS-STREET)
_______ CITY OR TOWN _______ STATE _______ COUNTRY (IF NOT THE U.S.)

PC8. Who was [CHILD] living with when [he / she] lived at that address? PROBE: Anyone else?

CODE ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND / PARTNER
8. FATHER'S GIRLFRIEND / PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND / WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS / HER BOYFRIEND / GIRLFRIEND
20. LIVING BY HIMSELF / HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY: _______

PC9. When did [he / she] start living at [FILL STREET ADDRESS IN PC7]? What month and year?

1. _____ MONTH _______ YEAR (HARD CHECK AT CHILD'S BIRTHDATE IF HAVE)
2. _________________ YEAR AND
   A. BEGINNING OF YEAR
   B. THE SPRING
   C. THE SUMMER
   D. THE FALL
   E. END OF THE YEAR
3. _________________ YEAR (RESPONDENT DOES NOT KNOW MONTH OR SEASON)
7. [IF VOLUNTEERED] LIVED AT ADDRESS STARTING FROM BIRTH OR STARTING JUST AFTER
   BIRTH

GO TO SECTION D

IF DK / REF CONTINUE
ELSE IF PC9=2 OR PC9=3, CONTINUE
ELSE IF PC9=1, GO TO PC10

PC9A. How long ago did [CHILD] start living at [FILL STREET ADDRESS IN PC7]?

1. _______ MONTHS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)
   OR
2. _______ YEARS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)
7. [IF VOLUNTEERED] LIVED AT ADDRESS STARTING JUST AFTER BIRTH (GO TO END OF LOOP
   BELOW PC15)
PC9B_mo. How old was [CHILD] when [he / she] started living at [FILL STREET ADDRESS IN PC7]?

____ _____ MONTHS OLD (RANGE 0–11, HARD CHECK AT CHILD’S AGE IF AGE<1 YEAR)

OR

____ _____ YEARS OLD (RANGE 1–18, HARD CHECK AT CHILD’S AGE IS AGE <=1 YEAR)

INTERVIEWER: IF CHILD WAS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.
IF CHILD WAS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO YEARS ON THE NEXT SCREEN

PC9C_1. CAPI CHECK: CALCULATE APPROXIMATE YEAR AND MONTH CHILD MOVED BASED ON CHILD’S BIRTHDATE, CHILD’S CURRENT AGE, PC9, PC9A, AND PC9B. USE THE FOLLOWING RULES:

CONVERT ALL MONTHS OF AGE OR MONTHS AGO TO FRACTIONS OF YEARS. WHEN MONTHS ALONE ARE USED BELOW, THEY ARE ASSUMED TO TAKE THE VALUES 1 TO 12.

1. IF YOU HAVE YEAR AND SEASON ONLY:
   IF SEASON IS BEGINNING OF THE YEAR, SET MONTH TO 1.5
   IF SEASON IS SPRING, SET MONTH TO 4.5
   IF SEASON IS SUMMER, SET MONTH TO 7.5
   IF SEASON IS FALL, SET MONTH TO 10.5
   IF SEASON IS END OF YEAR, SET MONTH TO 12
   THIS GIVES YOU AN ESTIMATE OF MONTH AND YEAR. GO TO 10.

2. IF NEITHER MONTH NOR SEASON OF MOVE IS AVAILABLE:
   CALCULATE ALL OF THE DATES THAT ARE POSSIBLE TO CALCULATE FROM THE RESPONSES GIVEN IN PC9, PC9A, PC9B PLUS CHILD’S AGE AT INTERVIEW (CAAI) AND CHILD’S BIRTHDATE (CBD):
   DATE1=IF INTERVIEW YEAR=YEAR OF MOVE, DATE1=MOVE YEAR + (TRUNCATION(INTERVIEW MONTH / 2))
   ELSE DATE1=YEAR OF MOVE + SIX MONTHS (I.E., JUNE OF YEAR OF MOVE)
   DATE2=INTERVIEW DATE MINUS HOW LONG AGO MOVE WAS
   DATE3=INTERVIEW DATE MINUS (CHILD’S CURRENT AGE MINUS CHILD’S AGE AT MOVE)
   DATE4=CHILD’S BIRTHDATE PLUS CHILD’S AGE AT MOVE PLUS SIX MONTHS
   COMPARE ALL DATES THAT CAN BE CALCULATED BASED ON AVAILABLE INFORMATION AND CHOOSE THE ONE THAT IS CLOSEST TO INTERVIEW DATE.

PC10. CAPI: CHECK PC9. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD’S BIRTHDATE]?

1. YES (GO TO END OF SECTION C)
5. NO

START LOOP HERE

PC11. Where did [he / she] live just before moving to that place at [PREVADD]?

PROBE: What was the street address? What city and state was that? What was the nearest intersection, corner, or cross-street?

ENTER AS MUCH AS R KNOWS

1. _________________________________STREET ADDRESS

OR
2. ON__________ (STREET NAME) AT THE CORNER OF ________________ (STREET NAME)
    ______CITY OR TOWN _______STATE _______COUNTRY (IF NOT THE US)

SET PREVADD=ADDRESS IN PC11

PC12. Who was [CHILD] living with when [he / she] lived at [FILL STREET ADDRESS IN PC11]?

PROBE: Anyone else?

INTERVIEWER: DO NOT READ ANSWERS. SELECT ALL THAT APPLY

0. WITH RESPONDENT
1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND / PARTNER
8. FATHER'S GIRLFRIEND / PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND / WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS / HER BOYFRIEND / GIRLFRIEND
20. LIVING BY HIMSELF / HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY: ________

PC13. When did [he / she] start living at [FILL ADDRESS IN PC11]?

INTERVIEWER: IF RESPONDENT SAYS HE / SHE DOES NOT KNOW THE MONTH OR YEAR, GET AN
ESTIMATE OF BOTH THE MONTH AND YEAR.

IF RESPONDENT CAN ONLY GIVE YEAR, ASK: Was it around the beginning of the year, in the spring, in the
summer in the fall or around the end of the year?

1. _______________ MONTH _____________ YEAR (HARD CHECK AT CHILD’S BIRTHDATE IF HAVE)
2. ________________ YEAR AND
    A. BEGINNING OF YEAR
    B. THE SPRING
    C. THE SUMMER
    D. THE FALL
    E. END OF THE YEAR
3. ________________ YEAR (RESPONDENT DOES NOT KNOW MONTH OR SEASON)
7. [IF VOLUNTEERED] LIVED AT ADDRESS STARTING JUST AFTER BIRTH (GO TO SECTION D)

IF DK / REF CONTINUE
ELSE IF PC13=2 OR PC13=3, CONTINUE
ELSE IF PC13=1, GO TO PC14

PC13A. How long ago did [CHILD] start living at [FILL STREET ADDRESS IN PC11]?
1. _______ MONTHS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)
OR
2. _______ YEARS AGO (HARD CHECK AT CHILD’S AGE IF AGE < 1 YEAR)
7. [IF VOLUNTEERED] LIVED AT ADDRESS STARTING AT BIRTH OR STARTING JUST AFTER BIRTH
(GO TO SECTION D)

PC13B. How old was [CHILD] when [he / she] started living at [FILL STREET ADDRESS IN PC11]?
____ _____ MONTHS OLD (RANGE 0–11, HARD CHECK AT CHILD’S AGE IF AGE<1 YEAR)
OR
___ ____ YEARS OLD (RANGE 1–18, HARD CHECK AT CHILD’S AGE IS AGE <=1 YEAR)

INTERVIEWER: IF CHILD WAS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS
SCREEN AND ZERO ON THE NEXT SCREEN
IF CHILD WAS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF
YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1
YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN
AND ZERO YEARS ON THE NEXT SCREEN

PC13C. CAPI CHECK: CALCULATE APPROXIMATE YEAR AND MONTH CHILD MOVED BASED ON CHILD’S
BIRTHDATE, CHILD’S CURRENT AGE, PC13, PC13A, AND PC13B. USE THE FOLLOWING RULES:
CONVERT ALL MONTHS OF AGE OR MONTHS AGO TO FRACTIONS OF YEARS. WHEN MONTHS ALONE
ARE USED BELOW, THEY ARE ASSUMED TO TAKE THE VALUES 1 TO 12.

1. IF YOU HAVE YEAR AND SEASON ONLY:
   IF SEASON IS BEGINNING OF THE YEAR, SET MONTH TO 1.5
   IF SEASON IS SPRING, SET MONTH TO 4.5
   IF SEASON IS SUMMER, SET MONTH TO 7.5
   IF SEASON IS FALL, SET MONTH TO 10.5
   IF SEASON IS END OF YEAR, SET MONTH TO 12
   THIS GIVES YOU AN ESTIMATE OF MONTH AND YEAR. GO TO 10.
2. IF NEITHER MONTH NOR SEASON OF MOVE IS AVAILABLE:
   CALCULATE ALL OF THE DATES THAT ARE POSSIBLE TO CALCULATE FROM THE RESPONSES
   GIVEN IN PC9, PC9A, PC9B PLUS CHILD’S AGE AT INTERVIEW (CAAI) AND CHILD’S BIRTHDATE
   (CBD):
   DATE1=IF INTERVIEW YEAR=YEAR OF MOVE, DATE1=MOVE YEAR + (TRUNCATION(INTERVIEW
   MONTH / 2))
   ELSE DATE1=YEAR OF MOVE + SIX MONTHS (I.E., JUNE OF YEAR OF MOVE)
   DATE2=INTERVIEW DATE MINUS HOW LONG AGO MOVE WAS
   DATE3=INTERVIEW DATE MINUS (CHILD’S CURRENT AGE MINUS CHILD’S AGE AT MOVE)
   DATE4=CHILD’S BIRTHDATE PLUS CHILD’S AGE AT MOVE PLUS SIX MONTHS
   COMPARE ALL DATES THAT CAN BE CALCULATED BASED ON AVAILABLE INFORMATION AND CHOOSE
   THE ONE THAT IS CLOSEST TO INTERVIEW DATE.

PC14. CAPI: CHECK PC13. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD’S
BIRTHDATE]?

    1. YES (GO TO END OF SECTION C)
    5. NO (GO TO START OF LOOP ABOVE PC11)

LOOP END. [LOOP CONTINUES UNTIL PC14=1]

SECTION D. PLACE OF BIRTH AND IMMIGRANT STATUS

PDXA. CAPI CHECK:
1. THIS IS NOT A PANEL CHILD (CONTINUE)
2. THIS IS A PANEL CHILD AND WE HAVE A BIRTH PLACE FROM W1 (GO TO PD2 AND COMPLETE BASED ON PRELOAD)
3. THIS IS A PANEL CHILD BUT WE DO NOT HAVE A BIRTH PLACE FROM W1 (CONTINUE)

PD1. Please tell me where [CHILD] was born.

NOTE: DO NOT ENTER STREET ADDRESS

__________ CITY ___________ STATE / PROVINCE / TERRITORY _______ COUNTRY (IF NOT THE U.S.)

PD2. CAPI CHECK: WAS CHILD BORN IN THE UNITED STATES?

1. YES (GO TO END OF SECTION)
5. NO

PD3_A. Is [CHILD] a U.S. citizen, a permanent resident, on a visa, or something else?

1. U.S. CITIZEN (GO TO PD4)
2. PERMANENT RESIDENT (GREEN CARD HOLDER) (GO TO PD4)
3. VISA (GO TO PD3A)
4. [IF VOLUNTEERED] DOES NOT HAVE PAPERS OR DOCUMENTS (GO TO PD4)
5. OTHER STATUS, SPECIFY ______________

PD3A. What type of visa is [CHILD] on?

RECORD VERBATIM ___________________

PD4. CAPI CHECK:

1. STARTDATE IN SECTION C IS EARLIER THAN OR EQUAL TO CHILD’S BIRTH DATE (GO TO END OF SECTION)
2. STARTDATE IN SECTION C IS LATER THAN CHILD’S BIRTH DATE AND C1=1 (GO TO END OF SECTION)
3. OTHERWISE (CONTINUE)

PD5. In what year did [CHILD] first come to the United States to live? Please do not include short trips for shopping, vacation or family visits.

PROBE: How long ago did [CHILD] first come to the U.S. to live?

1. __ __ __ __ CALENDAR YEAR (RANGE 1985–CURRENT YEAR, BUT, NOT BEFORE CHILD BORN)
2. ______ YEARS ago (HARD CHECK AT CHILD’S AGE IF AGE >=1 YEAR)
OR
3. ______ MONTHS ago (HARD CHECK AT CHILD’S AGE IF AGE <1 YEAR)

PD6. CAPI CHECK PD5

1. PD5 IS DK OR REFUSED
2. OTHER (GO TO PD8)

PD7_mo. How old was [CHILD] when [he / she] first came to the United States to live?

INTERVIEWER: ENTER MONTHS OR YEARS BUT NOT BOTH. FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER 1 YEAR.

__________ MONTHS [RANGE: 0 TO 11; HARD CHECK AT R’S CURRENT AGE]
OR
__________ YEARS [RANGE: 1 TO 18; HARDCHECK AT R’S CURRENT AGE]
PD8. After [CHILD] came to the United States [in [MONTH AND YEAR IN PD5] / at age [AGE IN PD7]], did [he / she] ever return to live in [COUNTRY IN PD1] for more than two months?

1. YES
5. NO (GO TO END OF THE SECTION)

SECTION E. CHILD SUPPORT, PATERNITY, CONTACT WITH ABSENT PARENT, FATHER INVOLVEMENT

PEX1A. CAPI CHECK: CHECK PRELOAD

1. ROSTER INDICATES THAT PCG IS [CHILD]'S BIOLOGICAL MOTHER (GO TO PEX1H)
2. PCG IS LISTED IN ROSTER AS [CHILD]'S MOTHER, BUT MAY BE ADOPTIVE
3. PCG IS NOT [CHILD]'S BIOLOGICAL MOTHER, BUT WE KNOW FOR CERTAIN THAT [CHILD]'S BIOLOGICAL MOTHER LIVES IN HH (GO TO PEX1H)
4. PCG IS NOT [CHILD]'S BIOLOGICAL MOTHER, THERE IS A PERSON LISTED AS CHILD'S MOTHER IN HH, BUT NOT CERTAIN WHETHER OR NOT THAT PERSON IS CHILD'S BIOLOGICAL MOTHER
5. OTHER (GO TO PEX1C)

PEX1B. [Are you / Is [PERSON LISTED IN ROSTER AS CHILD’S MOTHER]] [CHILD]'s birth or biological mother?

PROBE: Did [you / [PERSON LISTED IN ROSTER AS CHILD’S MOTHER]] give birth to [CHILD]?

1. YES
5. NO

IF PEX1B=1 GO TO PEX1H. ELSE IF B4=1 GO TO PEX1E. ELSE CONTINUE

PEX1C. Just to make sure my information is correct, is [CHILD]'s birth or biological mother alive?

1. YES (GO TO PEX1E)
5. NO

DK OR REF (GO TO PEX1E)

PEX1D. When did [CHILD]'s birth mother die? What month and year?

PROBE: How long ago did [CHILD]'s mother die?

1. __ __ MONTH __ __ __ __ YEAR (HARD CHECK AT CHILD'S BIRTHDATE IF HAVE)
2. __ __ MONTHS AGO (HARD CHECK AT CHILD'S AGE IF AGE < 1 YEAR)
   OR
3. __ __ YEARS AGO (HARD CHECK AT CHILD'S AGE IF AGE >=1 YEAR)

DK OR REF (CONTINUE). ELSE GO TO PEX1E.

PEX1D_1. How old was [CHILD] when [his / her] birth mother died?

   ____ _____ MONTHS OLD (RANGE 0–11, HARD CHECK AT CHILD’S AGE IF AGE<1 YEAR)
   OR
   ____ _____ YEARS OLD (RANGE 1–18, HARD CHECK AT CHILD’S AGE IS AGE <=1 YEAR)

PEX1E. Please look at this list and tell me what group or groups describe [CHILD]'s birth mother’s race or ethnic origin.

CODE ALL THAT APPLY

197
1. BLACK / AFRICAN-AMERICAN
2. WHITE
3. LATINO / HISPANIC / LATIN AMERICAN
4. ASIAN INDIAN / SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/AMERICAN INDIAN
12. INUIT / ESKIMO / ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY
16. MIDDLE EASTERN (ARAB, PERSIAN, NORTH AFRICAN)

PEX1F. CHECK PEX1E

1. ONLY ONE GROUP IS CIRCLED (GO TO PEX1H)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED

PEX1G. Which one group on that card best describes [CHILD]'s birth mother's race or ethnic origin.

CODE ONLY ONE

1. BLACK / AFRICAN-AMERICAN
2. WHITE
3. LATINO / HISPANIC / LATIN AMERICAN
4. ASIAN INDIAN / SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/AMERICAN INDIAN
12. INUIT / ESKIMO / ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY
16. MIDDLE EASTERN (ARAB, PERSIAN, NORTH AFRICAN)

PEX1H. CAPI CHECK: CHECK PRELOAD

1. ROSTER INDICATES THAT PCG IS [CHILD]'S BIOLOGICAL FATHER (GO TO PE1)
2. PCG IS LISTED IN ROSTER AS [CHILD]'S FATHER, BUT MAY BE ADOPTIVE
3. PCG IS NOT [CHILD]'S BIOLOGICAL FATHER, BUT WE KNOW FOR CERTAIN THAT [CHILD]'S BIOLOGICAL FATHER LIVES IN HH (GO TO PE1)
4. PCG IS NOT [CHILD]'S BIOLOGICAL FATHER, THERE IS A PERSON LISTED AS CHILD'S FATHER IN HH, BUT NOT CERTAIN WHETHER OR NOT THAT PERSON IS CHILD'S BIOLOGICAL FATHER
5. OTHER (GO TO PEX1K)

PEX1J. [Are you / Is [PERSON LISTED IN ROSTER AS CHILD'S FATHER]] [CHILD]'s birth or biological father?

1. YES (GO TO PE1)
2. NO

IF PEX1J=1 GO TO PE1. ELSE IF B4=2 GO TO PEX1M. ELSE CONTINUE.
PEX1K. Just to make sure my information is correct, is [CHILD]'s birth or biological father alive?

1. YES (GO TO PEX1M)
5. NO
7. [IF VOLUNTEERED] RESPONDENT DOES NOT KNOW WHO BIO FATHER IS (IF PEX1C=1, THEN GO TO PE24A, ELSE GO TO END OF SECTION E)

DK OR REF (GO TO PEX1M)

PEX1L. When did [CHILD]'s biological father die? What month and year?

PROBE: How long ago did [CHILD]'s father die?

1. ___ ___ MONTH ___ ___ ___ ___ YEAR
2. ___ ___ MONTHS AGO
   OR
3. ___ ___ YEARS AGO

DK OR REF (CONTINUE). ELSE GO TO PEX1M

PEX1L_1. How old was [CHILD] when [his / her] biological father died?

1. ____ ______ MONTHS OLD
   OR
2. ____ ______ YEARS OLD
   OR
3. CHILD WAS NOT YET BORN

PEX1M. Please look at this list and tell me what group or groups describe [CHILD]'s birth father's race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK / AFRICAN-AMERICAN
2. WHITE
3. LATINO / HISPANIC / LATIN AMERICAN
4. ASIAN INDIAN / SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/AMERICAN INDIAN
12. INUIT / ESKIMO / ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY
16. MIDDLE EASTERN (ARAB, PERSIAN, NORTH AFRICAN)

DK OR REF (GO TO PE1)

PEX1N. CHECK PEX1M

1. ONLY ONE GROUP IS CIRCLED (GO TO PE1)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED

PEX1P. Which one group on that card best describes [CHILD]'s birth father's race or ethnic origin.

CODE ONLY ONE
1. BLACK / AFRICAN-AMERICAN
2. WHITE
3. LATINO / HISPANIC / LATIN AMERICAN
4. ASIAN INDIAN / SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/AMERICAN INDIAN
12. INUIT / ESKIMO / ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY
16. MIDDLE EASTERN (ARAB, PERSIAN, NORTH AFRICAN)

BIOMOM_STAT. CREATE CAPI VARIABLE FOR STATUS OF BIO MOM AND DAD

BIOMOM_STAT:
1=BIOMOM IS PCG
2=BIOMOM IN HH BUT NOT PCG
3=BIOMOM NOT IN HH
4=BIOMOM IS DEAD

BIODAD_STAT:
1=BIODAD IS PCG
2=BIODAD IN HH BUT NOT PCG
3=BIODAD NOT IN HH
4=BIODAD IS DEAD

PE1. CAPI CHECKPOINT: CHECK HH Roster, PEX1B, PEX1C, PEX1J, EXIL
UNLESS OTHERWISE SPECIFIED, MOTHER / FATHER=BIOLOGICAL OR ADOPTIVE IN THIS SECTION
1. CHILD'S MOTHER AND FATHER ARE BOTH LIVING IN THIS HOUSEHOLD (GO TO PE57)
2. CHILD LIVES WITH MOTHER ONLY (NO FATHER IN HH) AND BIOLOGICAL FATHER IS NO LONGER ALIVE (GO TO PE8)
3. CHILD LIVES WITH MOTHER ONLY (NO FATHER IN HH) AND BIOLOGICAL FATHER IS ALIVE
4. CHILD LIVES WITH FATHER ONLY (NO MOTHER IN HH) AND BIOLOGICAL MOTHER IS NO LONGER ALIVE (GO TO PE8)
5. CHILD LIVES WITH FATHER ONLY (NO MOTHER IN HH) AND BIOLOGICAL MOTHER IS ALIVE
6. NEITHER MOTHER NOR FATHER LIVE IN HH (GO TO PE24)

SECTION FOR KIDS WITH ONLY MOTHERS OR ONLY FATHERS IN THE HH

PE3. CAPI CHECK:
1. FIRSTCHILD=1 (CHILD IS FIRST CHILD GIVEN PARENT QX)
2. FIRSTCHILD=>2 AND THIS CHILD AND [FIRSTCHILD] HAVE SAME [FATHER / MOTHER] AND PC1_COMP_PE4_PE7=1 (GO TO PE8)
3. FIRSTCHILD=>2 AND THIS CHILD AND [FIRSTCHILD] DO NOT HAVE SAME [FATHER / MOTHER]
DATA USER NOTE: Cases for which FIRSTCHILD = 2 with PC1_COMP_PE4_PE7 ≠ 1 and which had the same nonresident parent as FIRSTCHILD = 1 were mistakenly not assigned a value for PE3. They should have been assigned PE3 = 3 and asked PE4 and PE5. It appears that PE3 was not set for any FIRSTCHILD ≥ 2 case, even those with PC1_COMP_PE4_PE7 = 1. Therefore one will see kids with PE1 = 3 or 5 but PE3 is blank resulting in PE5 not having been asked so we do not know where the nonresident parent lives for that child.

PE4. CAPI: CHECK B4 AND B5:
1. CHILD STAYS PART OF THE TIME WITH OTHER PARENT AND WE ALREADY HAVE OTHER PARENT’S ADDRESS IN B5 (GO TO PE8)
2. OTHERWISE

PE5. Where does [CHILD]'s [father / mother] live? What city and state?

_________________ CITY OR TOWN ___ STATE ___________ COUNTRY (IF NOT THE U.S.)

1. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [FATHER / MOTHER] (GO TO PE57)
2. [IF VOLUNTEERED] MOTHER DOESN’T KNOW WHO CHILD’S FATHER IS (GO TO SECTION F)
3. ENTERED ADDRESS INFORMATION
4. [IF VOLUNTEERED] MOTHER / FATHER IN JAIL / PRISON
   d. DON’T KNOW (GO TO PE8)

PE8. CAPI CHECK:

1. [CHILD] IS A PANEL RESPONDENT
2. [CHILD] IS A NEW ENTRANT (GO TO PE8M)

PE8A. CAPI CHECK PRELOAD:

1. FROM W1 WE KNOW PARENTS MARRIED WHEN CHILD BORN (GO TO PE15)
2. FROM W1 WE KNOW PATERNITY STATUS WAS ESTABLISHED (GO TO PE15)
3. OTHERWISE

PE8M. CAPI: CHECK WHETHER R IS BIO PARENT OF CHILD

1. WE KNOW THAT CHILD WAS ADOPTED (GO TO PE57)
2. PCG IS BIO PARENT
3. PCG IS NOT BIO PARENT (GO TO PE11)

PE9. Were you married to [CHILD]'S [father / mother] when [CHILD] was born?

1. YES (GO TO PE15)
2. NO
3. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [FATHER / MOTHER] (GO TO PE57)

PE10. Was [your name / the name of the child’s father] on the child’s birth certificate?

1. YES (GO TO PE12)
5. NO (GO TO PE15)

PE11. A child’s natural birth father can be made the child’s legal father by going to a judge in a court, going to the child support office, or signing a special form in front of witnesses or a notary public. Have any of these things been done to try to make [you / the birth father] [CHILD]'s legal father, no matter what the outcome was?

1. YES (GO TO PE14)
5. NO (GO TO PE15)
3. [IF VOLUNTEERED] R DOESN’T KNOW WHO THE FATHER IS (GO TO END OF SECTION E)
4. [IF VOLUNTEERED] R SAYS FATHER’S NAME / OWN NAME WAS ON BIRTH CERTIFICATE

PE12. Aside from the birth certificate, was anything else done to make [you / the birth father] [CHILD]'s legal father?

1. YES
5. NO (GO TO PE15)

PE13_A. What was that?
1. [R / FATHER] WENT TO COURT OR SAW A JUDGE
2. [R / FATHER] WENT TO CHILD SUPPORT OFFICE
3. [R / FATHER] SIGNED A SPECIAL FORM
4. SOMETHING ELSE, SPECIFY: ______

PE14. As a result of what happened [were you / was the birth father] judged or declared to be [CHILD]’s legal father? This is sometimes referred to as establishing paternity.

1. YES
5. NO

PE15. CAPI: CHECK PE8 AND PE9

1. R HAS NEVER BEEN MARRIED [AS OF W2] (GO TO PE39)
2. R WAS MARRIED TO CHILD’S [FATHER / MOTHER] WHEN CHILD WAS BORN (PE9=1 OR PRELOAD VARIABLE (GO TO PE17)
3. R WAS NOT MARRIED TO CHILD’S [FATHER / MOTHER] WHEN CHILD WAS BORN (PE9=2 OR FROM PRELOAD) BUT CURRENT [W2] MARITAL STATUS IS MARRIED, SEPARATED, DIVORCED, WIDOWED, OR COHABITING
4. FROM W1 WE KNOW THAT PARENTS MARRIED AFTER CHILD WAS BORN (GO TO PE17)

PE16. Did you marry [CHILD]’s [father / mother] after [CHILD] was born?

1. YES
5. NO (GO TO PE39)

PE17. Are you currently divorced or separated from [CHILD]’s [father / mother]?

1. DIVORCED (GO TO PE39)
2. SEPARATED (GO TO PE39)
3. STILL MARRIED BUT [FATHER / MOTHER] LIVES ELSEWHERE
4. IF VOLUNTEERED] CHILD’S [FATHER / MOTHER] DIED WHILE MARRIED TO PCG

PE18. Why does [CHILD]’s [father / mother] live somewhere else?

1. BECAUSE OF WORK / SCHOOL / MILITARY SERVICE / HOSPITALIZATION / JAIL OR PRISON (GO TO PE39)
2. PREFER TO MAINTAIN SEPARATE HOUSEHOLDS (GO TO PE39)
3. LIVES WITH SOMEONE ELSE (GIRLFRIEND / BOYFRIEND, ANOTHER WOMAN / MAN, PARTNER)
4. MARITAL PROBLEMS
5. NO LONGER ROMANTICALLY INVOLVED
6. OTHER, SPECIFY _________________

ALL GO TO PE39

SECTION FOR KIDS WITH NEITHER PARENT IN THE HH

PE24. CAPI CHECK

1. CHILD STAYS WITH MOTHER SOMEWHERE ELSE PART TIME (I.E., B4=1) AND WE HAVE HER ADDRESS (GO TO PE28)
2. CHILD’S MOTHER IS ALIVE (I.E., PEX1B=1 OR PEX1C=1) (CONTINUE)
3. CHILD’S MOTHER IS NO LONGER ALIVE (I.E., PEX1C=5 OR DK OR REF) (GO TO PE28)

PE25. Where does [CHILD]’s mother live? In what city and state?

__________ CITY AND STATE _________________ COUNTRY (IF NOT U.S.)

PE27. What street does she live on? What is the nearest intersection, corner, or cross-street?
1. EXACT HOUSE / APT NUMBER AND STREET NAME _________________________
2. ON __________ STREET AT THE CORNER OF ________________ CROSS-STREET

PE28. CAPI: CHECK B4 AND B5:

1. CHILD STAYS WITH FATHER SOMEWHERE ELSE PART TIME (I.E. B4=2) AND WE HAVE HIS ADDRESS (GO TO PE33)
2. CHILD’S FATHER IS ALIVE (I.E., PEX1J=1 OR PEX1K=1) (CONTINUE)
3. CHILD’S FATHER IS NO LONGER ALIVE (I.E., PEX1K=5 OR 7 OR DK OR REF) (GO TO PE33)

PE30. Where does [CHILD]’s father live? In what city and state?

1. __________________ CITY AND STATE ___________________________ COUNTRY
2. SAME PLACE AS CHILD’S MOTHER (GO TO PE33)
   – 1. DON’T KNOW (GO TO PE33)

PE33. CAPI CHECK PE24A AND PE28

1. NEITHER PARENT IS ALIVE (GO TO END OF SECTION)
2. MOTHER IS ALIVE BUT BIO FATHER IS NOT ALIVE OR PCG DOES NOT KNOW WHO BIO FATHER IS
3. FATHER IS ALIVE BUT BIO MOTHER IS NOT ALIVE
4. BOTH MOTHER AND FATHER ARE ALIVE

PE33B. CAPI CHECK

1. CHILD LIVES WITH AN ADOPTIVE MOTHER AND / OR AN ADOPTIVE FATHER (GO TO PE39)
2. OTHERWISE (CONTINUE)

PE34. Why is [CHILD] living here with you rather than with [his / her] [other / father / parents]?

SELECT ALL THAT APPLY

1. CLOSER TO CHILD’S SCHOOL OR JOB
2. CHILD LIVING HERE TO HELP R OR ANOTHER PERSON IN HH
3. PARENT IN PRISON OR JAIL
4. PARENT (PHYSICALLY) ILL
5. PARENT MENTAL ILLNESS
6. PARENT DRUG OR ALCOHOL USE
7. PARENT BEAT, ABUSED OR NEGLECTED CHILD
8. PARENT AND CHILD CAN’T GET ALONG
9. PARENT FINANCIAL PROBLEMS
10. PARENT HAS LEFT THE COUNTRY (VOLUNTARILY, DEPORTED, OTHER)
11. PARENT MOVED AWAY FOR WORK / SCHOOL
12. PARENT TRAVELS FOR WORK
13. FOSTER CARE
14. OTHER, SPECIFY: ________
15. CUSTODY GIVEN TO RESP. BY COURT / SOCIAL SERVICES
16. PARENT ABANDONED CHILD
17. PARENT WORK SCHEDULE

PE39. CAPI CHECK HH ROSTER PRELOAD AND PE1 AND PE28:

1. [CHILD]’S FATHER IS ALIVE BUT DOES NOT LIVE IN THE HH
2. [CHILD]’S FATHER IS ALIVE AND LIVES IN HH (GO TO PE48)
3. [CHILD]’S FATHER HAS DIED (PE28=3 → GO TO PE48)

PE40. How old was [CHILD]’s father when [CHILD] was born?

PROBE: Give me your best estimate.
___________ YEARS OLD

PE41. How much school has [CHILD]'s father currently completed?

1. NONE
2. ________________ (GRADES 1 THROUGH 11)
3. HIGH SCHOOL GRADUATE OR COMPLETED GED
4. SOME VOCATIONAL SCHOOL
5. COMPLETED VOCATIONAL SCHOOL
6. SOME COLLEGE
7. ASSOCIATES' DEGREE (AA)
8. BACHELORS' DEGREE (BA, BS)
9. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
10. COMPLETED GRADUATE / PROFESSIONAL DEGREE

PE43. CAPI CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO PE47)
2. CHILD IS ONE YEAR OLD OR OLDER

PE44. During the past 12 months, that is since [DATE 12 MONTHS AGO], about how often did [CHILD] talk on the telephone or receive a letter from [his / her] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL
2. ABOUT ONCE A YEAR
3. SEVERAL TIMES A YEAR
4. ONE TO THREE TIMES A MONTH
5. ABOUT ONCE A WEEK
6. SEVERAL TIMES A WEEK

PE47. [During the past 12 months, that is since [DATE 12 MONTHS AGO], Since [CHILD] was born, how often did [CHILD] see [his / her] father? Did [he / she] she him…

1. About once a year,
2. Several times a year,
3. One to three times a month,
4. About once a week, or
5. Several times a week?
6. Has not seen father in last 12 months

PE48. CHECK PE1 AND PE24A:

1. [CHILD]'S MOTHER IS ALIVE BUT DOES NOT LIVE IN THE HH
2. [CHILD]'S MOTHER IS ALIVE AND LIVES IN HH (GO TO PE57)
3. [CHILD]'S MOTHER HAS DIED (GO TO PE57)

PE49. How old was [CHILD]'s mother when [CHILD] was born? PROBE: Give me your best estimate.

___________ YEARS OLD

PE50. How much school has [CHILD]'s mother currently completed?

0. None
1 TO 11. _____ (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES’ DEGREE (AA)
17. BACHELORS’ DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE / PROFESSIONAL DEGREE

PE52. INTERVIEWER CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO PE56)
2. CHILD IS ONE YEAR OLD OR OLDER

PE53. During the past 12 months, that is since [DATE 12 MONTHS AGO], about how often did [CHILD] talk on
the telephone or receive a letter from [his / her] mother? Would you say not at all, about once a year, several
times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL
2. ABOUT ONCE A YEAR
3. SEVERAL TIMES A YEAR
4. ONE TO THREE TIMES A MONTH
5. ABOUT ONCE A WEEK
6. SEVERAL TIMES A WEEK

PE56. [During the past 12 months, that is since [DATE 12 MONTHS AGO] / Since [CHILD] was born], how often
did [CHILD] see [his / her] mother? Did [he / she] see her…

1. About once a year,
2. Several times a year,
3. One to three times a month,
4. About once a week, or
5. Several times a week?
6. Has not seen mother in last 12 months

PE57. CAPI CHECK:

1. CHILD IS SIX YEARS OLD OR OLDER
2. CHILD IS LESS THAN SIX YEARS OLD (GO TO END OF SECTION E)

PE58. CAPI CHECK PE1, PE28, PE39 AND PE47:

1. R IS CHILD’S BIO OR ADOPTIVE MOTHER OR STEPMOTHER AND FATHER LIVES IN THE
   HOUSEHOLD
2. R IS CHILD’S BIO OR ADOPTIVE MOTHER OR STEPMOTHER, FATHER IS ALIVE, FATHER DOES
   NOT LIVE IN HH, AND CHILD HAS SEEN FATHER IN LAST 12 MONTHS
3. R IS CHILD’S FATHER
4. OTHER (GO TO END OF SECTION E)

PE59. During the past 12 months, did [you / [CHILD]’s father] ever:

PE59.a. Work on homework or school projects with [CHILD]?

1. YES
5. NO

PE59.b. Look at books or read with [CHILD]?

1. YES
5. NO

PE59.c. Go to school-related events with [CHILD]?
1. YES
5. NO

PE59.d. Do activities outdoors with [CHILD] like sports, hiking, going to parks, etc.?

1. YES
5. NO

PE60. CAPI CHECK:

1. PCG IS CHILD’S MOTHER
2. PCG IS CHILD’S FATHER
3. OTHERWISE

KIDHHTYPE: CAPI CHECK

HOUSEHOLD TYPE BASED ON WHAT RSC / SIB ARE IN HOUSEHOLD

1. ONLY HAS RSC_NE AND / OR SIB_NE
2. ONLY HAS RSC_P AND / OR SIB_P WHERE NONE OF THOSE KIDS HAS W1 INFO ON PARENT BIRTHPLACE
3. ONLY HAS RSC_P AND / OR SIB_P WHERE ALL KIDS HAVE W1 INFO ON PARENT BIRTHPLACE (GO TO END OF SECTION)
4. HAS (RSC_P / SIB_P AND RSC_NE / SIB_NE) OR HAS JUST RSC_P AND SIB_P BUT ONE OF THEM IS MISSING PARENTAL BIRTH COUNTRY

PE60A. CAPI CHECK:

1. IF KIDHHTYPE=1 OR 2 AND [FIRSTCHILD=1 OR [FIRSTCHILD>1 AND K1_MOMCTRY=EMPTY]] (GO TO PE61)
2. IF KIDHHTYPE=1 OR 2 AND FIRSTCHILD>1 AND K1_MOMCTRY=EMPTY (GO TO PE61A)
3. IF KIDHHTYPE=4 AND FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY (GO TO PE61)
4. IF KIDHHTYPE=4 AND [[FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY] OR [FIRSTCHILD=2 AND K2_MOMCTRY=EMPTY] OR [FIRSTCHILD=3 AND K3_MOMCTRY=EMPTY] OR [FIRSTCHILD=4 AND K4_MOMCTRY=EMPTY]] (GO TO PE61A)
5. IF KIDHHTYPE=4 AND FIRSTCHILD=2 AND HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY (GO TO PE61)
6. IF KIDHHTYPE=4 AND FIRSTCHILD=2 AND HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY (GO TO PE61A)
7. IF KIDHHTYPE=4 AND FIRSTCHILD=2 HAS DIFFERENT MOTHER THAN FIRSTCHILD=1 OR HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY (GO TO PE61)
8. IF KIDHHTYPE=4 AND FIRSTCHILD=3 AND [HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY] OR [HAS SAME MOTHER AS FIRSTCHILD=2 AND K2_MOMCTRY=EMPTY] (GO TO PE61A)
9. IF KIDHHTYPE=4 AND FIRSTCHILD=3 HAS DIFFERENT MOTHER THAN FIRSTCHILD=1 AND FIRSTCHILD=2 OR [HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY] OR [HAS SAME MOTHER AS FIRSTCHILD=2 AND K2_MOMCTRY=EMPTY]] (GO TO PE61)
11. IF KIDHHTYPE=4 AND FIRSTCHILD=4 HAS DIFFERENT MOTHER THAN FIRSTCHILD=1 AND FIRSTCHILD=2 AND FIRSTCHILD=3 OR [[HAS SAME MOTHER AS FIRSTCHILD=1 AND K1_MOMCTRY=EMPTY] OR [HAS SAME MOTHER AS FIRSTCHILD=2 AND K2_MOMCTRY=EMPTY] OR [HAS SAME MOTHER AS FIRSTCHILD=3 AND K3_MOMCTRY=EMPTY]] (GO TO PE61)

IF PE60A=2, SET K2_MOMCTRY=K1_MOMCTRY
IF PE60A=6, SET K2_MOMCTRY=K1_MOMCTRY

IF PE60A=8 AND SAME MOTHER AS FIRSTCHILD=1, SET K3_MOMCTRY=K1_MOMCTRY
IF PE60A=8 AND SAME MOTHER AS FIRSTCHILD=2, SET K3_MOMCTRY=K2_MOMCTRY

IF PE60A=10 AND SAME MOTHER AS FIRSTCHILD=1, SET K4_MOMCTRY=K1_MOMCTRY
IF PE60A=10 AND SAME MOTHER AS FIRSTCHILD=2, SET K4_MOMCTRY=K2_MOMCTRY
IF PE60A=10 AND SAME MOTHER AS FIRSTCHILD=3, SET K4_MOMCTRY=K3_MOMCTRY

PE61. What country [were you / was [CHILD]’s mother] born in?

INTERVIEWER: IF RESPONDENT SAYS THIS IS AN ADOPTED CHILD, ASK ABOUT THE PARENT WHO RASIED THE CHILD DURING MOST OF HIS / HER LIFE.

________________________________ (COUNTRY NAME)

PE61A. CAPI CHECK

1. IF KIDHHTYPE=1 OR 2 AND [FIRSTCHILD=1 OR [FIRSTCHILD>1 AND SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [FIRSTCHILD>1 AND HAS DIFFERENT FATHER THAN FIRSTCHILD=1]] (GO TO PE62)
2. IF KIDHHTYPE=1 OR 2 AND FIRSTCHILD=1 AND HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY (GO TO END OF SECTION)
3. IF KIDHHTYPE=4 AND FIRSTCHILD=1 AND K1_DADCTRY=EMPTY (GO TO PE62)
4. IF KIDHHTYPE=4 AND [[FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [FIRSTCHILD=2 AND K2_DADCTRY=EMPTY] OR [FIRSTCHILD=3 AND K3_DADCTRY=EMPTY] OR [FIRSTCHILD=4 AND K4_DADCTRY=EMPTY]] (GO TO END OF SECTION)
5. IF KIDHHTYPE=4 AND FIRSTCHILD=2 AND HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY (GO TO PE62)
6. IF KIDHHTYPE=4 AND FIRSTCHILD=2 AND HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY (GO TO END OF SECTION)
7. IF KIDHHTYPE=4 AND FIRSTCHILD=2 HAS DIFFERENT FATHER THAN FIRSTCHILD=1 OR HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY (GO TO PE62)
8. IF KIDHHTYPE=4 AND FIRSTCHILD=3 AND [HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=2 AND K2_DADCTRY=EMPTY] (GO TO END OF SECTION)
9. IF KIDHHTYPE=4 AND FIRSTCHILD=3 HAS DIFFERENT FATHER THAN FIRSTCHILD=1 AND FIRSTCHILD=2 OR [[HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=2 AND K2_DADCTRY=EMPTY]] (GO TO PE62)
10. IF KIDHHTYPE=4 AND FIRSTCHILD=4 AND [[HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=2 AND K2_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=3 AND K3_DADCTRY=EMPTY]] (GO TO END OF SECTION)
11. IF KIDHHTYPE=4 AND FIRSTCHILD=4 HAS DIFFERENT FATHER THAN FIRSTCHILD=1 AND FIRSTCHILD=2 AND FIRSTCHILD=3 OR [[HAS SAME FATHER AS FIRSTCHILD=1 AND K1_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=2 AND K2_DADCTRY=EMPTY] OR [HAS SAME FATHER AS FIRSTCHILD=3 AND K3_DADCTRY=EMPTY]] (GO TO PE62)

IF PE61A=2, SET K2_DADCTRY=K1_DADCTRY
IF PE61A=6, SET K2_DADCTRY=K1_DADCTRY
IF PE60A=8 AND SAME FATHER AS FIRSTCHILD=1, SET K3_DADCTRY=K1_DADCTRY
IF PE60A=8 AND SAME FATHER AS FIRSTCHILD=2, SET K3_DADCTRY=K2_DADCTRY
IF PE60A=10 AND SAME FATHER AS FIRSTCHILD=1, SET K4_DADCTRY=K1_DADCTRY
IF PE60A=10 AND SAME FATHER AS FIRSTCHILD=2, SET K4_DADCTRY=K2_DADCTRY
IF PE60A=10 AND SAME FATHER AS FIRSTCHILD=3, SET K4_DADCTRY=K3_DADCTRY

PE62. What country was [CHILD]’s [mother / father] born in?

INTERVIEWER: IF RESPONDENT SAYS THIS IS AN ADOPTED CHILD, ASK ABOUT THE PARENT WHO RASIED THE CHILD DURING MOST OF HIS / HER LIFE.

________________________________ (COUNTRY NAME)
SECTION F. SCHOOL

PF1. CAPI CHECK AGAINST A8: AGE OF CHILD

1. CHILD IS 3 OR YOUNGER (GO TO SECTION G)
2. CHILD IS 4 TO 6
3. CHILD IS 7 OR OLDER (GO TO PF3)

PF2. Now I have some questions about [CHILD]'s school. Has [CHILD] started kindergarten or first grade yet?

1. YES
5. NO (GO TO SECTION G)
6. IF VOLUNTEERED: HOME SCHOOLED

IF PF2=6, SET CUR_HOMESCH=1

PF3. Is [CHILD] currently in school, on summer vacation or off-track from school, or something else?

1. CURRENTLY IN SCHOOL (INCLUDING COLLEGE OR UNIVERSITY)
2. ON SUMMER VACATION
3. IN SUMMER SCHOOL OR INTERSESSION CLASSES
4. NO LONGER IN SCHOOL (GRADUATED FROM HIGH SCHOOL) (GO TO PF32)
5. NO LONGER IN SCHOOL (LEFT BEFORE GRADUATING) (GO TO PF29)
6. HOME SCHOOLED
7. OFF-TRACK FROM SCHOOL
8. NO LONGER IN SCHOOL (GRADUATED FROM COLLEGE OR UNIVERSITY) (GO TO PF32)

PF4_A. What grade [is [CHILD] attending in school / was [CHILD] attending this past spring / or grade-equivalent is [CHILD] in]?

0. KINDERGARTEN
1. – 12. __________________ (GRADE OF REGULAR SCHOOL)
20. COLLEGE
30. OTHER, SPECIFY __________________
31. PRESCHOOL

IF CUR_HOMESCHOOL=1 (GO TO PF7X). IF PF4=31, RECODE PF2=5 (GO TO SECTION G) ELSE CONTINUE

PF5. For this [past] school year, which school [is / was] [CHILD] attending?

INTERVIEWER: CONFIRM SCHOOL’S FULL NAME AND ADDRESS WITH R FROM THE LIST PROVIDED AND ENTER THE APPROPRIATE ONE. IF NAME OR ADDRESS IS NOT CONFIRMED WITH R, USE OVERRIDE TO TYPE IN NAME OF SCHOOL. BE SURE TO OBTAIN EXACT SCHOOL NAME, INCLUDING “ELEMENTARY”, “MIDDLE”, “JUNIOR HIGH”, “HIGH SCHOOL”, OR “SENIOR HIGH”, ETC. IF RESPONDENT SAYS CHILD IS HOME SCHOOLED, ENTER 555.

________________________ Name of school
555. CHILD IS HOMESCHOOLED (GO TO PF7X)

PF5A. CAPI CHECK:

1. SCHOOL IN PF5 IS ON THE LIST OF LOS ANGELES SCHOOLS (GO TO PF7A)
2. SCHOOL IN PF5 IS NOT ON LIST OF LOS ANGELES SCHOOLS

PF6_A. Is this a regular public school, a magnet program, a charter school, a private school, a religious school, or some other type of special program or school?
1. REGULAR PUBLIC SCHOOL
2. MAGNET PROGRAM OR SCHOOL
3. A CHARTER SCHOOL
4. A PRIVATE SCHOOL
5. A RELIGIOUS SCHOOL
6. [IF VOLUNTEERED] COLLEGE AND UNIVERSITY
7. OTHER SPECIAL PROGRAM OR SCHOOL, SPECIFY: _______
8. CONTINUATION SCHOOL

PF7. Where is this school located? Can you give me name of the street on which it’s located? What is the nearest intersection, corner, or cross-street? What city is that?

1. EXACT STREET NUMBER AND STREET NAME ____________________________
2. ON __________________ STREET, AT THE CORNER OF __________________ CROSS-STREET
3. __________________ CITY _____ STATE _____________ COUNTRY

GO TO PF7A

PF7X. Has [CHILD] always been homeschooled?

PROBE: Has [CHILD] never attended public or private school?

1. YES (GO TO PF12)
5. NO

DATA USER NOTE: Home schooled children (as defined by PF3=6) were supposed to be sent to this question. Because of a programming error, children for whom PF3=6 were not asked PF7X. Nor were they asked PF7a–PF22 as they should have been. One child who was identified as home schooled in response to PF5. PF7X and PF7a–PF22 were asked for that child.

PF7A. Including this [past] school year, how long in total has [CHILD] attended [SCHOOL NAME IN PF5]? / How long has [CHILD] been home schooled since [he / she] was last in public or private school?

INTERVIEWER: RESPONSE MAY BE IN YEARS AND MONTHS, OR JUST YEARS OR JUST MONTHS.

_________ Number of years and / or ____________ Number of months

IF RESPONDENT SAYS CHILD ATTENDED LESS THAN 1 MONTH, CHOOSE ‘2’ ON THIS SCREEN AND FOLLOW THE INSTRUCTIONS ON THE NEXT SCREEN.
IF RESPONDENT SAYS CHILD ATTENDED LESS THAN ONE YEAR, CHOOSE ‘2’ ON THIS SCREEN AND FOLLOW THE INSTRUCTIONS ON THE NEXT SCREEN.

PF7B. CAPI CHECK

1. CHILD’S CURRENT AGE MINUS YEARS AND FRACTIONS OF YEARS IN PF7A>=5 (GO TO LOOP JUST ABOVE PF7D)
2. CHILD’S CURRENT AGE MINUS YEARS AND FRACTIONS OF YEARS IN PF7A<5

PF7C. So [SCHOOL NAME IN PF5] was the first regular school that [CHILD] attended. Is this correct? / So [CHILD] has always been home schooled. Is this correct?

1. YES (GO TO PF7L)
5. NO

BEGINNING OF LOOP (LOOP THROUGH UNTIL PF7D=2 OR 3 or PF7k=1)

PF7D. Where did [CHILD] go to school before that? Which school did [he / she] attend?
INTERVIEWER: CONFIRM SCHOOL’S FULL NAME AND ADDRESS WITH R FROM THE LIST PROVIDED AND ENTER THE APPROPRIATE ONE. IF NAME OR ADDRESS IS NOT CONFIRMED WITH R, USE OVERRIDE TO TYPE IN NAME OF SCHOOL. BE SURE TO OBTAIN EXACT SCHOOL NAME, INCLUDING “ELEMENTARY”, “MIDDLE”, “JUNIOR HIGH’, ‘HIGH SCHOOL”, OR “SENIOR HIGH”, ETC.

1. __________________________________ Name of school
2. HOME SCHOOLED (GO TO PF7H)
3. TOO YOUNG TO ATTEND SCHOOL BEFORE THAT (GO TO PF11)

IF PF7D=2, SET PREV_HOMESCH=1. ELSE SET PREV_HOMESCH=0. IF PF7D=2, GO TO PF7H.

PF7E. INTERVIEWER CHECK: WAS THE SCHOOL GIVEN AS THE RESPONSE TO THE LAST QUESTION ON THE LIST OF LOS ANGELES SCHOOLS PROVIDED?

1. SCHOOL IN PF7D IS ON THE LIST OF LOS ANGELES SCHOOLS (GO TO PF7H)
2. SCHOOL IN PF7D IS NOT ON LIST OF LOS ANGELES SCHOOLS

PF7F_A. Is this a regular public school, a magnet program, a charter school, a private school, a religious school, or some other type of special program?

1. REGULAR PUBLIC SCHOOL
2. MAGNET PROGRAM OR SCHOOL
3. A CHARTER SCHOOL
4. A PRIVATE SCHOOL
5. A RELIGIOUS SCHOOL
6. [IF VOLUNTEERED] COLLEGE AND UNIVERSITY
7. OTHER SPECIAL PROGRAM OR SCHOOL, SPECIFY: ________

PF7F. Where is this school located? Can you give me name of the street on which it’s located? What is the nearest intersection, corner, or cross-street? What city is that?

1. EXACT STREET NUMBER AND STREET NAME ____________________________
2. ON _______________________ STREET, AT THE CORNER OF ______________ CROSS-STREET
3. _______________________CITY ______ STATE ___________________________ COUNTRY

PF7H. How long in total did [CHILD] attend [SCHOOL NAME IN PF7D]? / How long in total was [CHILD] home schooled that time?

_________ Number of years AND / OR ____________ Number of months

PF7J. CAPI CHECK:

1. CHILD’S CURRENT AGE MINUS YEARS AND FRACTIONS OF YEARS IN PF7H>=5 (GO TO LOOP JUST BELOW PF7K)
2. CHILD’S CURRENT AGE MINUS YEARS AND FRACTIONS OF YEARS IN PF7H<5

PF7K. So [SCHOOL NAME IN PF7D] was the first regular school that [CHILD] attended. Is this correct? / So the first regular school [CHILD] attended was home school. Is this correct?

1. YES (GO TO PF7L)
5. NO

END OF LOOP. RETURN TO BEGINNING ABOVE PF7D

PF7L. CAPI CHECK:

1. CUR_HOMESCH=1 (GO TO PF12)
2. CUR_HOMESCH NE 1 (CONTINUE)
PF11. During the [current / past] school year did you participate in any of the following activities at [CHILD]'s school? Did you...

PF11.a. Volunteer in the classroom, school office or library?
  1. YES
  5. NO

PF11.b. Have a conference with [CHILD]'s teacher?
  1. YES
  5. NO

PF11.c. Talk to [CHILD]'s principal?
  1. YES
  5. NO

PF11.d. Attend a school event in which [CHILD] participated?
  1. YES
  5. NO

PF11.e. Attend a PTA, PTO, or other such meeting?
  1. YES
  5. NO

PF12. Has [CHILD] ever attended a special or advanced class or school for gifted students?
  1. YES
  5. NO

PF13. Has [he / she] ever been classified by the school as needing special education?
  1. YES
  5. NO

PF14. Does [CHILD] currently have any physical or mental condition that would limit or prevent [his / her] ability to...

PF14.a. do usual childhood activities such as play, or participate in games or sports?
  1. YES
  5. NO

PF14.b. attend school regularly?
  1. YES
  5. NO

PF14.c. do regular school work?
  1. YES
  5. NO

PF15. Has [CHILD] ever repeated a grade?
1. YES
5. NO (GO TO PF17)

PF16. Which grades did [he / she] repeat?

1. CHILD REPEATED ONE GRADE
2. CHILD REPEATED TWO GRADES
3. CHILD REPEATED MORE THAN TWO GRADES

PF16A. First grade that was repeated: ______

PF16B. Second grade that was repeated: ______

PF16C. Third grade that was repeated: ______

PF16A1. CHECK

1. CHILD ALWAYS HOME SCHOOLED (GO TO PF27)
2. OTHERWISE (CONTINUE)

PF17. Has [CHILD] ever been suspended or expelled from school?

1. YES
5. NO (GO TO PF20)

PF18. Has this happened more than once?

1. ONLY ONCE
2. MORE THAN ONCE

PF19. How old was [he / she] when it happened [the last time]?

____________ YEARS OLD

PF20. Please tell me whether the next two statements about [CHILD] are often true, sometimes true, or not true.

PF20.a. [He / She] is disobedient at school

1. Often True
2. Sometimes true
3. Not True

PF20.b. [He / She] has trouble getting along with teachers.

1. Often True
2. Sometimes true
3. Not True

PF20A. CAPI CHECK FOR CURRENTLY HOME SCHOOLED

1. CUR_HOMESCH=1 (GO TO PF27)
2. OTHERWISE (CONTINUE)

PF21. Is [CHILD] currently involved in any clubs, teams, programs or groups, either at school or outside of school?

PROBE: For example, clubs, sports teams, boy / girl scouts, church groups, youth centers, or volunteer activities.

1. YES
5. NO (GO TO PF37)

PF22. In what clubs, teams, groups, or other activities is [CHILD] involved?

SELECT ALL THAT APPLY

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes / Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League / PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify __________ (limited)
31. Lessons in art / drama / singing / dance

GO TO PF37

QUESTIONS FOR HOME SCHOOLED KIDS

PF27. Is [CHILD] currently involved in any clubs, teams, programs or groups?

PROBE: For example, clubs, sports teams, boy / girl scouts, church groups, youth centers, or volunteer activities.

1. YES
5. NO (GO TO PF37)

PF28. In what clubs, teams, groups, or other activities is [CHILD] involved?

SELECT ALL THAT APPLY

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes / Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League / PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify (limited)
31. Lessons in art / drama / singing / dance

GO TO PF37

FOR KIDS NOT CURRENTLY ENROLLED IN SCHOOL

PF29_A. Using this card, please tell me the number of the response that answers the following question: Why doesn’t [CHILD] attend school? Choose your answer from this card.

1. HEALTH PROBLEMS
2. DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS / HAD TO WORK
3. DROPPED OUT OF SCHOOL BECAUSE DIDN’T LIKE SCHOOL
4. EXPELLED OR SUSPENDED
5. PARENTS DECIDED TO KEEP HIM / HER OUT OF SCHOOL
6. PREGNANCY / CHILDBIRTH
7. OTHER, SPECIFY: ________
8. JUST MOVED TO LOS ANGELES

PF30_A. What grade was [CHILD] in when [he / she] was last in school?

__ GRADE (1–12)
30. OTHER, SPECIFY: ______

PF31_A. What was the highest grade of school that [he / she] completed?

_________ HIGHEST GRADE COMPLETED (1–12)
30. OTHER, SPECIFY: ______

PF32. In what year did [CHILD] last attend school?

_________ YEAR (1986–present)
5. NEVER ATTENDED SCHOOL

PF33. Do you expect that [CHILD] will go back to school sometime in the future?

1. YES
5. NO

PF34. Is [CHILD] currently involved in any clubs, teams, programs or groups?

PROBE: For example, clubs, sports teams, boy / girl scouts, church groups, youth centers, or volunteer activities.

1. YES
5. NO (GO TO PF37)

PF35. In what clubs, teams, groups, or other activities is [CHILD] involved?

SELECT ALL THAT APPLY

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes / Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League / PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify: ________

PF36. CAPI CHECK PF33:
1. R EXPECTS CHILD TO RETURN TO SCHOOL (PF33=1)
2. R DOES NOT EXPECT CHILD TO RETURN TO SCHOOL (IF PF33=5 GO TO SECTION G)

PF37_A. How much schooling do you expect that [CHILD] will complete?

0. NONE
1 TO 11 _____ (GRADES 1 THROUGH 11) (CAPI RANGE 1–11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES’ DEGREE (AA)
17. BACHELORS’ DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE / PROFESSIONAL DEGREE
20. OTHER, SPECIFY: _______

SECTION G. CHILD CARE, BEFORE / AFTER SCHOOL CARE, AND EARLY CHILDHOOD EDUCATION

PG1. CAPI CHECK:
1. CHILD IS 0–6 YEARS OLD AND NOT YET IN SCHOOL, KINDERGARTEN, OR HOME SCHOOL
2. CHILD IS ENROLLED IN SCHOOL BUT HAS NOT YET COMPLETED 6TH GRADE (GO TO PG9)
3. CHILD HAS COMPLETED 6TH GRADE OR HAS DROPPED OUT OF SCHOOL (GO TO PG67)

THIS SECTION FOR KIDS NOT YET IN SCHOOL

PG2. I’d like to talk with you about all child care [CHILD] has received on a regular basis during the past 4 weeks from someone other than you [and [his / her] other parent (or guardians)]. This does not include occasional babysitting or backup care providers, but does include any nursery school, pre-school, or pre-kindergarten that [CHILD] may attend. Has [CHILD] received care from someone other than you [and (his / her) other parent (or guardians)] on a regular basis during the past 4 weeks?

1. YES (GO TO PG3)
5. NO

PG2A. Have you ever tried to find a baby-sitter, nanny, family member, or child care center to care for [CHILD] on a regular basis?

1. YES
5. NO

PG2B. Suppose you knew a well-trained and experienced child care provider who is very caring and warm, very convenient, and affordable. Someone you like and trust. How likely is it that you would have used this child care
provider to care for [CHILD] on a regular basis during the past month? Would you say you definitely would, probably would, maybe would, probably would not or definitely would not?

1. DEFINITELY WOULD
2. PROBABLY WOULD
3. MAYBE OR NOT SURE OR DON'T KNOW
4. PROBABLY WOULD NOT
5. DEFINITELY WOULD NOT

GO TO PG7

PG3. How many different regular child care arrangements have you had for [CHILD] in the past 4 weeks?

PROBE: This includes regular care from relatives, non-relatives, child care centers, Head Start and other programs.

___________________ NUMBER

PG4_A. [IF MORE THAN ONE ARRANGEMENT]: Let’s start with the person or center that provided the most care during the past 4 weeks. Who provided this care for [CHILD]?

LIMIT TO THE THREE MOST COMMON ARRANGEMENTS

a. |__|__|
b. |__|__|
c. |__|__|

CODES FOR PG4:

CHILD’S RELATIVES
01. MATERNAL GRANDMOTHER
02. MATERNAL GRANDFATHER
03. PATERNAL GRANDMOTHER
04. PATERNAL GRANDFATHER
05. [CHILD]’S BROTHER
06. [CHILD]’S SISTER
07. AUNT OR UNCLE
08. OTHER RELATIVE

NON-RELATIVES
11. REGULAR BABYSITTER OR DAY CARE PROVIDER
12. MAID, NANNY, AU PAIR
13. NEIGHBOR
14. FRIEND
15. OTHER, SPECIFY: ______________

CENTERS OR NURSERY SCHOOLS
21. CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL
22. HEAD START PROGRAM

PG5. What is the name of this person, center or program?

a. _______________ NAME
b. _______________ NAME
c. _______________ NAME

PG6. CHECK PG4:
1. HEAD START PROGRAM LISTED ABOVE (I.E., CODE 22 IN PG4) (GO TO PG13)
2. NO HEAD START PROGRAM LISTED

PG7. In the last 4 weeks, did [CHILD] attend Head Start?

1. YES
5. NO (GO TO PG13)

PG8. What is the name of this program?

___________________________________ NAME

PG8add. CAPI INSTRUCTION: CODE PROGRAM IN PG8 AS ANOTHER PROVIDER IN THE TABLE ABOVE (PG4=22 AND PG5=NAME IN PG8) SO THAT APPROPRIATE QUESTIONS BELOW WILL BE ASKED

THIS SECTION IS FOR KIDS IN SCHOOL WHO HAVE NOT YET COMPLETED 6TH GRADE

PG9. I’d like to talk with you about all child care that [CHILD] has received during the past 4 weeks when [he / she] is not in school. I am interested only in care that [CHILD] has received during the past 4 weeks on a regular basis from someone other than you [and [his / her] other parent (or guardians)]. This includes before and after school programs, weekend care, child care during the summer, and all regular care. This does not include occasional babysitting or backup care providers. Has [CHILD] received care from someone other than you [and [his / her] other parent (or guardians)] on a regular basis during the past 4 weeks?

1. YES
5. NO (GO TO PG67)

PG10. How many different regular child care arrangements have you had for [CHILD] in the past 4 weeks?

PROBE: This includes regular care from relatives, non-relatives, child care centers, after school programs, weekend care and other programs.

___________________ NUMBER

PG11_A. [IF MORE THAN ONE ARRANGEMENT]: Let’s start with the person or center that provided the most care during the past 4 weeks. Who provided this care for [CHILD]?

LIMIT TO THREE MOST COMMON ARRANGEMENTS

a. __________
b. __________
c. __________

CODES FOR PG11

CHILD’S RELATIVES
01. MATERNAL GRANDMOTHER
02. MATERNAL GRANDFATHER
03. PATERNAL GRANDMOTHER
04. PATERNAL GRANDFATHER
05. [CHILD]’S BROTHER
06. [CHILD]’S SISTER
07. AUNT OR UNCLE
08. OTHER RELATIVE

NON-RELATIVES
11. REGULAR BABYSITTER OR DAY CARE PROVIDER
12. MAID, NANNY, AU PAIR
13. NEIGHBOR
14. FRIEND
15. OTHER, SPECIFY: ________

CENTERS
21. CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL
22. (NOT USED)
23. BEFORE / AFTER SCHOOL PROGRAM
24. CAMP
25. OTHER CENTER OR PROGRAM, SPECIFY: ________

PG12B. What is the name of this person, center or program?

   a. ___________________ NAME
   b. ___________________ NAME
   c. ___________________ NAME

PG13. CHECK PG4 AND PG11:

   1. ONE OR MORE=NUMBER OF ARRANGEMENTS WITH A RELATIVE LISTED
   0. NO ARRANGEMENTS WITH RELATIVES ARE LISTED (GO TO PG26)

*THIS SECTION IS REPEATED FOR EACH RELATIVE CARE ARRANGEMENT LISTED IN PG4 OR PG11 UP TO 3 MAX*

PG14. Does [CHILD]'s [[FIRST] RELATIVE TYPE FROM PG4 OR PG11 CODES], that is, [PG4 / PG11 RELATIVE'S NAME], live in this household?

   1. YES
   5. NO


   1. OWN HOME (GO TO PG17)
   2. OTHER HOME
   3. BOTH / VARIES (GO TO PG17)

PG16. Where does [PG4 / PG11 RELATIVE’S NAME] care for [CHILD]? What street is it on? What is the nearest intersection, corner, or cross-street? What city is that in?

   1. EXACT HOUSE / APT NUMBER AND STREET NAME _____________________________
   2. ON ____________ STREET AT THE CORNER OF ____________ CROSS-STREET
   3. _____________ CITY _______ STATE

PG17_A. When did [FILL PG4 OR PG11 RELATIVE’S NAME] first start taking care of [CHILD]? What month and year?

   1. _________ MONTH _________ YEAR
   2. SINCE BIRTH

IF DK / REF CONTINUE. ELSE GO TO PG18

PG17A. How long ago did [PG4 / PG11 RELATIVE’S NAME] first start taking care of [CHILD]?

   1. _____________ MONTHS AGO
   OR
   2. _____________ YEARS AGO

IF DK / REF CONTINUE. ELSE GO TO PG18
PG17B. How old was [CHILD] when [PG4 / PG11 RELATIVE’S NAME] first started taking care of [him / her]?

______________ YEARS OF AGE

INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.

IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.

PG18_A. In the past 4 weeks, how many days has [PG4 / PG11 RELATIVE’S NAME] taken care of [CHILD]?

1. ________ TOTAL DAYS IN THE PAST 4 WEEKS OR
2. ________ # OF DAYS PER WEEK IN THE PAST 4 WEEKS

PG19. Think about the days in the past 4 weeks when [PG4 / PG11 RELATIVE’S NAME] took care of [CHILD]. About how many hours per day, on average, did [PG4 / PG11 RELATIVE’S NAME] care for [CHILD] on these days?

1. _________ HOURS PER DAY ON DAYS CARE WAS PROVIDED

PG20. Is [PG4 / PG11 RELATIVE’S NAME] paid to take care of [CHILD]?

1. YES
5. NO (GO TO PG24)

PG21_A. How much is [PG4 / PG11 RELATIVE’S NAME] paid to take care of [CHILD]?

$ _____________________Amount

PG21_B. ENTER UNIT OF PAYMENT:

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
7. OTHER, SPECIFY: __________________
8. PER WEEK
   –1. DON’T KNOW (GO TO PG24)
   –2. REFUSED (GO TO PG24)

PG21ck. CAPI PRELOAD CHECK: ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH? (REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO PG24)

PG22. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO PG24)
2. THIS CHILD AND OTHER CHILDREN
   –1. DON’T KNOW (GO TO PG24)
PG23. How many children in your household does this amount cover, including [CHILD]?

_______________ TOTAL NUMBER OF CHILDREN COVERED (RANGE=2–15)

PG24. Including [CHILD], how many children in total does [PG4 / PG11 RELATIVE’S NAME] usually care for at one time?

_____________ NUMBER OF CHILDREN CARED FOR (RANGE=1–50)

PG25. Does [PG4 / PG11 RELATIVE’S NAME] care for [this child / children] by (herself / himself) usually, or are there others that help?

1. PROVIDER CARES FOR CHILD(REN) HIMSELF / HERSELF (GO TO NEXT CAPI CHECK)
5. PROVIDER HAS HELP (GO TO PG25A)

PG25A. How many people usually care for [this child / these children] at a time, including [PG4 / PG11 RELATIVE’S NAME]?

_ _ _ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [PG4 / PG11 RELATIVE’S NAME])

PG25ck. ASK SEQUENCE OF QUESTIONS PG14 to PG25 FOR NEXT RELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX. IF NO MORE RELATIVE CARE PROVIDERS ON THE LIST, CONTINUE WITH PG26.

PG26. CHECK PG4 AND PG11:

1. AT LEAST ONE ARRANGEMENT WITH A NON-RELATIVE IS LISTED
2. NO ARRANGEMENTS WITH NON-RELATIVES ARE LISTED (GO TO PG40)

THIS SECTION IS REPEATED FOR EACH NON-RELATIVE CARE ARRANGEMENT LISTED IN PG4 OR PG11 UP TO 3 MAX

PG27. Does [CHILD]’s [[FIRST] NONRELATIVE TYPE FROM PG4 / PG11], that is [PG4 / PG11 NONRELATIVE NAME], live in this household?

1. YES
5. NO


1. OWN HOME (GO TO PG30)
2. OTHER HOME
3. BOTH / VARIES (GO TO PG30)

PG29. Where does [PG4 / PG11 NONRELATIVE NAME] care for [CHILD]? What street is it on? What is the nearest intersection, corner, or cross-street? What city is that in?

1. EXACT HOUSE / APT NUMBER AND STREET NAME _______________________________
2. ON _________ STREET AT THE CORNER OF _________ CROSS-STREET
3. __________________ CITY ______ STATE

PG30_A. When did [PG4 / PG11 NONRELATIVE NAME] first start taking care of [CHILD]? What month and year?

1. ____________ MONTH ____________ YEAR
2. SINCE BIRTH

IF DK / REF CONTINUE. ELSE GO TO PG31.

PG30A. How long ago did [PG4 / PG11 NONRELATIVE NAME] first start taking care of [CHILD]?
1. ______________ MONTHS AGO
   OR
2. ______________ YEARS AGO

IF DK / REF CONTINUE. ELSE GO TO PG31.

PG30B_mo. How old was [CHILD] when [PG4 / PG11 NONRELATIVE NAME] first started taking care of [him / her]?

_________________ YEARS OF AGE

INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.

IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO YEARS ON THE NEXT SCREEN.

PG31. In the past 4 weeks, how many days has [PG4 / PG11 NONRELATIVE NAME] taken care of [CHILD]?

1. ________ TOTAL DAYS IN THE PAST 4 WEEKS OR
2. ________ # OF DAYS PER WEEK IN THE PAST 4 WEEKS

PG32. Think about the days in the past 4 weeks when [PG4 / PG11 NONRELATIVE NAME] took care of [CHILD]. About how many hours per day, on average, did [PG4 / PG11 NONRELATIVE NAME] care for [CHILD] on these days?

_________ HOURS PER DAY ON DAYS CARE WAS PROVIDED

PG33. Is [PG4 / PG11 NONRELATIVE NAME] paid to take care of [CHILD]?

1. YES
5. NO (GO TO PG37)

PG34_A. How much is [PG4 / PG11 NONRELATIVE NAME] paid to take care of [CHILD]?

$ _____________________Amount

INTERVIEWER ENTER: THE TIME PERIOD OVER WHICH THE NONRELATIVE IS PAID.

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
7. OTHER, SPECIFY: _______
8. PER WEEK
   –1. DON’T KNOW (GO TO PG37)
   –2. REFUSED (GO TO PG37)

PG34ck. CAPI PRELOAD CHECK: ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH? (REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO PG37)
PG35. Is this amount for [CHILD] only or does it include other children in your household?

1. THIS CHILD ONLY (GO TO PG37)
2. THIS CHILD AND OTHER CHILDREN
   -1. DON'T KNOW (GO TO PG37)

PG36. How many children in your household, including [CHILD], does this amount cover?

______________ TOTAL NUMBER OF CHILDREN COVERED (RANGE=2–15)

PG37. Including [CHILD], how many children in total does [PG4 / PG11 NONRELATIVE NAME] usually care for at one time?

______________ NUMBER OF CHILDREN CARED FOR (RANGE=1–50)


1. PROVIDER CARES FOR CHILD(REN) HIM / HERSELF (GO TO PG39)
5. PROVIDER HAS HELP (GO TO PG25A)

PG38A. How many people usually care for [this child / these children] at a time, including [PG4 / PG11 NONRELATIVE’S NAME]?

______________ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [PG4 / PG11 NONRELATIVE NAME])

PG39. Has [PG4 / PG11 NONRELATIVE NAME] ever had education or training specifically related to young children, such as early childhood education or child psychology?

1. YES
5. NO

REPEAT PG27 TO PG39 FOR NEXT NONRELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX. IF NO ADDITIONAL NONRELATIVE CARE PROVIDERS, CONTINUE WITH PG40.

PG40. CHECK PG4 AND PG11:

1. CHILD ATTENDED HEAD START IN LAST 4 WEEKS [AT LEAST ONE 22 IN PG4, OR PG7=1]
2. CHILD DID NOT ATTEND HEAD START IN LAST 4 WEEKS [NO CODES IN PG4, AND PG7 not=1] (GO TO PG52)

PG41. Where is the Head Start program located? Is it in a church or synagogue, a school, a community center, its own building, or some other place?

SELECT ALL THAT APPLY

1. R’S HOME (GO TO PG43)
2. ANOTHER HOME
3. CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP
4. PUBLIC ELEMENTARY, MIDDLE, OR HIGH SCHOOL
5. PRIVATE ELEMENTARY, MIDDLE, OR HIGH SCHOOL
6. COLLEGE OR UNIVERSITY
7. A COMMUNITY CENTER
8. A PUBLIC LIBRARY
9. ITS OWN BUILDING
10. SOME OTHER PLACE, SPECIFY: _______
PG42. Where is this program located? (IF LOCATED IN MORE THAN ONE PLACE, ASK: Where is it held most of the time?) What street is it on? What is the nearest intersection, corner, or cross-street? What city is that in?

1. EXACT BLDG NUMBER AND STREET NAME ________________________________
2. ON _______________ STREET AT THE CORNER OF _______________ CROSS-STREET
3. _______________CITY ________ STATE

PG43. When did [CHILD] first start attending this Head Start program? What month and year?

1. __________MONTH __________YEAR

IF DK / REF CONTINUE. ELSE GO TO PG44.

PG43A. How long ago did [CHILD] first start attending this Head Start program?

1. ______________ MONTHS AGO (HARD CHECK AT CHILD’S AGE)
OR
2. ______________ YEARS AGO (HARD CHECK AT CHILD’S AGE)

IF DK / REF CONTINUE. ELSE GO TO PG44.

PG43B_mo. How old was [CHILD] when [he / she] first started attending this Head Start Program?

_____________ YEARS OF AGE

PG44. In the past 4 weeks, how many days did [CHILD] attend Head Start?

1. _________TOTAL DAYS IN THE LAST 4 WEEK
2. _________ # OF DAYS PER WEEK IN THE LAST 4 WEEKS

IF ZERO DAYS (GO TO PG52)

PG45. Think about the days in the past 4 weeks when [CHILD] went to Head Start. About how many hours per day, on average, did [CHILD] spend at Head Start on these days?

____________ HOURS PER DAY

PG46. Is there a charge or fee for the Head Start program, paid either by you or someone else?

1. YES
5. NO (GO TO PG50)

PG47. How much is the fee or charge?

$ ___________________Amount

PG47_B. INTERVIEWER ENTER THE TIME PERIOD OVER WHICH THE HEADSTART FEE IS PAID

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
7. OTHER, SPECIFY: ________
8. PER WEEK
–1. DON’T KNOW (GO TO PG50)
–2. REFUSED (GO TO PG50)
PG47ck. CAPI PRELOAD CHECK: ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH? (REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO PG50)

PG48. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO PG50)
2. THIS CHILD AND OTHER CHILDREN
   –1. DON’T KNOW (GO TO PG50)

PG49. How many children in your household, including [CHILD], does this amount cover?

________________ TOTAL NUMBER OF CHILDREN COVERED (RANGE: 2–15)

PG50. Including [CHILD], how many children are usually in [CHILD]’s room or group, at the same time, at Head Start?

____________ NUMBER OF CHILDREN (RANGE: 1–50)

PG51. How many adults are usually in [CHILD]’s room or group, at the same time, at Head Start?

____________ NUMBER OF ADULTS (RANGE: 1–15)

PG52. CAPI CHECK PG4 AND PG11:

1. AT LEAST ONE CENTER BASED ARRANGEMENT LISTED IN PG4 OR PG11 (OTHER THAN HEAD START)
2. NO CENTER BASED ARRANGEMENTS LISTED (GO TO PG64)

THIS SECTION IS REPEATED FOR EACH CENTER BASED ARRANGEMENT LISTED IN PG4 OR PG11

PG53. Where is [CENTER NAME FROM PG5 / PG12] located? Is it in a church or synagogue, a school, a community center, its own building, or some other place?

1. R’S HOME (GO TO PG55)
2. ANOTHER HOME
3. CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP
4. PUBLIC ELEMENTARY, MIDDLE, OR HIGH SCHOOL
5. PRIVATE ELEMENTARY, MIDDLE, OR HIGH SCHOOL
6. COLLEGE OR UNIVERSITY
7. A COMMUNITY CENTER
8. A PUBLIC LIBRARY
9. ITS OWN BUILDING
10. SOME OTHER PLACE, SPECIFY: ______

PG54. Where is this center located? (IF LOCATED IN MORE THAN ONE PLACE, ASK: Where is it held most of the time?) What street is it on? What is the nearest intersection, corner, or cross-street? What city is that in?

1. EXACT BLDG NUMER AND STREET NAME ________________________________
2. ON ______________ STREET AT THE CORNER OF ______________ CROSS-STREET
3. _________________ CITY _____ STATE

PG55. When did [CHILD] first start attending [NAME OF CENTER / PROGRAM]? In what month and year?

1. _____________ MONTH _______ YEAR

IF DK / REF CONTINUE. ELSE GO TO PG56.
PG55A. How long ago did [CHILD] first start attending this Head Start program?

1. ______________ MONTHS AGO
2. ______________ YEARS AGO

IF DK / REF CONTINUE. ELSE GO TO PG56.

INTERVIEWER: IF RESPONDENT SAYS 12–23 MONTHS AGO, ENTER 1 YEAR AGO
IF RESPONDENT SAYS 24–35 MONTHS AGO, ENTER 2 YEARS AGO.
ONLY ENTER MONTHS AGO IF RESPONDENT SAYS 1–11 MONTHS AGO OR LESS THAN ONE MONTH AGO.
FOR LESS THAN ONE MONTH AGO, ENTER ZERO MONTHS AGO.
IF RESPONDENT SAYS LESS THAN ONE YEAR AGO, ASK THEM HOW MANY MONTHS AGO IT WAS.

PG55B. How old was [CHILD] when [he / she] first started attending this Head Start Program?

_____________ YEARS OF AGE

PG56_A. In the past 4 weeks, how many days did [CHILD] attend [NAME OF CENTER / PROGRAM]?

1. ________TOTAL DAYS IN THE LAST 4 WEEK
2. ________ # OF DAYS PER WEEK IN THE LAST 4 WEEKS

PG57. Think about the days in the past 4 weeks when [CHILD] went to [NAME OF CENTER / PROGRAM]. About how many hours per day, on average, [CHILD] spend at [NAME OF CENTER / PROGRAM] on these days?

____________ HOURS PER DAY

PG58. Is there a charge or fee for [NAME OF CENTER / PROGRAM], paid either by you or someone else?

1. YES
5. NO (GO TO PG62)

PG59_A. How much is the fee or charge?

$ ________________________________ Amount

PG59_B. INTERVIEWER: ENTER THE TIME PERIOD OVER WHICH THE CENTER / PROGRAM FEE IS PAID

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
7. OTHER, SPECIFY: ______
8. PER WEEK
–1. REFUSED (GO TO PG62)
–2. DON'T KNOW (GO TO PG62)

PG59ck. CAPI PRELOAD CHECK: ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH? (REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO PG62)

PG60. Is this amount for [CHILD] only, or does it include other children in your household?
1. THIS CHILD ONLY (GO TO PG62)
2. THIS CHILD AND OTHER CHILDREN
   –1. DON'T KNOW (GO TO PG62)

PG61. How many children in your household, including [CHILD], does this amount cover?
   ___________________ TOTAL NUMBER OF CHILDREN COVERED (RANGE: 2–15)

PG62. Including [CHILD], how many children at the same time are usually in [CHILD]'s room or group at [NAME OF CENTER / PROGRAM]?
   ___________________ NUMBER OF CHILDREN (RANGE: 1–50)

PG63. How many adults are usually in [CHILD]'s room or group at the same time, at [NAME OF CENTER / PROGRAM]?
   ___________________ ADULTS (RANGE: 1–15)

PG63ck. REPEAT PG53 TO PG63 FOR NEXT CENTER BASED PROVIDER ON THE LIST UP TO 3 MAX. IF NO OTHER CENTER BASED PROVIDERS, CONTINUE WITH PG64.

ALL RESPONDENTS REPORTING ANY CHILD CARE END UP HERE AFTER BEING ASKED ABOUT EACH TYPE OF CARE.

PG64. CAPI CHECK PG20, PG33, PG46, PG58 FOR ALL PROVIDERS:
   1. R’S HH PAYS FOR AT LEAST ONE CHILD CARE PROVIDER
   2. R’S HH DOES NOT PAY FOR ANY CHILD CARE PROVIDERS (GO TO PG67)

PG65_A. Does anyone outside your household or any organization help to pay the people, programs, or centers that care for [CHILD]?
   1. NO ONE (GO TO PG67)
   2. A RELATIVE OF [CHILD] OUTSIDE THE HOUSEHOLD
   3. A SOCIAL SERVICE OR WELFARE AGENCY
   4. AN EMPLOYER
   5. SOMEONE ELSE, SPECIFY: _____

PG66. Does this [person / organization] pay for some of [CHILD]’s care or for all of it?
   1. SOME OF THE CARE
   2. ALL OF THE CARE
   3. SOMETHING ELSE, SPECIFY: _____

PG67. CHECK PG1 AND PG4:
   1. CHILD IS NOT YET IN SCHOOL AND DID NOT GO TO HEAD START IN LAST 4 WEEKS
   2. CHILD NOT YET IN SCHOOL BUT DID ATTEND HEAD START IN LAST 4 WEEKS (GO TO SECTION H)
   3. CHILD HAS STARTED SCHOOL

PG68. Did [CHILD] ever attend an official, government-sponsored Head Start program?
   1. YES
   5. NO (GO TO PG71)

PG69_mo. At what age did [CHILD] first attend a Head Start program?
   ___________________ AGE OF CHILD
INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.
IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO YEARS ON THE NEXT SCREEN.

PG70_A. How many months or years in total did [CHILD] attend a Head Start program?

INTERVIEWER: ENTER RESPONSES LIKE “13 MONTHS” OR “18 MONTHS” AS YEAR AND MONTH, I.E. 1 YEAR AND 1 MONTH FOR 13 MONTHS, 1 YEAR AND 6 MONTHS FOR 18 MONTHS. ENTER 12 MONTHS AS 1 YEAR. IF R REPORTS ONLY YEARS, ENTER 0 IN MONTHS FIELD. IF R REPORTS <12 MONTHS, ENTER 0 IN THE YEARS FIELD.

1. ENTER MONTHS AND YEARS
   ______ MONTHS (0–11, 0 FOR LESS THAN 1 MONTH)
   ______ YEARS (0–6)
2. OTHER, SPECIFY: ______

PG71. CHECK PG67:

1. PG67 IS CODED 1 (GO TO SECTION H)
2. PG67 IS CODED 3

PG72. [Aside from Head Start], did [CHILD] ever go to a nursery school, preschool, or child care center, before [he / she] started school?

1. YES
5. NO (GO TO SECTION H)

PG73_mo. At what age did [CHILD] first attend a nursery school, preschool or child care center?

_______________ AGE OF CHILD

INTERVIEWER: IF CHILD IS LESS THAN 1 YEAR OLD, ENTER THE NUMBER OF MONTHS ON THIS SCREEN AND ZERO ON THE NEXT SCREEN.
IF CHILD IS 1 YEAR OLD OR OLDER, ENTER ZERO MONTHS ON THIS SCREEN AND THE NUMBER OF YEARS ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS 12 TO 23 MONTHS OLD, ENTER ZERO MONTHS ON THIS SCREEN AND 1 YEAR ON THE NEXT SCREEN
FOR CHILDREN REPORTED AS LESS THAN ONE MONTH OLD, ENTER ZERO MONTHS ON THIS SCREEN AND ZERO YEARS ON THE NEXT SCREEN.

PG74_A. How many months or years in total did [CHILD] attend all the nurseries, preschools, and child care centers that [he / she] went to?

INTERVIEWER: ENTER RESPONSES LIKE “13 MONTHS” OR “18 MONTHS” AS YEAR AND MONTH, I.E. 1 YEAR AND 1 MONTH FOR 13 MONTHS, 1 YEAR AND 6 MONTHS FOR 18 MONTHS. ENTER 12 MONTHS AS 1 YEAR. IF R REPORTS ONLY YEARS, ENTER 0 IN MONTHS FIELD. IF R REPORTS <12 MONTHS, ENTER 0 IN THE YEARS FIELD.

1. ENTER MONTHS AND YEARS
   ______ MONTHS (0–11, 0 FOR LESS THAN 1 MONTH)
   ______ YEARS (HARD CHECK AT CHILD’S AGE)
2. OTHER, SPECIFY ____________________
SECTION H. SOCIAL / BEHAVIOR DEVELOPMENT AND HOME SCALE

PH1. CHECK:

1. FIRSTCHILD=1 (CONTINUE)
2. FIRSTCHILD>=2 AND QUESTIONS IN THIS SECTION HAVE BEEN COMPLETED FOR ANOTHER CHILD OF PCG (GO TO PH70)
3. FIRSTCHILD>=2 AND QUESTIONS IN THIS SECTION HAVE NOT BEEN COMPLETED FOR ANOTHER CHILD OF PCG

PH1a. CHECK:

1. CHILD IS < 1 YEAR OLD (GO TO J1)
2. CHILD IS > 15 YEARS OLD (GO TO PH71)
3. CHILD IS 2–14 YEARS OLD

PH2. Now I have some questions about [CHILD] and your home.

CAPI CHECK CHILD’S AGE:

2. CHILD IS 1–2 YEARS OLD
3. CHILD IS 3–5 YEARS OLD (GO TO PH16)
4. CHILD IS 6–9 YEARS OLD (GO TO PH32)
5. CHILD IS 10–15 YEARS OLD (GO TO PH52)

THIS SECTION FOR 1–2 YEAR OLDS

PH3. Please look at this card. In the past week, about how many times have you praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH4. In the past week, have you shown [CHILD] physical affection (e.g., kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH5. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH6. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO PH9)

PH7_A. How old was [CHILD] when you first spanked [him / her]?
INTERVIEWER: IF RESPONDENT SAYS LESS THAN 1 MONTH OLD, ENTER ZERO MONTHS OLD. IF RESPONDENT SAYS LESS THAN 1 YEAR OLD, ASK RESPONDENT HOW MANY MONTHS OLD CHILD WAS.

1. _______________ MONTHS OLD OR 2. _______________ YEARS OLD

PH8. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH9. In the past week, how many times have you put [CHILD] in [his / her] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH10. Sometimes children get so angry at their parents that they scream and cry and throw a temper tantrum. If this happened to [CHILD], what would you do?

SELECT ALL THAT APPLY

1. GROUND CHILD / DON'T LET HIM / HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM / HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"
14. HOLD CHILD UNTIL (HE / SHE) IS CALM
15. OTHER, SPECIFY: _______

PH11. About how many children's books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

PH12. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

PH13. How often do other family members get a chance to read to [CHILD]?
1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

**PH14.** Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKDAY

**PH15.** Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKEND DAY

GO TO PH70

**SECTION FOR 3 TO 5 YEAR OLDS**

**PH16.** Please look at this card. In the past week, how many times have your praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

**PH17.** In the past week, have you shown [CHILD] physical affection (e.g., kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

**PH18.** In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

**PH19.** Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO PH22)

**PH20_A.** How old was [CHILD] when you first spanked [him / her]?

ENTER MONTHS OR YEARS

1. ______________ MONTHS OR 2. ______________ YEARS

**PH21.** Please look at this card. In the past week, how many times have you had to spank [CHILD]?
PH22. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH23. In the past week, how many times have you put or sent [CHILD] to [his / her] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH24. Sometimes children get so angry at their parents that they scream and cry and throw a temper tantrum. If this happened to [CHILD], what would you do?

SELECT ALL THAT APPLY

1. GROUND CHILD / DON'T LET HIM / HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM / HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"
14. HOLD CHILD UNTIL (HE / SHE) IS CALM
15. OTHER, SPECIFY: ______

PH25. About how often does [CHILD] go to the library? Would you say…

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

PH26. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [father / stepfather / father figure] discuss TV programs with [him / her]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY
PH27. About how many children’s books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

PH28. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

PH29. How often do other family members get a chance to read to [CHILD]? Would you say…

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

PH30. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKDAY

PH31. Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKEND DAY

GO TO PH70

SECTION FOR 6–9 YEAR OLDS

PH32. Please look at this card. In the past week, how many times have your praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH33. In the past week, have you shown [CHILD] physical affection (e.g., kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH34. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?


PH35. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO PH38)

PH36_A. How old was [CHILD] when you first spanked [him / her]?

INTERVIEWER: IF RESPONDENT SAYS LESS THAN 1 MONTH OLD, ENTER ZERO MONTHS OLD. IF RESPONDENT SAYS LESS THAN 1 YEAR OLD, ASK RESPONDENT HOW MANY MONTHS OLD CHILD WAS.

1. ___________________ MONTHS OR 2._______________YEARS

PH37. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH38. In the past week, how many times have you grounded [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH39. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH40. In the past week, how many times have you sent [CHILD] to [his / her] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH41. Sometimes children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. If this happened to [CHILD], what would you do?

SELECT ALL THAT APPLY

1. GROUND CHILD / DON’T LET HIM / HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM / HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A “TIME OUT”
14. HOLD CHILD UNTIL (HE / SHE) IS CALM
15. OTHER, SPECIFY: ______

PH42. About how often does [CHILD] go to the library? Would you say…

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

PH43. Please look at this card. When your family watches TV together, how often do you or [CHILD]’s [father / stepfather / father figure] discuss TV programs with [him / her]? 

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY

PH44. About how many books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

PH45. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

PH46. How often do other family members get a chance to read to [CHILD]? Would you say…

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

PH47. About how often does [CHILD] read for enjoyment? Would you say…

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. SEVERAL TIMES A WEEK
5. EVERY DAY
PH48. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday (either in your home or somewhere else)?

________________ HOURS PER WEEKDAY

PH49 Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKEND

PH50. How often do you check to make sure [CHILD] has completed [His / her] homework?

1. Less than once a month or never
2. About once a month
3. A few times a month
4. At least a few times a week
5. Every day or every night
6. Every time child has homework assigned

PH51. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

GO TO PH70

SECTION FOR 10–15 YEAR OLDS

PH52. Please look at this card. In the past week, how many times have your praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH53. In the past week, have you shown [CHILD] physical affection (e.g., kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH54. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH55. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO PH58)

PH56. How old was [CHILD] child when you first spanked [him / her]?
ENTER MONTHS OR YEARS

1. ______________ MONTHS OLD 2. ______________YEARS OLD

PH57. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH58. In the past week, how many times have you grounded [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH59. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH60. In the past week, how many times have you sent [CHILD] to [his / her] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

PH61. Sometimes children get so angry at their parents that they say things like “I hate you” or swear during a temper tantrum. If this happened to [CHILD], what would you do?

SELECT ALL THAT APPLY

1. GROUND CHILD / DON’T LET HIM / HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM / HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM / SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A “TIME OUT”
14. HOLD CHILD UNTIL (HE / SHE) IS CALM
15. OTHER, SPECIFY: _______

PH62. About how often does [CHILD] go to the library? Would you say…

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

PH63. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [father / stepfather / father figure] discuss TV programs with [him / her]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY

PH64. About how many books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

PH65. About how often does [CHILD] read for enjoyment? Would you say…

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. SEVERAL TIMES A WEEK
5. EVERY DAY

PH66. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKDAY

PH67. This for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

________________ HOURS PER WEEKEND DAY

PH68. How often do you check to make sure [CHILD] has completed [his / her] homework?

1. LESS THAN ONCE A MONTH OR NEVER
2. ABOUT ONCE A MONTH
3. A FEW TIMES A MONTH
4. AT LEAST A FEW TIMES A WEEK
5. EVERY DAY OR EVERY NIGHT
6. EVERY TIME CHILD HAS HOMEWORK ASSIGNED

PH69. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

PH70. CAPI CHECK AGAINST PAGE: IS CHILD 3 YEARS OLD OR OLDER?

1. YES
5. NO (GO TO J1 NEXT SECTION)
PH71INTRO. Now I have some questions about [CHILD]'s behavior during the past month. These are some standard questions used to determine how children and teenagers behave. Some of these questions may seem to better apply to kids who are younger or older than [CHILD], and some may be hard to answer. Please just do your best.

INTERVIEWER: HAND RESPONDENT SHOW CARD

Please tell me whether each of these statements were often true, sometimes true, or not true of [CHILD], during the past month. Just give me the number on this card

PH71a. [He / She] has had sudden changes in mood or feeling.
   1. Often True
   2. Sometimes True
   3. Not True

PH71b. [He / She] has felt or complained that no one loved [him / her].
   1. Often True
   2. Sometimes True
   3. Not True

PH71c. [He / She] has been rather high strung, tense and / or nervous.
   1. Often True
   2. Sometimes True
   3. Not True

PH71d. [He / She] has cheated or told lies.
   1. Often True
   2. Sometimes True
   3. Not True

PH71e. [He / She] has been too fearful or anxious.
   1. Often True
   2. Sometimes True
   3. Not True

PH71f. [He / She] has argued too much.
   1. Often True
   2. Sometimes True
   3. Not True

PH71g. [He / She] has had difficulty concentrating, and / or has not been able to pay attention for long.
   1. Often True
   2. Sometimes True
   3. Not True

PH71h. [He / She] has been easily confused and / or has seemed to be in a fog.
   1. Often True
   2. Sometimes True
   3. Not True

PH71i. [He / She] has bullied or has been cruel or mean to others.
1. Often True  
2. Sometimes True  
3. Not True

**PH71j.** [He / She] has been disobedient.

1. Often True  
2. Sometimes True  
3. Not True

**PH71k.** [He / She] has not seemed to feel sorry after [he / she] has misbehaved.

1. Often True  
2. Sometimes True  
3. Not True

**PH71l.** [He / She] has had trouble getting along with other children.

1. Often True  
2. Sometimes True  
3. Not True

**PH71m.** [He / She] has been impulsive or has acted without thinking.

1. Often True  
2. Sometimes True  
3. Not True

**PH71n.** [He / She] has felt worthless or inferior.

1. Often True  
2. Sometimes True  
3. Not True

**PH71o.** [He / She] has not been liked by other children.

1. Often True  
2. Sometimes True  
3. Not True

**PH71p.** [He / She] has had a lot of difficulty getting ([His / her]) mind off certain thoughts (had obsessions).

1. Often True  
2. Sometimes True  
3. Not True

**PH71q.** [He / She] has been restless or overly active, and / or has not been able to sit still.

1. Often True  
2. Sometimes True  
3. Not True

**PH71r.** [He / She] has been stubborn, sullen, or irritable.

1. Often True  
2. Sometimes True  
3. Not True

**PH71s.** [He / She] has had a very strong temper and has lost it easily.
1. Often True
2. Sometimes True
3. Not True

PH71t. [He / She] has been unhappy, sad or depressed.

1. Often True
2. Sometimes True
3. Not True

PH71u. [He / She] has been withdrawn, and / or has not gotten involved with others.

1. Often True
2. Sometimes True
3. Not True

PH71v. [He / She] has broken things on purpose or deliberately destroyed [his / her] own or another’s things.

1. Often True
2. Sometimes True
3. Not True

PH71w. [He / She] has been clinging to adults

1. Often True
2. Sometimes True
3. Not True

PH71x. [He / Sshe] has cried too much.

1. Often True
2. Sometimes True
3. Not True

PH71y. [He / She] has demanded a lot of attention.

1. Often True
2. Sometimes True
3. Not True

PH71z. [He / She] has been too dependent on others.

1. Often True
2. Sometimes True
3. Not True

PH71aa. [He / She] has felt others were out to get [him / her].

1. Often True
2. Sometimes True
3. Not True

PH71bb. [He / She] has been hanging around with kids who get into trouble.

1. Often True
2. Sometimes True
3. Not True

PH71cc. [He / She] has been secretive, and / or has kept things to [himself / herself].
1. Often True
2. Sometimes True
3. Not True

**PH71dd.** [He / She] has been worrying too much.

1. Often True
2. Sometimes True
3. Not True

**PH71fr.** Now let's talk about something different. How many close friends does [CHILD] have?

________________ NUMBER OF CLOSE FRIENDS

**PH72.** How many of [CHILD]'s friends' names do you know? Would you say you know all of the names of [his / her] friends, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE
5. NO FRIENDS (GO TO PH75)

**PH73.** How many of [CHILD]'s friends live within walking distance of your house? Would you say all, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE

**PH74.** Think about the parents of [CHILD]'s friends. How many of them do you know? Would you say you know all of their parents, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE

**PH75.** How often do you know who [CHILD] is with when [he / she] is not at home?

1. ALL THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. ONLY RARELY

**SECTION J. RSC’S SIBS (ONLY FOR RSC’S WHOSE MOTHER IS NOT THE RESPONDENT)**

**PJ1.** CHECK PRELOAD:

1. THIS IS [FIRST CHILD] AND PCG IS CHILD’S MOTHER (GO TO SECTION K)
2. THIS IS NOT [FIRST CHILD] (GO TO SECTION K)
3. THIS IS [FIRST CHILD] AND PCG IS NOT CHILD’S MOTHER

**PJ2.** Here are a few questions about [CHILD]'s brothers and sisters. How many children in total has [CHILD]'s mother had besides [CHILD]? This includes all brothers or sisters who have the same mother as [CHILD]. Please
include brothers and sisters who live here as well as those who live elsewhere and those who may no longer be alive.

_________________________ # OF CHILDREN BESIDES [CHILD] (GO TO PJ4)

PJ3. You may not know about all the children [CHILD]’s mother has had. But how many children did she have that you do know about besides [CHILD]? Please include all other children you know about, even if they are no longer alive.

_________________________ # OF CHILDREN BESIDES [CHILD] (GO TO PJ4)

J4ck. SEQUENCE OF QUESTIONS J4 THRU J12 IS REPEATED FOR EACH SIBLING INCLUDED IN J2 OR J3 UP TO 9 MAX

PJ4. [IF MORE THAN ONE CHILD]: Let’s start with [CHILD]’s mother’s first child that is a sibling of [CHILD]. What is this sibling’s first name?

__________ CHILDNAME

PJ5. Does [PJ4 CHILDNAME] live in this household?

1. YES (GO TO NEXT SIBLING, IF ANY, OR TO SECTION K)
   5. NO
   6. CHILD IS NO LONGER ALIVE (GO TO PJ13)

PJ6. When was [PJ4 CHILDNAME] born? In what month and year?

______________ MONTH ____________ YEAR

PJ7. How old is [PJ4 CHILDNAME]?

______________ YEARS OLD


______________ CITY _____________________ STATE _____________________ COUNTRY

PJ11. INTERVIEWER CHECK:

1. CHILD IS 17 YEARS OLD OR YOUNGER
   2. CHILD IS 18 YEARS OR OLDER (GO TO NEXT SIBLING, IF ANY, OR TO SECTION K)

PJ12. Who is [PJ4 CHILDNAME] currently living with?

SELECT ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER’S BOYFRIEND / PARTNER
8. FATHER’S GIRLFRIEND / PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND / WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS / HER BOYFRIEND / GIRLFRIEND
20. LIVING BY HIMSELF / HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY: ______

GO TO NEXT SIBLING, IF ANY, OR TO SECTION K

ONLY FOR KIDS WHO HAVE DIED

PJ13. When did [PJ4 CHILDNAME] die?

______ MONTH ___________ YEAR

PJ14. About how old was [PJ4 CHILDNAME] when [he / she] died?

__________________ AGE

GO TO NEXT SIBLING, IF ANY, OR TO SECTION K

END OF LOOP, ALL RETURN HERE TO CHECK IF ANOTHER SIBLING

SECTION K. CHILD HEALTH

PK1. In general, would you say [CHILD]'s health is excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

PK1A. CAPI CHECK:

1. THIS IS PANEL CHILD
2. THIS IS NOT A PANEL CHILD (GO TO PK2)

PK1B. As you know, in [W1 INTERVIEW MONTH AND YEAR] we interviewed [you / [CHILD]'S [W1 PCG RELATIONSHIP TO CHILD]] about [CHILD]. At that time, how was [CHILD]'s health in general. Would you say that [CHILD]'s health at that time was excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

IF PK2, PK3, PK4, PK5, AND PK6 WERE COMPLETED IN WAVE 1 (DK AND REF ARE NOT COUNTED AS "COMPLETED"), GO TO PK7

PK2. When [CHILD] was born, was [he / she] born around [his / her] due date, early or late?
1. ON DUE DATE (GO TO PK4)
2. EARLY
3. LATE
   - 1. DON'T KNOW (GO TO PK4)

PK3_A. About how many days or weeks [before / after] the due date was [CHILD] born?

_________________

CODE UNIT
1. DAYS
2. WEEKS

PK4. Was [CHILD]'s weight at birth very small, less than average, average, above average, or heavy compared to the typical baby?

1. VERY SMALL
2. LESS THAN AVERAGE
3. AVERAGE
4. ABOVE AVERAGE
5. HEAVY

PK5. How much did [CHILD] weigh at birth?

1. ________POUNDS ________Ounces
2. ________KILOS

PK6. Compared to other babies in general, would you say that [CHILD]'s health at birth was better than other babies, the same as other babies, or worse than other babies?

1. BETTER
2. SAME
3. WORSE

PK10. Has a doctor or other health professional ever told you that [CHILD] has asthma?

1. YES
5. NO (GO TO PK10B)

PK10A. How old was [CHILD] when the doctor first told you that [he / she] had asthma?

___ MONTHS OLD (0 TO 11 MONTHS OR CHILD’S CURRENT AGE IF CHILD IS <11 MONTHS)
OR
__________ YEARS OLD (RANGE: 1 TO CHILD’S CURRENT AGE)

PK10B. [During the past 12 months / Since [CHILD] was born], has your child ever had wheezing or whistling in the chest?

1. YES
5. NO (GO TO PK10E)

PK10C. Let me ask you something else about [the past 12 months / the time since [CHILD] was born]. In an average week how often has [he / she] woken up because [he / she] was wheezing? Would you say....

1. Never woken with wheezing
2. Less than one night per week
3. One or more nights per week?
PK10C_1. CHECK:

1. CHILD IS 1 YEAR OR OLDER (CONTINUE)
2. CHILD IS LESS THAN ONE YEAR (GO TO PK10E)

PK10D. During the past 12 months, has wheezing ever been severe enough to limit [CHILD]’s speech to only one or two words at a time between breaths?

1. YES
5. NO

PK10E. [During the past 12 months / Since [CHILD] was born], has [he / she] had a problem with sneezing, or a runny or blocked nose when [he / she] DID NOT have a cold or the flu?

1. YES
5. NO

PK10F. [During the past 12 months / Since [CHILD] was born], has [CHILD] used any medicines, pills, puffers or other medication for wheezing or asthma?

1. YES
5. NO

PK10G. [Do you / Does [CHILD]’s biological mother / Did [CHILD]’s biological mother] have asthma?

1. YES
5. NO

PK10H. [Do you / How about [CHILD]’s biological father? Does he / Did he] have asthma?

1. YES
5. NO

PK12. Has your doctor or health professional ever said that [CHILD] had…

PK12.a. An epileptic fit or convulsion?

1. YES
5. NO

PK12.b. Diabetes?

1. YES
5. NO

PK12.c. More than 3 ear infections in a year?

1. YES
5. NO

PK12.d. A speech impairment or delay?

1. YES
5. NO

PK12.e. Serious hearing difficulty or deafness?

1. YES
5. NO
PK12.f. Serious difficulty seeing or blindness?
   1. YES
   5. NO

PK12.g. Mental retardation?
   1. YES
   5. NO

PK12.h. A serious emotional disturbance?
   1. YES
   5. NO

PK12.i. Anemia or iron deficiency?
   1. YES
   5. NO

PK12.j. Elevated levels of lead in the blood?
   1. YES
   5. NO

PK12.k. Orthopedic impairment? (Problems with walking, sitting, moving, etc.)
   1. YES
   5. NO

PK12.l. A developmental delay?
   1. YES
   5. NO

PK12.m. A learning disability?
   1. YES, SPECIFY____________________
   5. NO

PK12.n. Autism?
   1. YES
   5. NO

PK12.o. Hyperactivity, ADHD, or ADD?
   1. YES
   5. NO

PK12.q. Allergies?
   1. YES
   5. NO

PK12.r. A heart condition?
   1. YES
   5. NO
PK12. Another major health problem that I have not mentioned?

1. YES, SPECIFY ________________
2. NO

PK13. The next questions are about health care. Is there a place that [CHILD] usually goes when [he / she] is sick or you need advice about [his / her] health?

INTERVIEWER: IF YES, ASK: Do you have one place, or more than one place?

1. YES, ONE PLACE
2. YES, MORE THAN ONE PLACE
3. NO (GO TO PK18)

PK14. [IF PK13=1, THEN READ:] What kind of place is it? Is it a...

[IF PK13=2, THEN READ:] What kind of place does [CHILD] go to most often? Do you go to a...

1. Clinic, health center or HMO,
2. Doctor’s office,
3. Hospital emergency room,
4. Hospital outpatient department, or
5. Some other place? SPECIFY: ___________
   -1. DON’T KNOW
   -2. REFUSED (GO TO PK17)

PK15. [What is / Do you know] the name of this place?

NAME_________________________________

PK16. Where is this place located? On what street? What is the nearest intersection, corner, or cross-street?
What city is it in?

EXACT STREET NUMBER AND STREET NAME
ON __________________ STREET AT THE CORNER OF __________________ CROSS-STREET
IN __________________ CITY _______ STATE __________________ COUNTRY

PK17. Is that the same place [CHILD] usually goes when [he / she] needs routine or preventive care, such as a physical examination or well baby / child check-up?

1. YES (GO TO PK21)
2. NO

PK18. What kind of place do you go to when [he / she] needs routine preventive care, such as a physical examination or well baby / child check-up? Do you go to a...

1. Clinic, health center or HMO,
2. Doctor’s office,
3. Hospital emergency room,
4. Hospital outpatient department, or
5. Some other place? SPECIFY: ______
   6. DOESN’T GET PREVENTIVE CARE ANYWHERE
      -1. DON’T KNOW
      -2. REFUSED (GO TO PK21)

IF PK18=6, GO TO PK21

PK19. [What is / Do you know] the name of this place?
NAME OF PLACE

PK20A. Is this place at the same address you just gave me? Is it at [PK16 STREET 1] near [PK16 STREET 2] in [PK16 CITY AND STATE]?

1. YES
5. NO

PK20_street. Where is this place located? On what street? What is the nearest intersection, corner, or cross-street? What city is it in?

EXACT NUMBER AND STREET NAME ____________________________________________
ON ___________________ STREET AT THE CORNER OF ______________________ CROS-STREET
IN __________________ CITY _____ STATE ______________________ COUNTRY

PK21_1. When was the last time [CHILD] as seen by a doctor, nurse or other health care professional for illness or injury?

1. ___ MONTH ___ _____ ___ YEAR (GO TO PK22)
5. NEVER (GO TO PK25)

DATA USER NOTE: respondents who answered “5. Never” to this question should have gone to PK22B. Unfortunately, they were skipped around the question and sent to PK25.

PK21A. How long ago did [CHILD] see a doctor, nurse or other health care professional for illness or injury?

INTERVIEWER PROBE AS NECESSARY: ‘How many months or years ago?’

INTERVIEWER: IF RESPONDENT SAYS 12–23 MONTHS AGO, ENTER 1 YEAR AGO. IF RESPONDENT SAYS 24–35 MONTHS AGO, ENTER 2 YEARS AGO. ONLY ENTER MONTHS AGO IF RESPONDENT SAYS 1–11 MONTHS AGO OR LESS THAN ONE MONTH AGO. FOR LESS THAN ONE MONTH AGO, ENTER ZERO MONTHS AGO. IF RESPONDENT SAYS LESS THAN ONE YEAR AGO, ASK THEM HOW MANY MONTHS AGO IT WAS.

___ MONTHS AGO OR ___ YEARS AGO

IF DK / REF CONTINUE. ELSE GO TO PK22.

PK21B_1. How old was [CHILD] when [he / she] last saw a doctor, nurse or other health care professional for illness or injury?

___ MONTHS OLD OR ___ YEARS OLD

PK22. For what illness, injury or other reason did [he / she] see the doctor, nurse, or other health care professional?

RECORD VERBATIM ______________

PK22B. When was the last time that [CHILD] saw a doctor, nurse or other health care professional for a routine check-up or physical exam?

1. ___ MONTH ___ ___ ___ YEAR (GO TO PK25)
5. NEVER (GO TO __________)
9. DON’T KNOW (CONTINUE)

DATA USER NOTE: This question should have been answered by everyone, but respondents who answered PK21_1=5 were directed around the question to PK25.
PK22C. How long ago did [CHILD] see a doctor, nurse or other health care professional for a routine check-up or physical exam?

INTERVIEWER PROBE AS NECESSARY: ‘How many months or years ago?’

INTERVIEWER: IF RESPONDENT SAYS 12–23 MONTHS AGO, ENTER 1 YEAR AGO. IF RESPONDENT SAYS 24–35 MONTHS AGO, ENTER 2 YEARS AGO. ONLY ENTER MONTHS AGO IF RESPONDENT SAYS 1–11 MONTHS AGO OR LESS THAN ONE MONTH AGO. FOR LESS THAN ONE MONTH AGO, ENTER ZERO MONTHS AGO. IF RESPONDENT SAYS LESS THAN ONE YEAR AGO, ASK THEM HOW MANY MONTHS AGO IT WAS.

_ _ MONTHS AGO OR _ _ YEARS AGO

PK25. During the past 12 months, how many times has [CHILD] gone to a hospital emergency room about [his / her] health? This includes emergency room visits that resulted in a hospital admission.

0. NONE
1. 1
2. 2–3
3. 4–9
4. 10–12
5. 13 OR MORE

PK27. During the past 12 months, have you ever taken [CHILD] to see any of the following types of people about a health problem?

PK27.a. Dentist?

1. YES
5. NO

PK27.b. Optometrist or Ophthalmologist or Eye Doctor?

1. YES
5. NO

PK27.c. Psychiatrist, psychologist, or a counselor?

1. YES
5. NO

PK27.d. Pharmacist?

1. YES
5. NO

PK28. CAPI CHECK:

1. CHILD IS < 5 YEARS OLD (GO TO END OF SECTION K)
2. CHILD IS >=5 YEARS OLD

PK29. Now think about the past seven days, that is from [DAY OF THE WEEK SEVEN DAYS AGO] last week up to and including today. First let me ask you about vigorous activities like exercise, sports, and physically active hobbies that cause heavy sweating or large increases in breathing or heart rate. How many times during the past seven days did [CHILD] do these vigorous leisure-time activities for at least 20 minutes?

_ _ Times in the last seven days

77. Physically unable to do this type of exercise
PK30. Now let me ask you about light or moderate activities like exercise or sports, and casual walks that cause only light sweating or a slight to moderate increase in breathing or heart rate. How many times during the past seven days did [CHILD] do these light or moderate activities for at least 20 minutes?

__ Times in the last seven days

77. Physically unable to do this type of exercise

CAPI CHECK:

1. THIS WAS ONLY CHILD FOR WHOM PARENT QX NEEDS TO BE COMPLETED (COMPLETE HOUSEHOLD OBSERVATION FORM AND END MODULE)
2. THERE IS AT LEAST ONE MORE CHILD FOR WHOM PARENT QX NEEDS TO BE COMPLETED (COMPLETE HOUSEHOLD OBSERVATION FORM AND BEGIN MODULE FOR NEXT CHILD)

SECTION HOF. HOUSEHOLD OBSERVATION

THIS SECTION IS COMPLETED AT THE END OF THE PARENT MODULE (IF ONLY ONE PARENT MODULE IS COMPLETED OR BETWEEN THE FIRST AND SECOND PARENT MODULE IF MORE THAN ONE PARENT MODULE IS COMPLETED BY A PCG.

THESE QUESTIONS ARE COMPLETED BY THE INTERVIEWER BASED ON HIS/HER OBSERVATION.

HOFINTRO1. IF NECESSARY: I have a few administrative things I have to do on my computer that will take me a few minutes. Why don’t we take a break until I’m finished?

HOFINTRO2. INTERVIEWER: YOU SHOULD NOW ANSWER THE HOUSEHOLD OBSERVATION MODULE.
PRESS ‘1’ TO CONTINUE.

HOFINTRO3. INTERVIEWER: PLEASE ANSWER THESE QUESTIONS THE BEST YOU CAN. YOU SHOULD ANSWER BASED ON WHAT YOU KNOW OR HAVE SEEN SO FAR. DO NOT EXPLORE THE HOME MORE THAN YOU ALREADY HAVE IN ORDER TO ANSWER THESE QUESTIONS. DO NOT ASK THE RESPONDENT OR ANYONE ELSE IN THE HOUSEHOLD FOR HELP IN ANSWERING THESE QUESTIONS.
PRESS ‘1’ TO CONTINUE

HOF1. INTERVIEWER: IS THE ENVIRONMENT INSIDE THE HOME UNSAFE FOR YOUNG CHILDREN? ARE THERE ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS?

FOR EXAMPLE, ARE THERE FRAYED ELECTRICAL WIRES, MICE OR RATS, GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS, PEELING PAINT, CLEANING MATERIALS LEFT OUT, FLAMES OR HEAT WITHIN REACH OF YOUNG CHILD?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

HOF2. INTERVIEWER: IS THE ENVIRONMENT OUTSIDE HOME (YARD, PATIO, ENTRYWAY OR PORCH, HALLS AND STAIRS) UNSAFE FOR YOUNG CHILDREN?

FOR EXAMPLE IS THERE AN UNLIT ENTRANCE OR STAIRWAY, BROKEN STEPS, BROKEN GLASS, BROKEN TOYS, LARGE DITCHES, ALCOHOL OR DRUG PARAPHERNALIA?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE
1. YES
5. NO

**HOF3.** INTERVIEWER: IS THE INSIDE OF THE HOME DARK?

FOR EXAMPLE, DARK ROOMS OR DRAPES.

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

**HOF4.** INTERVIEWER: DOES THE HOUSEHOLD HAVE NO DECORATION OR IS THE DECOR MONOTONOUS?

FOR EXAMPLE, ARE THERE NO PICTURES OR NICK-NACKS, NO PLANTS, NO OR VERY LITTLE FURNITURE IN THE LIVING ROOM OR DINING ROOM?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

**HOF5.** INTERVIEWER: IS THE INSIDE OF THE HOME CROWDED?

FOR EXAMPLE, ARE THERE MANY PEOPLE LIVING IN A VERY SMALL HOUSE OR APARTMENT, IS IT DIFFICULT TO FIND A PRIVATE PLACE TO INTERVIEW RESPONDENTS, ARE THERE FREQUENT INTERRUPTIONS AND PEOPLE BUMPING INTO EACH OTHER.

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

**HOF6.** INTERVIEWER: ARE ALL VISIBLE ROOMS OF THE HOUSE / APARTMENT MINIMALLY CLUTTERED OR NOT CLUTTERED AT ALL?

FOR EXAMPLE, ARE ALL VISIBLE ROOMS NEAT OR MINIMALLY CLUTTERED WITH CLOTHES, VACUUM CLEANER, CHILDREN'S SCHOOL WORK, SHOES AND SOCKS, OTHER OBJECTS?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

**HOF7.** INTERVIEWER: ARE ALL VISIBLE ROOMS OF THE HOUSE / APARTMENT CLEAN OR REASONABLY CLEAN?

FOR EXAMPLE, IS THERE NO TRASH STREWN AROUND, ARE THERE NO OR FEW DIRTY DISHES IN THE KITCHEN, HAVE THE FLOOR AND FURNITURE BEEN CLEANED OR DUSTED FAIRLY RECENTLY?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE

1. YES
5. NO

**HOF8.** INTERVIEWER: DID RESPONDENT [PRIMARY CARE GIVER] USE CORRECT GRAMMAR AND PRONUNCIATION MOST OF THE TIME?

1. YES
5. NO

**HOF9.** DID RESPONDENT SPEAK CLEARLY AND AUDIBLY TO YOU MOST OF THE TIME?

1. YES
5. NO

**HOF10.** DID RESPONDENT APPEAR TO UNDERSTAND THE QUESTIONS YOU ASKED?

1. YES
5. NO

**HOF11.** INTERVIEWER: WAS THERE A CHILD IN THE ROOM OR IN THE NEXT ROOM AT ANY TIME WHILE YOU WERE INTERVIEWING RESPONDENT?

INTERVIEWER: CHILD MUST LIVE IN THE HOUSEHOLD.

1. YES
5. NO (GO TO END OF HH OBSERVATION)

**HOF12.** INTERVIEWER: HOW MANY DIFFERENT CHILDREN WERE IN THE ROOM AT LEAST PART OF THE TIME?

_________________ NUMBER OF CHILDREN

**HOF13.** INTERVIEWER: ABOUT HOW OLD WOULD YOU ESTIMATE THESE CHILDREN ARE?

MARK ALL CATEGORIES THAT APPLY

1. LESS THAN 1 YEAR OLD
2. 1 TO 2 YEARS OLD
3. 3 TO 5 YEARS OLD
4. 6 TO 10 YEARS OLD
5. 11 TO 14 YEARS OLD
6. 15 OR OLDER

**HOF14.** CAPI CHECK:

1. HOF13=1 OR HOF13=2 OR HOF13=3
2. OTHERWISE (GO TO END)

**HOFINTRO4.** PLEASE ANSWER WHETHER YOU SAW OR HEARD ANY OF THESE THINGS WHILE THE CHILD(REN) WAS IN THE ROOM OR NEAR BY.

**HOF15.** RESPONDENT CARESED, KISSED OR HUGGED THE CHILD OR CHILDREN AT LEAST TWICE.

1. YES
5. NO

**HOF16.** INTERVIEWER: DID THE RESPONDENT TALK TO THE CHILD OR CHILDREN AT LEAST ONCE?

INTERVIEWER: THIS DOES NOT INCLUDE SCOLDING OR SUSPICIOUS COMMENTS.
1. YES
5. NO

**HOF17.** INTERVIEWER: DID THE RESPONDENT SLAP OR SPANK THE CHILD OR CHILDREN AT LEAST ONCE?

1. YES
5. NO

**HOF18.** INTERVIEWER: DID THE RESPONDENT YELL OR SCREAM AT THE CHILD OR CHILDREN AT LEAST ONCE?

1. YES
5. NO

**HOF19.** INTERVIEWER: DID THE RESPONDENT SAY SOMETHING TO THE CHILD OR CHILDREN IN RESPONSE TO SOMETHING A CHILD SAID, A CHILD’S ACTION, OR A NOISE MADE BY A CHILD?

1. YES
5. NO

**HOF20.** INTERVIEWER: DID THE RESPONDENT ANSWER THE CHILD OR CHILDREN'S QUESTIONS OR REQUESTS?

INTERVIEWER: IF YOU HAVE NOT HAD A CHANCE TO OBSERVE THIS ISSUE, SELECT DK AS YOUR RESPONSE.

1. YES
5. NO

**HOF21.** INTERVIEWER: DID THE RESPONDENT GIVE YOU THE SENSE THAT [HE / SHE] HAD POSITIVE FEELINGS ABOUT THE CHILD OR CHILDREN?

1. YES
5. NO