

**Los Angeles Family and Neighborhood Survey
(L.A.FANS)**

PARENT QUESTIONNAIRE

Notes:

* This questionnaire will be filled out once for the RSC and once for the SIB (if any) by the PCG (generally the mother)

* This questionnaire assumes that PCG will complete the questionnaire first for the RSC and then for the SIB (If any). The questionnaire is structured to avoid collecting information for the SIB that is the same for the RSC and SIB.

* We will also create a variable called STARTDATE which is two years before the PCG's adult interview question. It's the date on which the calendar in the adult questionnaire starts.

Preloaded from HH Roster:

1. Is this questionnaire being completed for RSC or SIB?
2. RSC's first name
3. (If this is for SIB) SIB's first name
4. Is this child's (bio/adoptive) mother in HH?
5. Is this child's (bio/adoptive) father in HH?
6. (If this is for SIB) do SIB and RSC have the same father?
7. What is this child's relationship with PCG (i.e., mother or other relationship code)?
8. Respondent (PCG)'s current marital status (never married, married, divorced, separated, living with someone)
9. Does CHILD have ANY brothers and sisters (i.e., people with the same mother) in the HH (List 2)

****NOTE: USE CHILD AGE CALCULATED FROM A7 RATHER THAN PRELOADED AGE FROM HH ROSTER

****WE ALSO WANT TO PRELOAD RSC'S AGE FROM THIS QUESTIONNAIRE INTO SIB QUESTIONNAIRE

SECTION A. RELATIONSHIP CHECK

A1. Let me make sure my information is correct. You are [FILL HH PRELOADED CHILD'S NAME]'s [FILL APPROPRIATE HH PRELOADED RELATIONSHIP TO CHILD: "mother/stepmother/other relationship"]. Is that correct?

1. YES (GO TO A3)
5. NO

A2. How is [CHILD] related to you?

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[USE SAME RELATIONSHIP CODES AS IN HH ROSTER]

A3. CAPI: CHECK HH ROSTER AND A2:

1. R IS CHILD'S MOTHER, STEPMOTHER OR FOSTER MOTHER (GO TO A7)
2. R IS SOMEONE ELSE AND NO MOTHER STEPMOTHER OR FOSTER MOTHER IN HH (GO TO A5)
3. R IS SOMEONE ELSE BUT THE [MOTHER/STPMOTHER/FOSTER MOTHER] IS IN THE HH

A4. INTERVIEWER: SELECT THE REASON THAT THE [FILL APPROPRIATE "MOTHER/STPMOTHER/FOSTER MOTHER"] IS NOT THE RESPONDENT:

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

A5. 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 [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] stays here?

1. YES (GO TO A7)
5. NO

A6. INTERVIEWER: RESOLVE WHO ACTUALLY HAS PRIMARY RESPONSIBILITY IN THIS HOUSEHOLD FOR CHILD. MAKE CORRECTIONS AND BEGIN WITH CORRECT RESPONDENTS.

A7. When was [CHILD] born?

_____ DAY _____ MONTH _____
YEAR

A7ck. CAPI: CALCULATE [CHILD]'S CURRENT AGE (TODAY'S INTERVIEW DATE - BIRTHDATE = AGE AT LAST BIRTHDAY --> DO NOT ROUND UP)

A8. So this means that [CHILD] is [IF CHILD IS ONE YEAR OR OLDER, FILL A7ck "[AGE AT LAST BIRTHDAY] years old"; IF TODAY'S DATE MINUS BIRTHDATE IS LESS THAN ONE YEAR, FILL "less than one year old"]. Is that correct?

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1. YES

5. NO (RETURN TO A7 AND CORRECT YEAR OF BIRTH)

SECTION B. LIVING ARRANGEMENTS

B1. Let me begin by asking you about [CHILD]'s 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 [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] regularly spends the night?

[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

B2. How often does [CHILD] spend the night here in this (house/apartment)?

1. _____ NIGHTS PER WEEK
2. _____ NIGHTS PER MONTH
3. _____ NIGHTS PER YEAR
- d. DON'T KNOW

B3. How many other places does [CHILD] stay on a regular basis?

_____ NUMBER OF PLACES
d. DON'T KNOW

B4. CAPI CHECK B3: IF B3 = 1, ASK:

Who does [CHILD] stay with when he stays somewhere else? SELECT ALL THAT APPLY

IF B3 = 2 OR MORE, ASK: Think about the place other than this household where [CHILD] spends the most time.

Who does [CHILD] stay with there?

CODE ALL THAT APPLY

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER

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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 LIMITED

IF B4=21, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

B5. Where is the place located where [CHILD] stays part-time? What street is this place on? What is the nearest cross-street? What city is that in?

ENTER ALL THAT R KNOWS

ON _____ STREET
NEAR CORNER OF _____ STREET
IN _____ CITY _____ STATE
_____ COUNTRY (IF NOT U.S.)

d. DON'T KNOW

SECTION C. RESIDENTIAL HISTORY--LAST TWO YEARS

Intresid. This section obtains information on where [CHILD] lived two years before survey - i.e., between [FILL STARTDATE**] and the present.

**NOTE: STARTDATE IS THE VARIABLE USED IN THE ADULT QUESTIONNAIRE CALENDAR AND IS EQUAL TO TWO YEARS BEFORE THE INTERVIEW DATE. [STARTDATE] SHOULD BE SET BY THE HH ROSTER CAPI PROGRAM.

CHILDREN ARE SKIPPED OUT OF THIS HISTORY SECTION IF:

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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 THEY ARE THE SIB AND HAVE LIVED WITH RSC SINCE THEY WERE BORN OR SINCE STARTDATE

C1. Has [CHILD] been living with you all the time since [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "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 SECTION D)

5. NO

C2. CAPI CHECK AGAINST A7ck: WAS [CHILD] BORN BEFORE [STARTDATE]?

1. YES

5. NO (GO TO C4)

C3. Has [CHILD] been living with you all the time since [STARTDATE]?

1. YES (GO TO SECTION D)

5. NO

C4. CAPI CHECK: IS THIS CHILD THE SIB?

1. YES

5. NO (GO TO C6)

C5. Has [CHILD] been living with [RSC NAME] all the time since [FILL "[STARTDATE]" IF CHILD WAS BORN BEFORE STARTDATE. FILL "[CHILD] was born" IF CHILD WAS BORN AFTER START DATE]?

1. YES (GO TO SECTION D)

5. NO

C6. When did [CHILD] start living with you?

INTERVIEWER: IF R SAYS CHILD HAS LIVED WITH R BEFORE, ASK: When did [CHILD] start living with you again this time?

SINCE _____ MONTH _____ YEAR

d. DON'T KNOW

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C7. Where did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live just before moving in with you (this time)?

PROBE: What was the address? What city and state was that?

ENTER ALL THAT R KNOWS

_____ STREET ADDRESS
_____ CITY OR TOWN _____ STATE
_____ COUNTRY (IF NOT THE U.S.)

d. DON'T KNOW

C8. Who was [CHILD] living with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] lived at that address? PROBE: Anyone else?

CODE ALL THAT APPLY

DK. DON'T KNOW

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 LIMITED

IF C8=23, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

PARENT QUESTIONNAIRE

C9. When did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] start living at [FILL STREET ADDRESS IN C7]?

_____ MONTH _____ YEAR

C10. CAPI: CHECK C9. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD'S BIRTHDATE]?

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

C11. Where did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live just before moving to that place at [STREET ADDRESS IN C7]?

PROBE: What was the street address? What city and state was that?

ENTER AS MUCH AS R KNOWS

_____ STREET ADDRESS
_____ CITY OR TOWN _____ STATE
_____ COUNTRY (IF NOT THE US)

d. DON'T KNOW

C12. Who was [CHILD] living with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] lived at [FILL STREET ADDRESS IN C11]? PROBE: Anyone else?

(SELECT ALL THAT APPLY)

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

DK. DON'T KNOW

1. WITH RESPONDENT
2. BIOLOGICAL MOTHER
3. BIOLOGICAL FATHER
4. ADOPTIVE MOTHER
5. ADOPTIVE FATHER
6. STEPMOTHER
7. STEPFATHER
8. MOTHER'S BOYFRIEND/PARTNER
9. FATHER'S GIRLFRIEND/PARTNER
10. GRANDMOTHER
11. GRANDFATHER
12. AUNT

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- 13. UNCLE
- 14. SISTER (INCLUDING HALF SISTER, STEP SISTER)
- 15. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
- 16. HUSBAND/WIFE
- 17. OTHER RELATIVES
- 18. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
- 19. FRIENDS
- 20. WITH HIS/HER BOYFRIEND/GIRLFRIEND
- 21. LIVING BY HIMSELF/HERSELF
- 22. LIVING IN A SCHOOL DORMITORY
- 23. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
- 24. SOMEWHERE ELSE, SPECIFY LIMITED

22. SOMEWHERE ELSE -->SPECIFY

IF C12=24, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

C13. When did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] start living at [FILL ADDRESS IN C11]?

_____ MONTH _____ YEAR

C14. CAPI: CHECK C13. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD'S BIRTHDATE]?

- 1. YES (GO TO SECTION D)
- 5. NO

C15. Aside from the places we just talked about, how many other addresses has [CHILD] lived since [FILL "[STARTDATE]" IF CHILD BORN BEFORE STARTDATE; IF CHILD BORN AFTER STARTDATE, FILL "[IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] was born"]?

_____ # OF OTHER ADDRESSES

SECTION D. PLACE OF BIRTH AND IMMIGRANT STATUS

D1. Please tell me where [CHILD] was born.

NOTE: DO NOT ENTER STREET ADDRESS

_____ CITY
_____ STATE/PROVINCE/TERRITORY
_____ COUNTRY (IF NOT THE U.S.)

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D2. INTERVIEWER CHECK: WAS CHILD BORN IN THE UNITED STATES?

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

D3. Is [CHILD] a U.S. citizen, a permanent resident, on a visa, or something else?

1. U.S. CITIZEN --> GO TO SECTION E
2. PERMANENT RESIDENT (GREEN CARD HOLDER) --> GO TO SECTION E
3. VISA --> GO TO D3A
4. [IF VOLUNTEERED] DOES NOT HAVE PAPERS OR DOCUMENTS (r) GO TO SECTION E
5. OTHER STATUS --> SPECIFY _____
- d. DON'T KNOW --> GO TO SECTION E
- REFUSED --> GO TO SECTION E

D3a. What type of visa is [CHILD] on? TYPE IN VISA TYPE
(VERBATIM) _____

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

E1. CAPI CHECKPOINT: CHECK HH ROSTER - MOTHER/FATHER = BIOLOGICAL OR ADOPTIVE

1. CHILD'S MOTHER AND FATHER ARE LIVING IN THIS HOUSEHOLD (GO TO E57)
2. CHILD LIVES WITH MOTHER ONLY (NO FATHER IN HH)
3. CHILD LIVES WITH FATHER ONLY (NO MOTHER IN HH)
4. NEITHER MOTHER NOR FATHER LIVE IN HH (GO TO E23)

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

E2. Is [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] alive?

1. YES
2. NO
3. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] (GO TO E57)
4. [IF VOLUNTEERED] MOTHER DOESN'T KNOW WHO CHILD'S FATHER IS (GO TO SECTION F)

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5.

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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

E2a. Please look at this list and tell me what group or groups describe [CHILD]'s [IF MOTHER ONLY HH, FILL "father's"; IF FATHER ONLY HH, FILL "mother'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

E2b. CHECK E2a.

1. ONLY ONE GROUP IS CIRCLED (GO TO E20)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED (GO TO E2d)

Show Card #3 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

E2c. Which one group on that card best describes [CHILD]'s [IF MOTHER ONLY HH, FILL "father's"; IF FATHER ONLY HH, FILL "mother's"] race or ethnic origin.

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE

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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

E2d. CHECK E2:

1. E2=1, CONTINUE
2. E2=5, GO TO E57

E3. CAPI CHECK:

1. CHILD IS RSC
2. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E8)
3. CHILD IS SIB AND SIB AND RSC DO NOT HAVE SAME FATHER

E4. 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 E8)
2. OTHERWISE

E5. Where does [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "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 [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] (GO TO E57)
2. [IF VOLUNTEERED] MOTHER DOESN'T KNOW WHO CHILD'S FATHER IS (GO TO SECTION F)
3. ENTERED ADDRESS INFORMATION
- d. DON'T KNOW (GO TO E8)

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E6. [ASK ONLY IF NECESSARY]: Is this in Southern California?

1. YES
5. NO (GO TO E8)

E7. What street does "[IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live on? What is the nearest cross-street?

ON _____ STREET
NEAR CORNER OF _____ CROSS-STREET

E8. CAPI: CHECK R'S MARITAL STATUS

1. R NEVER MARRIED (GO TO E11)
2. R MARRIED, SEPARATED, DIVORCED, WIDOWED, OR CURRENTLY LIVING WITH A PARTNER
3. R IS FEMALE AND NOT MOTHER OR R IS MALE AND NOT FATHER (GO TO E11)

E9. Were you married to [CHILD]'S biological [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] when [CHILD] was born?

1. YES (GO TO E15)
2. NO
3. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [FATHER/MOTHER] (GO TO E57)

E11. 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 [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] [CHILD]'s legal father, no matter what the outcome was?

1. YES (GO TO E14)
2. NO (GO TO E15)
3. [IF VOLUNTEERED] R DOESN'T KNOW WHO THE FATHER IS (GO TO SECTION F)
4. [IF VOLUNTEERED] R SAYS FATHER'S NAME/OWN NAME WAS ON BIRTH CERTIFICATE

E12. Aside from the birth certificate, was anything else done to make [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] [CHILD]'s legal father?

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1. YES
5. NO (GO TO E15)

E13. 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 IF E13=4, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E14. As a result of what happened [IF R IS THE BIRTH FATHER, FILL "were"; OTHERWISE, FILL "was"] [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] judged or declared to be [CHILD]'s legal father? This is sometimes referred to as establishing paternity.

1. YES
5. NO

E15. CAPI: CHECK E8 AND E9:

1. R WAS NEVER MARRIED (GO TO E19)
2. R WAS MARRIED TO CHILD'S [FATHER/MOTHER] WHEN CHILD WAS BORN (E9=1 --> GO TO E17)
3. R WAS NOT MARRIED TO CHILD'S [FATHER/MOTHER] WHEN CHILD WAS BORN BUT CURRENT MARITAL STATUS IS MARRIED, SEPARATED, DIVORCED, WIDOWED, OR LIVING WITH A PARTNER (E8=2 & E9=2)

E16. Did you marry [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] after [CHILD] was born?

1. YES
5. NO (GO TO E19)

E17. Are you currently divorced or separated from [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]?

1. DIVORCED (GO TO E19)
2. SEPARATED (GO TO E19)
3. STILL MARRIED BUT [IF MOTHER ONLY HH, FILL "FATHER"; IF FATHER ONLY HH, FILL "MOTHER"] LIVES ELSEWHERE

E18. Why does [CHILD]'s [[IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]] live somewhere else?

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1. BECAUSE OF WORK/SCHOOL/ MILITARY SERVICE/ HOSPITALIZATION / JAIL OR PRISON (GO TO E39)
2. PREFER TO MAINTAIN SEPARATE HOUSEHOLDS (GO TO E39)
3. LIVES WITH SOMEONE ELSE (GIRLFRIEND/BOYFRIEND, ANOTHER WOMAN/MAN, PARTNER)
4. MARITAL PROBLEMS
5. NO LONGER ROMANTICALLY INVOLVED
6. OTHER --> SPECIFY

IF E18=6, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E19. CAPI: CHECK PRELOAD

1. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E39)
2. OTHERWISE

E20. During the past 12 months, that is since [FILL DATE 12 MONTHS AGO] did you receive any child support payments, even one, from [CHILD]'s [[IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]] for [CHILD] [IF CHILD HAS SIBLINGS IN HH, FILL "and [[IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]] brothers and sisters"]?

1. YES
5. NO (GO TO E22)

E21. Now think about just the last 30 days, since [FILL DATE 30 DAYS AGO]. How much, if any, child support did you receive from [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] in the past 30 days for [CHILD] [IF CHILD HAS SIBLINGS IN HH, FILL "and [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]] brothers and sisters"]? PROBE: Just give me your best estimate.

1. NONE
 2. _____ per week
 3. _____ every other week/every two weeks
 4. _____ in total
 5. Other, specify (limited)
- r. REFUSED
d. DON'T KNOW

E22. Now I want to ask you about conflict you may have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"].

E22a. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how [CHILD] is raised? Would you say no conflict, some conflict, or a great deal of conflict?

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1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22b. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how you spend money on [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22c. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how much child support [IF MOTHER ONLY HH, FILL "he"; IF FATHER ONLY HH, FILL "she"]] pays? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22d. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how much time [IF MOTHER ONLY HH, FILL "he"; IF FATHER ONLY HH, FILL "she"] spends with [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING

ALL (GO TO E39)

(SECTION FOR KIDS WITH NEITHER PARENT IN THE HH)

Show Card #3 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

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E23. Please look at this list and tell me what group or groups describe [CHILD]'s mother'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

E23b. CHECK E23.

1. ONLY ONE GROUP IS CIRCLED (GO TO E23d)
2. 2 OR MORE=NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANSE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E23C. Which one group on that card best describes [CHILD]'s 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

PARENT QUESTIONNAIRE

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

Show Card #3 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

E23d. Now, please look at the list and tell me what group or groups describe [CHILD]'s 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

E23e. CHECK E23d.

1. ONLY ONE GROUP IS CIRCLED (GO TO E24a)
2. 2 OR MORE=NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE LATINO/HISPANIC/LATIN AMERICAN ASIAN INDIAN/SOUTH ASIAN 5.

PARENT QUESTIONNAIRE

CHINESE 6. FILIPINO 7. JAPANSE 8. KOREAN 9. VIETNAMESE 10. OTHER
ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN 14. PACIFIC ISLANDER

E23f. Which one group on that card best describes [CHILD]'s 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

E24a. CAPI: CHECK B4 AND B5:

1. CHILD STAYS WITH MOTHER SOMEWHERE ELSE PART TIME AND WE HAVE HER ADDRESS (CODE E24 = 1 AND GO TO E28)
2. OTHERWISE

E24b. Is [CHILD]'s biological mother alive?

1. YES
5. NO (GO TO E28)

E25. Where does [CHILD]'s mother live? In what city and state?

_____ CITY AND STATE
_____ COUNTRY (IF NOT U.S.)

d. DON'T KNOW

E26. [ASK IF NECESSARY]: Is this in Southern California?

PARENT QUESTIONNAIRE

1. YES
5. NO (GO TO E28)

E27. What street does she live on? What is the nearest cross-street?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET

E28. CAPI: CHECK B4 AND B5:

1. CHILD STAYS WITH FATHER SOMEWHERE ELSE PART TIME AND WE HAVE HIS ADDRESS (CODE E29 = 1 AND GO TO E33)
2. OTHERWISE

E29. Is [CHILD]'s biological father alive?

1. YES
5. NO (GO TO E33)

E30. Where does [CHILD]'s father live? In what city and state?

_____ CITY AND STATE
_____ COUNTRY

6. SAME PLACE AS CHILD'S MOTHER (GO TO E33)
- d. DON'T KNOW (GO TO E33)

E31. [ASK IF NECESSARY]: Is this in Southern California?

1. YES
5. NO (GO TO E33)

E32. What street does he live on? What is the nearest cross-street?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET

E33. CAPI CHECK E24 AND E29:

1. NEITHER PARENT IS ALIVE (GO TO SECTION F)
2. MOTHER ONLY IS ALIVE
3. FATHER ONLY IS ALIVE
4. BOTH MOTHER AND FATHER ARE ALIVE

E34. Why is [CHILD] living here with you rather than with [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] [IF FATHER DECEASED (E33=2), FILL

PARENT QUESTIONNAIRE

"mother"; IF MOTHER DECEASED (E33=3), FILL "father"; IF BOTH PARENTS ARE ALIVE (E33=4), FILL "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

IF E34=14, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E35. CAPI CHECK E1 AND E3:

1. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E39)
2. OTHERWISE

E36. During the past 30 days, that is since [FILL DATE 30 DAYS AGO], did you receive any child support payments from [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] for [CHILD] [IF CHILD HAS SIBLINGS OF SAME MOTHER IN HH, FILL "and his brothers and sisters"])?

1. YES
5. NO (GO TO E38)

E37. What was the total amount of child support payments you received from [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] in the past 30 days for [CHILD] [IF CHILD HAS SIBLINGS OF SAME MOTHER IN HH, FILL "and his/her brothers and sisters"]? PROBE: Just give me your best estimate.

\$_____ TOTAL RECEIVED IN [LAST MONTH]

- r. REFUSED
- d. DON'T KNOW

E38. Now I want to ask you about conflict you may have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"].

PARENT QUESTIONNAIRE

E38a. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how [CHILD] is raised? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38b. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how you spend money on [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38c. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how much child support [IF E33=2, FILL "she", IF E33=3, FILL "he", IF E33=4, FILL "they"] pays? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38d. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how much time [IF E33=2, FILL "she", IF E33=3, FILL "he", IF E33=4, FILL "they"] spends with [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

(ABSENT PARENT CONTACT SECTION)

E39. CAPI CHECK HH ROSTER PRELOAD AND E2 AND E29:

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 E48)
3. [CHILD]'S FATHER HAS DIED (E29=2 -->GO TO E48)

PARENT QUESTIONNAIRE

(ABSENT FATHER)

E40. How old was [CHILD]'s father when [CHILD] was born? PROBE: Give me your best estimate.

_____ YEARS OLD

d. DON'T KNOW

E41. How much school did [CHILD]'s father complete?

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

E42. Is he currently married?

1. YES
5. NO

E43. CAPI CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO E45)
2. CHILD IS ONE YEAR OLD OR OLDER

E44. 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 [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "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

PARENT QUESTIONNAIRE

E45. In what month and year did [CHILD] last see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] father?

1. _____ MONTH _____ YEAR
5. NEVER (GO TO E48)

E46. CAPI CHECKPOINT: HAS FATHER SEEN [CHILD] IN LAST 12 MONTHS? CHECK E45.

1. YES
5. NO (GO TO E48)

E47. [IF CHILD 1 YEAR OLD OR OLDER, FILL "During the past 12 months, that is since [DATE 12 MONTHS AGO],"; IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born"], how often did [CHILD] see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] father? Did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] she him.... [READ LIST]?

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?

(ABSENT MOTHER SECTION)

E48. CHECK E2 AND E24:

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 E57)
3. [CHILD]'S MOTHER HAS DIED (GO TO E57)

E49. How old was [CHILD]'s mother when [CHILD] was born? PROBE: Give me your best estimate.

_____ YEARS OLD
d. DON'T KNOW

E50. How much school did [CHILD]'s mother complete?

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

PARENT QUESTIONNAIRE

16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

E51. Is she currently married?

1. YES
5. NO

E52. INTERVIEWER CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO E54)
2. CHILD IS ONE YEAR OLD OR OLDER

E53. 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 [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "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

E54. In what month and year did [CHILD] last see her?

1. _____ MONTH _____ YEAR
5. NEVER (GO TO E57)

E55. CHECKPOINT: HAS MOTHER SEEN [CHILD] IN LAST 12 MONTHS?

1. YES
5. NO (GO TO E57)

E56. [IF CHILD 1 YEAR OLD OR OLDER, FILL "During the past 12 months, that is since [DATE 12 MONTHS AGO],"; IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born"], how often did [CHILD] see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] mother? Did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] see her... [READ LIST]?

1. About once a year,

PARENT QUESTIONNAIRE

2. Several times a year,
3. One to three times a month,
4. About once a week, or
5. Several times a week?

E57. CAPI CHECK:

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

E58. CAPI CHECK E2, E29, E39 AND E46:

1. R IS CHILD'S MOTHER OR STEPMOTHER AND FATHER LIVES IN THE HOUSEHOLD
2. R IS CHILD'S 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 SECTION F)

E59. During the past 12 months, did [IF R IS CHILD'S FATHER, FILL "you"; OTHERWISE, FILL "[CHILD]'s father"] ever:

(CODES ARE: 1=YES 5=NO)

- a. work on homework or school projects with [CHILD]?
- b. look at books or read with [CHILD]?
- c. go to school-related events with [CHILD]?
- d. do activities outdoors with [CHILD] like sports, hiking, going to parks, etc.?

SECTION F. SCHOOL

F1. 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 F3)

F2. 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

PARENT QUESTIONNAIRE

F3. 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 F32)
5. NO LONGER IN SCHOOL (LEFT BEFORE GRADUATING) (GO TO F29)
6. HOME SCHOOLED
7. OFF-TRACK FROM SCHOOL

F4. [IF F3=1 OR F3=7 OR F3=6, FILL "What grade is [CHILD] attending in school"; IF F3=2 OR F3=3, FILL "What grade was [CHILD] attending this past spring"]?

0. KINDERGARTEN

1. _____ (GRADE OF REGULAR SCHOOL)

20. COLLEGE

30. OTHER --> SPECIFY _____

INTERVIEWER: FOR HOME SCHOOL (IF NECESSARY) ASK: What grade or grade-equivalent is [CHILD] in?

F5. [IF F3=1 OR F3=7 OR F3=6, FILL "For this school year"; IF F3=2 OR F3=3, FILL "this past school year"], which school [IF F3=1 OR F3=7 OR F3=6, FILL "is"; IF F3=2 OR F3=3, FILL "was"] [CHILD] attending?

[INTERVIEWER: IF ATTENDED SEVERAL SCHOOLS THIS YEAR OR LAST SPRING, GET CURRENT OR MOST RECENT SCHOOL ATTENDED.]

INTERVIEWER: MAKE SURE YOU OBTAIN FULL EXACT SCHOOL NAME. SCHOOL NAME SHOULD INCLUDE EITHER "ELEMENTARY", "MIDDLE", "JUNIOR HIGH", "HIGH SCHOOL", OR "SENIOR HIGH". MANY SCHOOL NAMES ALSO INCLUDE "MAGNET", "ALTERNATIVE", OR "CONTINUATION".

FOR COLLEGE, NAME SHOULD INCLUDE "COLLEGE" OR "UNIVERSITY"

1. _____ (NAME OF SCHOOL)
2. HOME SCHOOLED (GO TO F25)

F6. 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

PARENT QUESTIONNAIRE

5. A RELIGIOUS SCHOOL
6. [IF VOLUNTEERED] COLLEGE AND UNIVERSITY
7. OTHER SPECIAL PROGRAM OR SCHOOL--> SPECIFY

IF F6=7, SHOW "TYPE IN OTHER SPECIAL PROGRAM OR SCHOOL (VERBATIM)"

F7. Where is this school located? Can you give me name of the street on which it's located? What is the nearest cross-street? What city is that?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
_____ CITY _____ STATE

F8. Is this the only school [CHILD] has attended during the past 12 months, that is since [FILL DATE 12 MONTHS AGO]?

1. YES (GO TO F10)
5. NO

F9. How many other schools has [CHILD] attended in the past 12 months, that is since [FILL DATE 12 MONTHS AGO]?

_____ (NUMBER OF SCHOOLS)
d. DON'T KNOW

F10. How many schools has [CHILD] attended in total since [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] first started school?

[INCLUDE CURRENT SCHOOL AND ALL OTHER SCHOOLS ATTENDED THIS YEAR AND IN OTHER SCHOOL YEARS. IF APPLICABLE, ALSO INCLUDE SCHOOLS OUTSIDE THE U.S.]

_____ (NUMBER OF SCHOOLS)
d. DON'T KNOW

F11. [IF F3=1 OR F3=7 OR F3=6, FILL "During the current school year"; IF F3=2 OR F3=3, FILL "During this past school year", did you participate in any of the following activities at [CHILD]'s school?

CODE: YES = 1; NO = 5

Did you... [READ LIST]?:

- a. Volunteer in the classroom, school office or library?
- b. Have a conference with [CHILD]'s teacher?

PARENT QUESTIONNAIRE

- c. Talk to [CHILD]'s principal?
- d. Attend a school event in which [CHILD] participated?
- e. Attend a PTA, PTO, or other such meeting?

F12. Has [CHILD] ever attended a special or advanced class or school for gifted students?

- 1. YES
- 5. NO

F13. Has [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] ever been classified by the school as needing special education?

- 1. YES
- 5. NO

F14. Does [CHILD] currently have any physical or mental condition that would limit or prevent [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]ability to... [READ LIST]?

CODE: 1=YES; 5=NO

- a. do usual childhood activities such as play, or participate in games or sports?
- b. attend school regularly?
- c. do regular school work?

F15. Has [CHILD] ever repeated a grade?

- 1. YES
- . NO (GO TO F17)

F16. Which grades did he/she repeat?

- a. _____ GRADE
- b. _____ GRADE
- c. _____ GRADE

F17. Has [CHILD] ever been suspended or expelled from school?

- 1. YES
- 5. NO (GO TO F20)

F18. Has this happened more than once?

- 1. ONLY ONCE
- 2. MORE THAN ONCE

PARENT QUESTIONNAIRE

F19. How old was [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] when it happened [IF F18=2, FILL "the last time"]?

_____ YEARS OLD
d. DON'T KNOW

F20. Please tell me whether the next two statements about [CHILD] are often true, sometimes true, or not true.

a. IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is disobedient at school

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

b. IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has trouble getting along with teachers.

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

F21. Is [CHILD] currently involved in any clubs, teams, extracurricular 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 F37)

F22. 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)

PARENT QUESTIONNAIRE

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)

ALL GO TO F37

[QUESTIONS FOR HOME SCHOOLED KIDS]

F25. Has [CHILD] ever attended a public or private school?

1. Attended a public school
2. Attended a private school
3. Attended both
4. Always home schooled (GO TO F27)

F26. What grade(s) did [CHILD] attend [IF F25=1, FILL "public"; IF F25=2, FILL "private"; IF F25=3, FILL " public and private"] school?

1. _____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE

(USE 0 FOR KINDERGARTEN)

OR

2. _____ THROUGH _____
BEGINNING GRADE ENDING GRADE

F27. Is [CHILD] currently involved in any clubs, teams, extracurricular programs or groups?

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

PARENT QUESTIONNAIRE

1. Yes
5. No (GO TO F37)

F28. 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)

ALL GO TO F37

[FOR KIDS NOT CURRENTLY ENROLLED IN SCHOOL]

Show Card #10 1. HEALTH PROBLEMS 2. DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK 3. DROPPED OUT OF SCHOOL BECAUSE I DIDN'T LIKE SCHOOL 4. EXPELLED OR SUSPENDED 5. PARENTAL DECISION 6. PREGNANCY/CHILDBIRTH 7. OTHER

F29. 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. PARENTAL DECISION

PARENT QUESTIONNAIRE

6. PREGNANCY/CHILDBIRTH

7. OTHER --> SPECIFY

IF F29=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

F30. What grade was [CHILD] in when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] was last in school?

_____ GRADE (1-12)

30. OTHER --> SPECIFY

IF F30=30, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

F31. What was the highest grade of school that [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] completed?

_____ HIGHEST GRADE COMPLETED (1-12)

F32. In what year did [CHILD] last attend school?

_____ YEAR (1980-present)

5. NEVER ATTENDED SCHOOL

F33. Do you expect that [CHILD] will go back to school sometime in the future?

1. YES

5. NO

F34. 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 F37)

F35. 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

PARENT QUESTIONNAIRE

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)

F36. CAPI CHECK F33:

1. R EXPECTS CHILD TO RETURN TO SCHOOL (F33=1)
2. R DOES NOT EXPECT CHILD TO RETURN TO SCHOOL (F33=2 --> GO TO SECTION G)

F37. 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

IF F37=20, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

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

G1. INTERVIEWER 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 G9)

PARENT QUESTIONNAIRE

3. CHILD HAS COMPLETED 6TH GRADE OR HAS DROPPED OUT OF SCHOOL
(GO TO G67)

(THIS SECTION FOR KIDS NOT YET IN SCHOOL):

G2. 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 [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"]. This does not include occasional babysitting or backup care providers, but does include any nursery school or pre-school [CHILD] may attend.

Has [CHILD] received care from someone other than you [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"] on a regular basis during the past 4 weeks?

1. YES
5. NO (GO TO G7)

G3. 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

G4. [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 G4

PARENT QUESTIONNAIRE

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

IF G4=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

CENTERS OR NURSERY SCHOOLS

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

G5. What is the name of this person, center or program?

- a. _____NAME
- b. _____NAME
- c. _____NAME

G6. CHECK G4:

1. HEAD START PROGRAM LISTED ABOVE (I.E., CODE 22 IN G4) (GO TO G13)
2. NO HEAD START PROGRAM LISTED

G7. In the last 4 weeks, did [CHILD] attend Head Start?

1. YES
5. NO (GO TO G13)

G8. What is the name of this program?

_____ NAME

PARENT QUESTIONNAIRE

G8add. CAPI INSTRUCTION: CODE PROGRAM IN G8 AS ANOTHER PROVIDER IN THE TABLE ABOVE - G4=22 AND G5=NAME IN G8. - SO THAT APPROPRIATE QUESTIONS BELOW WILL BE ASKED

G9. (THIS SECTION IS FOR KIDS IN SCHOOL WHO HAVE NOT YET COMPLETED 6TH GRADE)

I'd like to talk with you about all child care that [CHILD] has received during the past 4 weeks when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "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 [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "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 [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"] on a regular basis during the past 4 weeks?

1. YES
5. NO (GO TO G67)

G10. 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

G11. [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. |_|_|_|

PARENT QUESTIONNAIRE

c. |_|_|

CODES FOR G11

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

IF G11 NON-RELATIVES=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

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

IF G11 =15 OR 25, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G12. What is the name of this person, center or program?

a. _____NAME

b. _____NAME

c. _____NAME

G13. CHECK G4 AND G11:

1. ONE OR MORE=NUMBER OF ARRANGEMENTS WITH A RELATIVE LISTED

PARENT QUESTIONNAIRE

0. NO ARRANGEMENTS WITH RELATIVES ARE LISTED (GO TO G26)

[THIS SECTION IS REPEATED FOR EACH RELATIVE CARE ARRANGEMENT LISTED IN G4 OR G11 UP TO 3 MAX]

G14. Does [CHILD]'s [FILL [FIRST] RELATIVE TYPE FROM G4 OR G11 CODES], that is, [FILL G4 OR G11 RELATIVE'S NAME], live in this household?

1. YES
5. NO

G15. Does [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD] in your home or another home?

1. OWN HOME (GO TO G17)
2. OTHER HOME
3. BOTH/VARIES (GO TO G17)

G16. Where does [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD]? What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
_____ CITY _____ STATE

G17. When did [FILL G4 OR G11 RELATIVE'S NAME] first start taking care of [CHILD]? What month and year?

1. _____ MONTH _____ YEAR
2. SINCE BIRTH

G18. In the past 4 weeks, how many days has [FILL G4 OR G11 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

G19. Think about the days in the past 4 weeks when [FILL G4 OR G11 RELATIVE'S NAME] took care of [CHILD]. About how many hours per day, on average, did [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD] on these days?

1. _____ HOURS PER DAY ON DAYS CARE WAS PROVIDED

G20. Is [FILL G4 OR G11 RELATIVE'S NAME] paid to take care of [CHILD]?

1. YES

PARENT QUESTIONNAIRE

5. NO (GO TO G24)

G21. How much is [FILL G4 OR G11 RELATIVE'S NAME] paid to take care of [CHILD]?

\$ _____ Amount

Code Unit

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
2. LUMP SUM PAYMENT (FOR ONE TIME FEE)
3. OTHER--> SPECIFY

IF G21 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G24)
d. DON'T KNOW (GO TO G24)

G21ck. 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 G24)

G22. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G24)
2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G24)

G23. How many children in your household does this amount cover, including [CHILD]?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE = 2-15

G24. Including [CHILD], how many children in total does [FILL G4 OR G11 RELATIVE'S NAME] usually care for at one time?

_____ NUMBER OF CHILDREN CARED FOR

PARENT QUESTIONNAIRE

RANGE = 1-50

G25. Does [FILL G4 OR G11 RELATIVE'S NAME] care for [IF G23=1, FILL, "this child"; OTHERWISE, FILL "these 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 G25A)

G25A. How many people usually care for [IF G23=1, FILL, "this child"; OTHERWISE, FILL "these children"] at a time, including [FILL G4 OR G11 RELATIVE'S NAME]?

_____ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [FILL G4 OR G11 RELATIVE'S NAME])

NOTE: RANGE = 2-20

d. DON'T KNOW

G25ck. [ASK SEQUENCE OF QUESTIONS (G14 to G25) FOR NEXT RELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX]

IF NO MORE RELATIVE CARE PROVIDERS ON THE LIST, CONTINUE WITH G26

G26. CHECK G4 AND G11:

1. AT LEAST ONE ARRANGEMENT WITH A NON-RELATIVE IS LISTED
2. NO ARRANGEMENTS WITH NON-RELATIVES ARE LISTED (GO TO G40)

[THIS SECTION IS REPEATED FOR EACH NON-RELATIVE CARE ARRANGEMENT LISTED IN G4 OR G11 UP TO 3 MAX]

G27. Does [CHILD]'s [[FIRST] NONRELATIVE TYPE FROM G4 OR G11 CODES], that is [FILL G4 OR G11 NONRELATIVE NAME], live in this household?

1. YES
5. NO

G28. Does [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD] in your home or another home?

1. OWN HOME (GO TO G30)
2. OTHER HOME
3. BOTH/VARIES (GO TO G30)

PARENT QUESTIONNAIRE

G29. Where does [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD]? What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS- STREET
_____ CITY _____ STATE

G30. When did [FILL G4 OR G11 NONRELATIVE NAME] first start taking care of [CHILD]? What month and year?

1. _____ MONTH
_____ YEAR
2. SINCE BIRTH

G31. In the past 4 weeks, how many days has [FILL G4 OR G11 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

G32. Think about the days in the past 4 weeks when [FILL G4 OR G11 NONRELATIVE NAME] took care of [CHILD]. About how many hours per day, on average, did [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD] on these days?

_____ HOURS PER DAY ON DAYS CARE WAS PROVIDED

G33. Is [FILL G4 OR G11 NONRELATIVE NAME] paid to take care of [CHILD]?

1. YES
5. NO (GO TO G37)

G34. How much is [FILL G4 OR G11 NONRELATIVE NAME] paid to take care of [CHILD]?

\$ _____ Amount

Code Unit

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

PARENT QUESTIONNAIRE

IF G34 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G37)
- d. DON'T KNOW (GO TO G37)

G34ck. 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 G37)

G35. Is this amount for [CHILD] only or does it include other children in your household?

- 1. THIS CHILD ONLY (GO TO G37)
- 2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G37)

G36. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE = 2-15

G37. Including [CHILD], how many children in total does [FILL G4 OR G11 NONRELATIVE NAME] usually care for at one time?

_____ NUMBER OF CHILDREN CARED FOR
RANGE = 1-50

G38. Does [FILL G4 OR G11 NONRELATIVE NAME] care for [IF G36=1, FILL, "this child"; OTHERWISE, FILL "these children"] by (herself/himself) usually? Or does someone else help?

- 1. PROVIDER CARES FOR CHILD(REN) HIM/HERSELF (GO TO NEXT CAPI CHECK)
- 5. PROVIDER HAS HELP (GO TO G25A)

G38A. How many people usually care for [IF G36=1, FILL, "this child"; OTHERWISE, FILL "these children"] at a time, including [FILL G4 OR G11 NONRELATIVE'S NAME]?

_____ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [FILL G4 OR G11 NONRELATIVE NAME])

PARENT QUESTIONNAIRE

RANGE: 2-20

d. DON'T KNOW

G39. Has [FILL G4 OR G11 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 G27 TO G39 FOR NEXT NONRELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX]

IF NO ADDITIONAL NONRELATIVE CARE PROVIDERS, CONTINUE WITH G40

G40. CHECK G4 AND G11:

1. CHILD ATTENDED HEAD START IN LAST 4 WEEKS (AT LEAST ONE 22 IN G4, OR G7=1)
2. CHILD DID NOT ATTEND HEAD START IN LAST 4 WEEKS (NO CODES IN G4, AND G7 not = 1 --> GO TO G52)

G41. 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 G43)
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

IF G42=10, SHOW "TYPE IN OTHER PLACE (VERBATIM)"

G42. 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 cross-street? What city is that in?

ON _____ STREET

PARENT QUESTIONNAIRE

NEAR THE CORNER OF _____ CROSS-STREET

_____ CITY _____ STATE

G43. When did [CHILD] first start attending this Head Start program? What month and year?

1. _____ MONTH _____ YEAR
- d. DON'T KNOW

G44. 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 G65)

G45. 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

G46. Is there a charge or fee for the Head Start program, paid either by you or someone else?

1. YES
5. NO (GO TO G50)

G47. How much is the fee or charge?

\$ _____ Amount

Code Unit

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

IF G47 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

r. REFUSED (GO TO G50)

PARENT QUESTIONNAIRE

d. DON'T KNOW (GO TO G50)

G47ck. 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 G50)

G48. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G50)

2. THIS CHILD AND OTHER CHILDREN

d. DON'T KNOW (GO TO G50)

G49. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED

RANGE: 2-15

G50. 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

G51. How many adults are usually in [CHILD]'s room or group, at the same time, at Head Start?

_____ NUMBER OF ADULTS

RANGE: 1-15

d. DON'T KNOW

G52. CAPI CHECK G4 AND G11:

1. AT LEAST ONE CENTER BASED ARRANGEMENT LISTED IN G4 OR G11

2. NO CENTER BASED ARRANGEMENTS LISTED (GO TO G64)

[THIS SECTION IS REPEATED FOR EACH CENTER BASED ARRANGEMENT LISTED IN G4 OR G11)

PARENT QUESTIONNAIRE

G53. Where is [FILL CENTER NAME FROM G5 OR G12] 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 G55)
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

IF G53=10, SHOW "TYPE IN OTHER PLACE (VERBATIM)"

G54. 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 cross-street? What city is that in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
_____ CITY _____ STATE

G55. When did [CHILD] first start attending [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]? In what month and year?

1. _____ MONTH _____ YEAR

G56. In the past 4 weeks, how many days did [CHILD] attend [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]?

1. _____ TOTAL DAYS IN THE LAST 4 WEEK
2. _____ # OF DAYS PER WEEK IN THE LAST 4 WEEKS

G57. Think about the days in the past 4 weeks when [CHILD] went to [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]. About how many hours per day, on average, [CHILD] spend at [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12] on these days?

_____ HOURS PER DAY

G58. Is there a charge or fee for [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12], paid either by you or someone else?

PARENT QUESTIONNAIRE

1. YES
5. NO (GO TO G62)

G59. How much is the fee or charge?

\$ _____ Amount

Code Unit

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

IF G59 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G62)
- d. DON'T KNOW (GO TO G62)

G59ck. 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 G62)

G60. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G62)
2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G62)

G61. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED

RANGE: 2-15

G62. Including [CHILD], how many children at the same time are usually in [CHILD]'s room or group at [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]?

PARENT QUESTIONNAIRE

_____ NUMBER OF CHILDREN
RANGE: 1-50

d. DON'T KNOW

G63. How many adults are usually in [CHILD]'s room or group at the same time, at [NAME OF CENTER OR PROGRAM]?

_____ ADULTS
RANGE: 1-15

d. DON'T KNOW

G63ck. [REPEAT G53 TO G63 FOR NEXT CENTER BASED PROVIDER ON THE LIST UP TO 3 MAX]

IF NO OTHER CENTER BASED PROVIDERS, CONTINUE WITH G64

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

G64. CAPI CHECK G20, G33, G46, G58 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 G67)

G65. Does anyone outside your household or any organization help to pay the people, programs, or centers that care for [CHILD]?

INTERVIEWER: THIS INCLUDES ANY PAYMENT FOR HEAD START

1. NO ONE (GO TO G67)
2. A RELATIVE OF [CHILD] OUTSIDE THE HOUSEHOLD
3. A SOCIAL SERVICE OR WELFARE AGENCY
4. AN EMPLOYER
5. SOMEONE ELSE --> SPECIFY

IF G65=5, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G66. Does [IF G65=2, FILL "this person"; IF G65=3 OR 4, FILL "this organization", IF G65=5, FILL ANSWER TO G65=5] 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

PARENT QUESTIONNAIRE

IF G66=3, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G67. CHECK G1 AND G4:

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

G68. Did [CHILD] ever attend an official, government-sponsored Head Start program?

1. YES
5. NO (GO TO G71)

G69. At what age did [CHILD] first attend a Head Start program?

_____ AGE OF CHILD

d. DON'T KNOW

G70. How many months or years in total did [CHILD] attend a Head Start program?

1. ENTER MONTHS AND YEARS
_____ MONTHS (0-12, 0 FOR LESS THAN 1 MONTH)
_____ YEARS
2. OTHER, SPECIFY

IF G70=2, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G71. CHECK G67:

1. G67 IS CODED 1 (GO TO SECTION H)
2. G67 IS CODED 3

G72. [IF G68 = 1, FILL "Aside from Head Start"], did [CHILD] ever go to a nursery school, preschool, or child care center, before [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] started school?

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

G73. At what age did [CHILD] first attend a nursery school, preschool or child care center?

_____ AGE OF CHILD

d. DON'T KNOW

PARENT QUESTIONNAIRE

G74. How many months or years in total did [CHILD] attend all the nurseries, preschools, and child care centers that [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] went to?

1. ENTER MONTHS AND YEARS

_____ MONTHS (0-12, 0 FOR LESS THAN 1 MONTH)
_____ YEARS

2. OTHER, SPECIFY

IF G74=2, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

SECTION H. SOCIAL/BEHAVIOR DEVELOPMENT AND HOME SCALE

H1. CHECK:

1. THIS IS RSC
2. THIS IS SIB AND RSC IS 1 TO 15 YEARS OLD (GO TO H70)
3. THIS IS SIB AND RSC IS 0 YEARS OLD
4. THIS IS SIB AND RSC IS 16 OR OLDER

H2. Now I have some questions about [CHILD] and your home.

CAPI CHECK CHILD'S AGE:

1. CHILD IS 0 YEARS OLD (GO TO J1)
2. CHILD IS 1-2 YEARS OLD
3. CHILD IS 3-5 YEARS OLD (GO TO H16)
4. CHILD IS 6-9 YEARS OLD (GO TO H32)
5. CHILD IS 10-15 YEARS OLD (GO TO H52)
6. CHILD IS 16 OR OLDER (GO TO H71)

(THIS SECTION FOR 1-2 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H3. 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

PARENT QUESTIONNAIRE

3. ALMOST EVERY DAY

H4. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

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

H5. 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

H6. Have you ever spanked [CHILD]?

- 1. YES
- 5. NO (GO TO H9)

H7. How old was [CHILD] when you first spanked [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

- 1. ENTER MONTHS AND YEARS

_____ MONTHS OLD
_____ YEARS OLD

- d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H8. 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

H9. In the past week, how many times have you put [CHILD] in [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

PARENT QUESTIONNAIRE

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

H10. 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

IF H10=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H11. About how many children's books does [CHILD] have?

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

Show Card #12 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

H12. 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

PARENT QUESTIONNAIRE

4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H13. 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

H14. 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

d. DON'T KNOW

H15. 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

d. DON'T KNOW

ALL GO TO H70

(SECTION FOR 3 TO 5 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H16. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

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

PARENT QUESTIONNAIRE

H17. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

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

H18. 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

H19. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO H22)

H20. How old was [CHILD] when you first spanked [[IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]]?

1. ENTER MONTHS OR YEARS
_____ MONTHS OR _____ YEARS
- d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H21. 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

H22. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES

PARENT QUESTIONNAIRE

3. ALMOST EVERY DAY

H23. In the past week, how many times have you put or sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

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

H24. 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

IF H24=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H25. About how often does [CHILD] go to the library?

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

Show Card #12 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

PARENT QUESTIONNAIRE

H26. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "father/stepfather/father figure"] discuss TV programs with [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "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

H27. About how many children's books does [CHILD] have?

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

Show Card #12 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

H28. 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

H29. 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

H30. 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,

PARENT QUESTIONNAIRE

either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKDAY
d. DON'T KNOW

H31. 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
d. DON'T KNOW

ALL GO TO H70

(SECTION FOR 6-9 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H32. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

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

H33. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

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

H34. 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

PARENT QUESTIONNAIRE

H35. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO H38)

H36. How old was [CHILD] when you first spanked [him/her]?

_____ MONTHS OR _____ YEARS
d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H37. 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

H38. In the past week, how many times have you grounded [CHILD]?

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

H39. 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

H40. In the past week, how many times have you sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

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

PARENT QUESTIONNAIRE

H41. 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

IF H41=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H42. About how often does [CHILD] go to the library?

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

Show Card #12 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

H43. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "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

PARENT QUESTIONNAIRE

H44. About how many books does [CHILD] have?

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

Show Card #12 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

H45. 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

H46. 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

H47. About how often does [CHILD] read for enjoyment?

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

H48. 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

d. DON'T KNOW

PARENT QUESTIONNAIRE

H49. 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)?

_____ HOURS PER WEEKEND DAY
d. DON'T KNOW

H50. How often do you check to make sure [CHILD] has completed [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "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

H51. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

ALL GO TO H70

(SECTION FOR 10-15 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H52. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

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

H53. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

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

PARENT QUESTIONNAIRE

H54. 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

H55. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO H58)

H56. How old was [CHILD] child when you first spanked [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

1. ENTER MONTHS OR YEARS
_____ MONTHS OR _____ YEARS
- d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H57. 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

H58. In the past week, how many times have you grounded [CHILD]?

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

H59. 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

PARENT QUESTIONNAIRE

H60. In the past week, how many times have you sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

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

H61. 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

IF H61=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H62. About how often does [CHILD] go to the library?

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

Show Card #12 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

PARENT QUESTIONNAIRE

H63. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "father/stepfather/father figure"] discuss TV programs with [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "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

H64. About how many books does [CHILD] have?

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

H65. About how often does [CHILD] read for enjoyment?

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

H66. 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

d. DON'T KNOW

H67. 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

d. DON'T KNOW

H68. How often do you check to make sure [CHILD] has completed [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] homework?

PARENT QUESTIONNAIRE

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

H69. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

H70. CAPI CHECK AGAINST A8: IS CHILD 3 YEARS OLD OR OLDER?

1. YES
5. NO (GO TO J1-NEXT SECTION)

H71. 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.

Please tell me whether each of these statements were often true, sometimes true, or not true of [CHILD], during the past month.

a. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had sudden changes in mood or feeling.

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

b. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has felt or complained that no one loved him/her.

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

c. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been rather high strung, tense and/or nervous.

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

PARENT QUESTIONNAIRE

d. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has cheated or told lies.

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

e. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been too fearful or anxious.

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

f. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has argued too much.

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

g. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "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

h. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been easily confused and/or has seemed to be in a fog.

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

i. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has bullied or has been cruel or mean to others.

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

j. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been disobedient.

1. Often True
2. Sometimes True

PARENT QUESTIONNAIRE

3. Not True

k. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has not seemed to feel sorry after [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has misbehaved.

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

l. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had trouble getting along with other children.

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

m. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been impulsive or has acted without thinking.

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

n. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has felt worthless or inferior.

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

o. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has not been liked by other children.

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

p. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had a lot of difficulty getting ([IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]) mind off certain thoughts (had obsessions).

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

PARENT QUESTIONNAIRE

q. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "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

r. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been stubborn, sullen, or irritable.

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

s. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had a very strong temper and has lost it easily.

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

t. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been unhappy, sad or depressed.

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

u. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been withdrawn, and/or has not gotten involved with others.

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

v. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has broken things on purpose or deliberately destroyed ([IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"]) own or another's things.

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

w. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been clinging to adults

PARENT QUESTIONNAIRE

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

x. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has cried too much.

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

y. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has demanded a lot of attention.

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

z. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been too dependent on others.

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

aa. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has felt others were out to get [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"].

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

bb. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been hanging around with kids who get into trouble.

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

cc. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been secretive, and/or has kept things to [IF CHILD MALE FILL "himself"; IF CHILD FEMALE FILL "herself"].

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

PARENT QUESTIONNAIRE

dd. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been worrying too much.

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

H71fr. Now let's talk about something different.

How many close friends does [CHILD] have?

_____ NUMBER OF CLOSE FRIENDS
d. DON'T KNOW

H72. How many of [CHILD]'s friends' names do you know? Would you say you know [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] all of the names of [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] friends, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE
5. NO FRIENDS (GO TO H75)

H73. 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

H74. 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

H75. How often do you know who [CHILD] is with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is not at home?

1. ALL THE TIME
2. MOST OF THE TIME

PARENT QUESTIONNAIRE

3. SOME OF THE TIME
4. ONLY RARELY

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

J1. CHECK PRELOAD:

1. PCG IS CHILD'S MOTHER (GO TO SECTION K)
2. THIS IS SIB (GO TO SECTION K)
3. THIS IS RSC AND PCG IS NOT CHILD'S MOTHER

J2. Here are a few questions about [CHILD]'s brothers and sisters.

How many children in total has [CHILD]'s mother had? 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.

1. _____ # OF CHILDREN (GO TO J4)
- d. DON'T KNOW (GO TO J3)

J3. 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? Please include all children you know about, even if they are no longer alive.

1. _____ # OF CHILDREN (GO TO J4)
- d. DON'T KNOW (GO TO SECTION K)

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

J4. [IF MORE THAN ONE CHILD]: Let's start with [CHILD]'s mother's first child.

What is this child's first name?

_____ CHILDNAME

J5. Does [FILL CHILDNAME FROM J4] 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 J13)

J6. When was [FILL CHILD NAME FROM J4] born? In what month and year?

PARENT QUESTIONNAIRE

1. _____ MONTH _____ YEAR
d. DON'T KNOW

J7. How old is [FILL CHILD NAME FROM J4]?

_____ YEARS OLD
d. DON'T KNOW

J8. Where does [FILL CHILDNAME FROM J4] live? In what city and state?

_____ CITY
_____ STATE

J9. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE WHETHER OR NOT ASKED

1. YES
5. NO (GO TO J11)

J10. What street does child live on? What is nearest cross-street?

On _____ STREET
NEAR _____ CROSS-STREET

J11. 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)

J12. Who is [CHILDNAME FROM J4] currently living with?

(SELECT ALL THAT APPLY)

DK. DON'T KNOW

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

PARENT QUESTIONNAIRE

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 LIMITED

SPECIFY IF J12=23, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

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

(ONLY FOR KIDS WHO HAVE DIED)

J13. When did [FILL CHILDNAME FROM J4] die?

1. _____ MONTH _____ YEAR
d. DON'T KNOW

J14. About how old was [FILL CHILDNAME FROM J4] when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] died?

- _____ AGE
d. DON'T KNOW

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

SECTION K. CHILD HEALTH

[NOTE: NEED TO DECIDE HERE ON TRANSLATION FOR "FAIR". SEE ADULT QUESTIONNAIRE AND LIST OF QUESTIONNAIRE CHANGES.]

K1. 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

PARENT QUESTIONNAIRE

K2. When [CHILD] was born, was [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] born around [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] due date, early or late?

1. ON DUE DATE (GO TO K4)
2. EARLY
3. LATE
- d. DON'T KNOW (GO TO K4)

K3. About how many days or weeks [IF K2=2 FILL "before"] or [IF K2=3 FILL "after"] the due date was [CHILD] born?

CODE UNIT

1. DAYS
2. WEEKS

K4. 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

K5. How much did [CHILD] weigh at birth?

1. _____ POUNDS _____ OUNCES
2. _____ KILOS
- d. DON'T KNOW

K6. 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

K7. [IF CHILD IS 1 YEAR OLD OR OLDER, FILL "During the past 12 months, how many different times has [CHILD] stayed in the hospital overnight or longer?"]

PARENT QUESTIONNAIRE

[IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born, how many different times has [IF CHILD MALE, FILL "he"; IF CHILD FEMALE, FILL "she"] stayed in the hospital overnight or longer? Do not include the time when [CHILD] was born."]

1-98 == Number of times hospitalized

99 Child not hospitalized in past 12 months (GO TO K10)

K8. When as the last time [CHILD] was hospitalized?

1. _____MONTH _____YEAR

d. DON'T KNOW

K9. What was the reason for this hospitalization?

SHOW "TYPE IN REASON (VERBATIM)"

K10. Has a doctor or other health professional ever told you that [CHILD] has asthma?

1. YES

5. NO (GO TO K12)

K11. [IF CHILD IS 1 YEAR OR OLDER, FILL "During the past 12 months"; IF CHILD IS LESS THAN ONE YEAR OLD, FILL "Since [CHILD] was born"], has [CHILD] had an episode of asthma or an asthma attack?

1. YES

5. NO

K12. Has your doctor or health professional ever said that [CHILD] had... [READ LIST]:

1. YES

5. NO

a. An epileptic fit or convulsion?

1. YES

5. NO

b. Diabetes?

1. YES

5. NO

c. More than 3 ear infections in a year?

PARENT QUESTIONNAIRE

1. YES

5. NO

d. A speech impairment or delay?

1. YES

5. NO

e. Serious hearing difficulty or deafness?

1. YES

5. NO

f. Serious difficulty seeing or blindness?

1. YES

5. NO

g. Mental retardation?

1. YES

5. NO

h. A serious emotional disturbance?

1. YES

5. NO

i. Anemia or iron deficiency?

1. YES

5. NO

j. Elevated levels of lead in the blood?

1. YES

5. NO

k. Orthopedic impairment? (problems with walking, sitting, moving, etc.)

1. YES

5. NO

l. A developmental delay?

1. YES

PARENT QUESTIONNAIRE

5. NO

m. A learning disability?

SPECIFY

1. YES

5. NO

IF K12=M, SHOW "TYPE IN DISABILITY (VERBATIM)"

n. Autism?

1. YES

5. NO

o. Hyperactivity, ADHD, or ADD?

1. YES

5. NO

p. Any other problems?

SPECIFY

1. YES

5. NO

IF K12=P, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

The next questions are about Health Care.

K13. Is there a place that [CHILD] usually goes when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is sick or you need advice about (his/her) health?

1. YES, ONE PLACE

2. YES, MORE THAN ONE PLACE

3. NO (GO TO K18)

K14. [IF K13=1, THEN READ:] What kind of place is it? Is it ... [READ LIST]?

[IF K13 = 2, THEN READ:] What kind of place does [CHILD] go to most often? Do you go to... [READ LIST]?

1. clinic, health center or HMO,

2. doctor's office,

PARENT QUESTIONNAIRE

3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?--> SPECIFY

IF K14=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO K17)

K15. [IF K14=1-5, FILL "What is"; IF K14=d, FILL "DO you know"] the name of this place?

1. NAME _____

K16. Where is this place located? On what street? What is the nearest cross-street? What city is it in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
IN _____ CITY _____ STATE

K17. Is that the same place [CHILD] usually goes when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] needs routine or preventive care, such as a physical examination or well baby/child check-up?

1. YES (GO TO K21)
5. NO

K18. What kind of place do you go to when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] needs routine preventive care, such as a physical examination or well baby/child check-up? Do you go to... [READ LIST]?

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?--> SPECIFY

IF K18=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO K21)
6. DOESN'T GET PREVENTIVE CARE ANYWHERE

IF K18=6, GO TO K21

PARENT QUESTIONNAIRE

K19. [IF K18=1-5, FILL "What is"; IF K18=d, FILL "Do you know"] the name of this place?

1. _____NAME OF PLACE

K20. Where is this place located? On what street? What is the nearest cross-street? What city is it in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
IN _____ CITY _____ STATE

K21. When was the last time [CHILD] was seen by a doctor, nurse or other health care professional for illness, injury or a routine check-up?

1. _____MONTH _____YEAR
5. NEVER (GO TO K24)

K22. For what illness, injury or other reason did [IF CHILD MALE FILL "he"; IF FEMALE, FILL "she"] see the doctor, nurse, or other health care professional?

1. Routine check-up or physical exam
2. Other reason, specify _____ (limited)

CHECK K21:

1. DATE WAS IN THE LAST 12 MONTHS
2. DATE WAS NOT IN THE LAST 12 MONTHS (GO TO K24)

K23. In the past 12 months, that is since [FILL MONTH4] last year, about how many times has [CHILD] seen a doctor, nurse, or other health professional about [IF CHILD MALE FILL "his"; IF FEMALE, FILL "her"] health?"

__ __ NUMBER OF TIMES
(RANGE 1-50, VERIFY AT 12)
99. NEVER

K23ver. I want to verify that you said [CHILD] has seen a doctor, nurse or other health care professional [FILL K23] times in the past 12 months. Is that correct?

CHECK IF K22=1 GO TO K25, ELSE CONTINUE

K24. Not including visits for illness or injury, when was the last time [CHILD] saw a doctor or clinic for a routine health check-up?

1. __ __ MONTH __ __ __ YEAR

PARENT QUESTIONNAIRE

(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER, DOESN'T GET CHECK-UPS

K25. During the past 12 months, how many times has [CHILD] gone to a hospital emergency room about [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] 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

K26. Is [CHILD] up to date on [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] shots or immunizations?

- 1. YES
- 5. NO

K27. During the past 12 months, have you ever taken [CHILD] to see any of the following types of people about a health problem?:

a. Dentist?

- 1. YES
- 5. NO

b. Optometrist or Ophthalmologist or Eye Doctor?

- 1. YES
- 5. NO

c. Psychiatrist, psychologist, or a counselor?

- 1. YES
- 5. NO

d. Pharmacist?

- 1. YES
- 5. NO

e. Healer?

PARENT QUESTIONNAIRE

1. YES

5. NO

f. Specialist in biofeedback, energy healing or hypnosis?

1. YES

5. NO

g. Acupuncturist?

1. YES

5. NO

h. Homeopath?

1. YES

5. NO

i. Herbalist or Chinese medicine specialist?

1. YES

5. NO

j. Chiropractor?

1. YES

5. NO

k. Massage therapist?

1. YES

5. NO

END

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