The Child Development Supplement to The Panel Study of Income Dynamics

Primary Caregiver CAPI Interview Child Focused & Household Modules For all Children/Youth
Section A: Child Health

* “Don’t Know” and “Refused” are options for all question items in the PCG Interview using Blaise hot keys. They are not listed for each item separately in this document. DK and RF follow skip patterns of “NO/NEVER” responses unless otherwise specified.

All of the following questions are about [CHILD NAME].

A0. I would like to begin by asking about (CHILD)’s health.

IF CHILD IS AGE 4-6 YEARS -7 GO TO A2
IF CHILD IS AGE 7 YEARS OR OLDER -7 GO TO A3

A2. Was (CHILD) breastfed as an infant?

   Yes ................................................................. 1        GO TO A2a
   No ................................................................. 5        GO TO A3

A2a. How many months old was (CHILD) when breastfeeding stopped?

   IF VOL: ‘still breastfeeding’ ............................... 97

A3. Since January 1997, how many different times has (CHILD) stayed in the hospital overnight or longer? Do not include the hospitalization when (he/she) was born.

   IF VOL: ‘child has never been hospitalized’, code 0
   IF more than 96 times code as 97

IF A3 = 0 -7 GO TO A4

A3a1. When was the last time (CHILD) was hospitalized?

   ENTER month first
   If DK month, PROBE: Can you remember the season of the year?

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<td>1</td>
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<td>7</td>
<td>8</td>
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<td>11</td>
<td>12</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>

A3a2. ENTER year
A3b. What was the reason for this hospitalization?
Open field

A4. Has (CHILD)’s doctor or health professional ever said that (CHILD) had…

Only mark YES for conditions diagnosed by a doctor or health professional. A health professional includes nurse, physician’s assistant, nurse practitioner, social worker, or counselor.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. An epileptic fit or convulsion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Asthma?</td>
<td></td>
<td>GO TO A4b1</td>
</tr>
<tr>
<td>b1. Is your child taking asthma medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. More than 3 ear infections in a year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Speech impairment or delay?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Serious hearing difficulty or deafness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Serious difficulty seeing or blindness?</td>
<td></td>
<td></td>
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<tr>
<td>h. Mental retardation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. A serious emotional disturbance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Anemia or iron deficiency?</td>
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<td></td>
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<tr>
<td>k. Elevated levels of lead in the blood?</td>
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<td></td>
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<tr>
<td>l. Orthopedic impairment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Developmental problems, such as developmental delay or learning disability?</td>
<td></td>
<td></td>
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<tr>
<td>n. Autism?</td>
<td></td>
<td></td>
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<tr>
<td>o. Hyperactivity, ADHD, or ADD?</td>
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</tr>
<tr>
<td>IWER: ADHD IS ATTENTION DEFICIT HYPERACTIVITY DISORDER; and ADD IS ATTENTION DEFICIT DISORDER.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Allergies?</td>
<td></td>
<td>GO TO A4q1</td>
</tr>
<tr>
<td>q. Any other problems?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A4q1. Please specify other problem
Open field

A5. Now I would like to ask about (CHILD)’s health care over the last 12 months. About how many times in the past 12 months has (he/she) been seen by a doctor, nurse or other health care professional for illness? ENTER 0 if R says “none”.

2
A5a1. When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for illness? ENTER month first
If DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
</tr>
<tr>
<td>Feb</td>
<td>2</td>
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<tr>
<td>March</td>
<td>3</td>
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<td>April</td>
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<td>May</td>
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<td>June</td>
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<td>Oct</td>
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<td>Nov</td>
<td>11</td>
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<td>Dec</td>
<td>12</td>
</tr>
<tr>
<td>NEVER</td>
<td>13 -7</td>
</tr>
<tr>
<td>Winter</td>
<td>21</td>
</tr>
<tr>
<td>Spring</td>
<td>22</td>
</tr>
<tr>
<td>Summer</td>
<td>23</td>
</tr>
<tr>
<td>Fall</td>
<td>24</td>
</tr>
</tbody>
</table>

A5a2. ENTER year

A5b. For what illness did (he/she) see the doctor, nurse or other health care professional? Open field

A6. About how many times in the past 12 months has (CHILD) been seen by a doctor, nurse or other health care professional for an injury? ENTER 0 if R says “none”.

A6a1. When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for an injury? ENTER month first
If DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
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<td>Feb</td>
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<tr>
<td>March</td>
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<td>April</td>
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<td>May</td>
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<td>Nov</td>
<td>11</td>
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<td>Dec</td>
<td>12</td>
</tr>
<tr>
<td>NEVER</td>
<td>13 -7</td>
</tr>
<tr>
<td>Winter</td>
<td>21</td>
</tr>
<tr>
<td>Spring</td>
<td>22</td>
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<tr>
<td>Summer</td>
<td>23</td>
</tr>
<tr>
<td>Fall</td>
<td>24</td>
</tr>
</tbody>
</table>

A6a2. ENTER year

A6b. For what injury did (he/she) see the doctor, nurse or other health care professional? Open field
A7. Not including visits for illness or injury, when was (CHILD) last seen by a doctor or clinic for a **routine health check-up**?

ENTER month first

If DK month, PROBE: Can you remember the season of the year?

| Jan .............................................................. 1 | Oct .............................................................. 10 |
| Feb .............................................................. 2 | Nov .............................................................. 11 |
| March ............................................................ 3 | Dec .............................................................. 12 |
| April .............................................................. 4 | NEVER .......................................................... 13 - 7 GO TO A8 |
| May ............................................................... 5 | Winter ......................................................... 21 |
| June ............................................................... 6 | Spring ......................................................... 22 |
| July ............................................................... 7 | Summer ......................................................... 23 |
| Aug ............................................................... 8 | Fall ......................................................... 24 |
| Sept ............................................................. 9 |

A7a2. ENTER year

A8. Has (CHILD) ever seen a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioral problem?

Yes .................................................................................... 1

No ..................................................................................... 5 GO TO A9

A8a1. When was the last time (CHILD) was seen by a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioral problem?

ENTER month first

If DK month, PROBE: Can you remember the season of the year?

| Jan .............................................................. 1 | Oct .............................................................. 10 |
| Feb .............................................................. 2 | Nov .............................................................. 11 |
| March ............................................................ 3 | Dec .............................................................. 12 |
| April .............................................................. 4 | NEVER .......................................................... 13 - 7 GO TO A9 |
| May ............................................................... 5 | Winter ......................................................... 21 |
| June ............................................................... 6 | Spring ......................................................... 22 |
| July ............................................................... 7 | Summer ......................................................... 23 |
| Aug ............................................................... 8 | Fall ......................................................... 24 |
| Sept ............................................................. 9 |

A8a2. ENTER year
A9. Does (CHILD) currently have any physical or mental condition that would limit or prevent (his/her) ability to...

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. do usual childhood activities such as play, or participate in games or sports?</td>
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<tr>
<td>b. attend (school/preschool/day care) regularly?</td>
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<tr>
<td>c. do regular school work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A10. Is (CHILD) up-to-date on (his/her) shots or immunizations?
Yes .................................................................................... 1
No ..................................................................................... 5

A11. In general, would you say (CHILD’S) health is excellent, very good, good, fair, or poor?
Excellent ................................................................. 1
Very good ................................................................. 2
Good ................................................................. 3
Fair ............................................................................. 4
Poor .......................................................................... 5

A12. (RB p.1) In the past 12 months, how often has your child wheezed with exercise or running or playing hard? Would you say never, less than 3 times in a the whole year, between 4-10 times in the whole year, 1-2 times a month, once a week, more than once a week, or everyday?
Never ............................................................................... 1
Less than 3 times in the whole year.......................... 2
Between 4-10 times in the whole year.................. 3
1-2 times a month .................................................... 4
Once a week ............................................................... 5
More than once a week ............................................. 6
Everyday ........................................................................ 7

A13. (RB p.1) In the past 12 months, how often has your child had an attack of wheezing (a whistling sound coming from the chest) that made it hard for (him/her) to breathe or catch (his/her) breath? Would you say never, less than 3 time in a the whole year, between 4-10 times in the whole year, 1-2 times a month, once a week, more than once a week, or everyday?
Never ............................................................................... 1
Less than 3 times in the whole year.......................... 2
Between 4-10 times in the whole year.................. 3
1-2 times a month .................................................... 4
Once a week ............................................................... 5
More than once a week ............................................. 6
Everyday ........................................................................ 7
A14. How many times in the past 12 months has your child been to a hospital emergency room for asthma or wheezing?
ENTER 0 if R says “none”

A15. How many times in the past 12 months has your child been to a doctor’s office or health care clinic for asthma or wheezing?
ENTER 0 if R says “none”

A16. How many times in the past 12 months has your child missed school because of (his/her) asthma or wheezing?
ENTER 0 if R says “none”

A17. Now I’m going to ask some questions about health expenses for (CHILD).

During the past 12 months, about how much did you or anyone else living with you spend on dental insurance for (CHILD)?
ENTER amount. If it is not a whole-dollar amount, press the [.] and then enter the number of cents.

Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.

A18. Did anyone living outside your household help pay for dental insurance for (CHILD)?

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.]

Yes……………………..1
No……………………..5 GO TO A19

A18a. Who was that?

SELECT ALL THAT APPLY.

1. Biological mother 11. Aunt
2. Stepmother 12. Uncle
3. Adoptive mother 13. Sister
5. Stepfather 15. Other relative
6. Adoptive father 16. Legal Guardian
7. Grandmother 17. Foster mother
8. Grandfather 18. Foster father
9. Female partner of OCG
10. Male partner of OCG
A18b. Altogether, about how much did others living outside your household spend on dental insurance for (CHILD)?
ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.]

A19. During the past 12 months, about how much did you or anyone else living with you pay out-of-pocket for dental care for (CHILD), including co-payments and any costs not covered by dental insurance?
ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket.]

A20. Did anyone living outside your household help pay for out-of-pocket dental care expenses for (CHILD)?

Yes…………………………1
No…………………………5 GO TO A21

A20a. Who was that?

SELECT ALL THAT APPLY.

1. Biological mother
2. Stepmother
3. Adoptive mother
4. Biological father
5. Stepfather
6. Adoptive father
7. Grandmother
8. Grandfather
9. Female partner of OCG
10. Male partner of OCG
11. Aunt
12. Uncle
13. Sister
14. Brother
15. Other relative
16. Legal Guardian
17. Foster mother
18. Foster father

A20b. Altogether, about how much did others living outside your household pay on out-of-pocket for dental care for (CHILD)?
ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket.]

A21. During the past 12 months, about how much did you, or anyone else living with you, spend on medical insurance for (CHILD)? Please do not include the cost of dental insurance that you already told me about.
ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.]
A22. Did anyone living outside your household help pay for medical insurance for (CHILD)?

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.]

Yes…………………………1
No…………………………5 GO TO A23

A22a. Who was that?

SELECT ALL THAT APPLY.

1. Biological mother 11. Aunt
2. Stepmother 12. Uncle
3. Adoptive mother 13. Sister
5. Stepfather 15. Other relative
6. Adoptive father 16. Legal Guardian
7. Grandmother 17. Foster mother
8. Grandfather 18. Foster father
9. Female partner of OCG
10. Male partner of OCG

A22b. Altogether, about how much did others living outside your household spend on medical insurance for (CHILD)?

ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket for the insurance.]

A23. During the past 12 months, about how much did you or anyone else living with you pay out-of-pocket for medical care for (CHILD), including co-payments and any costs not covered by medical insurance? Please do not include cost of dental care that you already told me about.

ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket.]

A24. Did anyone living outside your household help pay for out-of-pocket medical care expenses for (CHILD)?

Yes…………………………1
No…………………………5 GO TO SECTION B
A24a. Who was that?
SELECT ALL THAT APPLY.

1. Biological mother
2. Stepmother
3. Adoptive mother
4. Biological father
5. Stepfather
6. Adoptive father
7. Grandmother
8. Grandfather
9. Female partner of OCG
10. Male partner of OCG
11. Aunt
12. Uncle
13. Sister
14. Brother
15. Other relative
16. Legal Guardian
17. Foster mother
18. Foster father

A24b. Altogether, about how much did others living outside your household pay for out-of-pocket medical care for (CHILD)?
ENTER amount. If it is not a whole-dollar amount, press the [.] and enter the number of cents.

[Do not include costs paid directly by the Respondent’s or anyone else’s employer. We want money paid out-of-pocket.]
B1. Now I have some questions about (CHILD’s) school experiences. In the best of all worlds, how much schooling would you like (CHILD) to complete?

IWER: DO NOT READ RESPONSE CATEGORIES

11TH GRADE OR LESS .......................................................................................................................... 1
GRADUATE FROM HIGH SCHOOL ...........................................................................................................2
POST-HIGH SCHOOL VOCATIONAL TRAINING ...................................................................................3
SOME COLLEGE ........................................................................................................................................4
GRADUATE FROM 2 YEAR COLLEGE WITH ASSOCIATE’S DEGREE ..............................................................5
GRADUATE FROM 4 YEAR COLLEGE ........................................................................................................6
MASTER’S DEGREE OR TEACHING CREDENTIAL PROGRAM ....................................................................7
MD, LAW, PHD, OR OTHER DOCTORAL DEGREE ................................................................................8

B2. Sometimes children do not get as much education as we would like. How much schooling do you expect that (CHILD) will really complete?

IWER: DO NOT READ RESPONSE CATEGORIES

11TH GRADE OR LESS .......................................................................................................................... 1
GRADUATE FROM HIGH SCHOOL ...........................................................................................................2
POST-HIGH SCHOOL VOCATIONAL TRAINING ...................................................................................3
SOME COLLEGE ........................................................................................................................................4
GRADUATE FROM 2 YEAR COLLEGE WITH ASSOCIATE’S DEGREE ..............................................................5
GRADUATE FROM 4 YEAR COLLEGE ........................................................................................................6
MASTER’S DEGREE OR TEACHING CREDENTIAL PROGRAM ....................................................................7
MD, LAW, PHD, OR OTHER DOCTORAL DEGREE ................................................................................8

IF B2 >= B1-7 GO TO B4

B3. What things might keep (CHILD) from getting as much education as (he/she) wants?

(IF NECESSARY PROBE: Anything else?)

B4. Is (CHILD) currently enrolled in kindergarten, elementary school, middle school, high school, or college?

Yes ........................................................................................................................................................1
No .........................................................................................................................................................5

IF IN SCHOOL (B4 = 1) -7 GO TO B6
IF NOT IN SCHOOL (B4=5) AND YOUNGER THAN 7 YRS -7 GO TO B5
IF NOT IN SCHOOL (B4 = 5) AND 7YRS OR OLDER -7 GO TO B12

B5. Is (CHILD) in a child care center, nursery school, preschool, pre-kindergarten, or Head Start Program?

Child care center, nursery school, preschool, Pre-kindergarten, or Head Start ...... 1 GO TO B7
Not in any program .......................................................................................................................... 2 GO TO B29
B6. What grade is (CHILD) attending in school?

IWER: DO NOT READ RESPONSES

IF VOL: ‘Kindergarten’, code 13
IF VOL: ‘College’, code 14
IF VOL: ‘Does not attend school’, code 15

GRADE 1 ......................................................................... 1
GRADE 2 ......................................................................... 2
GRADE 3 ......................................................................... 3
GRADE 4 ......................................................................... 4
GRADE 5 ......................................................................... 5
GRADE 6 ......................................................................... 6
GRADE 7 ......................................................................... 7
GRADE 8 ......................................................................... 8
GRADE 9 ......................................................................... 9
GRADE 10 ...................................................................... 10
GRADE 11 ...................................................................... 11
GRADE 12 ...................................................................... 12
KINDERGARTEN ........................................................... 13
COLLEGE ........................................................................ 14
DOES NOT ATTEND SCHOOL ....................................... 15

IF IN COLLEGE OR DOESN’T ATTEND SCHOOL (B = 14 or 15) -7 GO TO B12

B7. How many days in the past 12 months did (CHILD) miss more than half of the day from (school/ child care center/ preschool/Head Start/)…

<table>
<thead>
<tr>
<th>NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Due to <strong>illness</strong>?</td>
</tr>
<tr>
<td>b. Due to <strong>injury</strong>?</td>
</tr>
</tbody>
</table>

B8. Does (CHILD) usually eat breakfast at (school/ child care center/ preschool/Head Start/) under the Federal School Breakfast Program?

Yes ................................................................................. 1 GO TO B8a
No ................................................................................. 5 GO TO B8b
IF VOL: ‘School does not have program’ ......................... 97 GO TO B9

B8a. Are the breakfasts full-price, reduced-price or free?

Full-priced ........................................................................ 1
Reduced-price ................................................................. 2
Free .................................................................................. 3
Part of fee or tuition ....................................................... 4
IF B8a = 2 or 3 -7 GO TO B9

B8b. Did you (or another person) apply for (CHILD) to receive free or reduced-price breakfasts under the Federal School Breakfast Program during this school year?

Yes.........................................................................................1
No ..............................................................................................5
IF VOL: ‘School does not have program’ ..........................97

B9. Does (CHILD) usually eat a complete hot lunch offered at (day care/nursery school/ preschool/school)?

DEF: “Usually” is defined as about 3 days a week.

Yes..............................................................................................1
No ..............................................................................................5 GO TO B9b
IF VOL: ‘SCHOOL DOES NOT HAVE PROGRAM’ ..........97 GO TO SKIP INSTRUCTION BEFORE B10

B9a. Are the lunches full-price, reduced-price or free?

Full-priced ........................................................................ 1
Reduced-price ................................................................. 2
Free ................................................................................. 3
Part of fee or tuition..............................................................4

IF B9a = 2 or 3-7 GO TO SKIP INSTRUCTION BEFORE B10

B9b. Did you (or another person) apply for (CHILD) to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?

DEF: Federal school lunch program is often called Free or Reduced Lunch Program

Yes..............................................................................................1
No ..............................................................................................5
IF VOL: ‘SCHOOL DOES NOT HAVE PROGRAM’…97

IF NOT IN SCHOOL (B4=5) AND YOUNGER THAN 7 YRS -7 GO TO B29

B10. Since the beginning of the school year, how many times has (CHILD) changed schools?
B11. **For this school year**, is (CHILD) (FILL: currently) attending a public school, a private school, or is (he/she) attending school at home?

FILL: IF B10 EQUAL OR GREATER THAN 1

“Attending school at home” is for children who are taught by their parents or some cooperative group of parents.

Public school................................................................. 1 GO TO B12
Private school ................................................................. 2 GO TO B11a
Attending school at home .............................................. 3 GO TO B12
IF VOL: Not in School.....................................................4 GO TO B12

B11a1. How much did you pay for school (FILL: (CHILD) is currently attending) this school year?  
ENTER amount first

FILL: IF B10 EQUAL OR GREATER THAN 1

PROBE: For most recent school attended if attended more than one.

B11a2. Was that per hour, per day, per week, every two weeks, every month or for the year?

Per Hour............................................................................ 1 GO TO B12
Per Day ............................................................................. 2 GO TO B12
Per Week ......................................................................... 3 GO TO B12
Every Two Weeks .......................................................... 4 GO TO B12
Every Month ................................................................. 5 GO TO B12
For the Year ..................................................................... 6 GO TO B12
Other (Specify) ......................................................... 7

B11a3. SPECIFY other
Open field

B12. **For the previous school year**, was (CHILD) attending a public school, a private school, or was (he/she) attending school at home?

SELECT ALL THAT APPLY
For multiple response, use space bar or dash to separate responses.

Public school................................................................. 1
Private school ................................................................. 2
Attending school at home .............................................. 3
IF VOL: ‘NOT IN SCHOOL’.............................................. 4 GO TO SKIP INSTRUCTION BEFORE B13

IF B12 = 1 OR 3 ONLY, OR 1 AND 3 -7 GO TO B 13;
IF B12 = 2 ONLY, OR 2 AND 1 OR 2 AND 3 -7 GO TO B 12a1
B12a1. How much did you pay for school last school year?
ENTER amount first

PROBE: For most recent school attended if attended more than one.

IF B12a1 = 0 -7 GO TO SKIP INSTRUCTION BEFORE B13

B12a2. Was that per hour, per day, per week, every two weeks, every month or for the year?
ENTER unit of time

Per Hour............................................................................ 1 GO TO SKIP INSTRUCTION BEFORE B13
Per Day ............................................................................. 2 GO TO SKIP INSTRUCTION BEFORE B13
Per Week........................................................................... 3 GO TO SKIP INSTRUCTION BEFORE B13
Every Two Weeks ............................................................ 4 GO TO SKIP INSTRUCTION BEFORE B13
Every Month ..................................................................... 5 GO TO SKIP INSTRUCTION BEFORE B13
For the Year ...................................................................... 6 GO TO SKIP INSTRUCTION BEFORE B13
Other - Specify................................................................. 7

B12a3. SPECIFY other
Open field

IF IN COLLEGE OR DOESN’T ATTEND SCHOOL (B6 = 14 or 15) -7 GO TO B15

B13. Between starting kindergarten and now, did (CHILD) ever attend a religious or other private school (instead of public school)?

Yes .................................................................................... 1 GO TO B14
No ..................................................................................... 5 GO TO B15

B14. Between starting kindergarten and now, what type of private school has (CHILD) attended: a private/religious school, a private/non-religious school or both?

Private/religious school ..................................................... 1 GO TO B14b
Private/non-religious school ............................................. 2 GO TO B14b
Both .................................................................................. 3 GO TO B14a
Other (Specify) .................................................................. 4 GO TO B14a1

B14a1. SPECIFY other
Open field

GO TO B14b
B14a. Was most of the time spent in a religious private school or a non-religious private school?

- Religious private school ................................................... 1
- Non-religious private school............................................. 2
- Time was half and half ..................................................... 3

B14b. In which grade or grades did (CHILD) attend a private school?

**SELECT ALL THAT APPLY**

**INCLUDE BOTH RELIGIOUS AND NON-RELIGIOUS PRIVATE SCHOOLS.**

- GRADE 1 ................................................................. 1
- GRADE 2 ................................................................. 2
- GRADE 3 ................................................................. 3
- GRADE 4 ................................................................. 4
- GRADE 5 ................................................................. 5
- GRADE 6 ................................................................. 6
- GRADE 7 ................................................................. 7
- GRADE 8 ................................................................. 8
- GRADE 9 ................................................................. 9
- GRADE 10 .............................................................. 10
- GRADE 11 .............................................................. 11
- GRADE 12 .............................................................. 12
- KINDERGARTEN ......................................................... 13
- PRE-KINDERGARTEN SCHOOLS ................................. 95
- PRE-FIRST GRADE (AFTER KINDERGARTEN) ............... 96

B15. Has (CHILD) **ever** attended a special class or school for gifted students or done advanced work in any subjects?

‘Special class’ in this context refers to any advanced class or gifted class, and not a special class for learning disabilities or special education.

- Yes .................................................................................... 1
- No ..................................................................................... 5

IF NOT IN SCHOOL (B4 = 5) AND 7 YRS OR OLDER -7 GO TO B18
IF IN COLLEGE OR DOESN’T ATTEND SCHOOL (B6 = 14 or 15) -7 GO TO B18

B16. Has (he/she) ever been classified by the school as needing special education?

Special education is for children with learning disabilities or language problems.

- Yes .................................................................................... 1
- No ..................................................................................... 5 GO TO B18
B16a. Is (CHILD) currently in a special education class or program?

Yes ................................................................................................. 1
No ............................................................................................... 5 GO TO B18

B16b. Please specify the reason why.
Open field

B18. Did (CHILD) ever participate in any early intervention program such as Head Start, Even Start, or Fair Start?

Yes ................................................................................................. 1
No ............................................................................................... 5 GO TO SKIP INSTRUCTION BEFORE B19

B18a1. How old was (CHILD) at the time?
ENTER amount of time

B18a2. ENTER unit of time (Days, Weeks, Months, Years)

B18b1. How long was (CHILD) in the program?
ENTER amount

B18b2. ENTER unit of time (Days, Weeks, Months, Years)

IF CHILD IS CURRENTLY IN KINDERGARTEN (B6 = 13) -7 GO TO B20

B19. Did (CHILD) attend kindergarten?

Yes ................................................................................................. 1
No ............................................................................................... 5 GO TO B22

B20. Most school districts have guidelines about when a child can start school based upon his or her birth date. Did you enroll (CHILD) in kindergarten early, when (he/she) was old enough based on (his/her) birth date, or did you wait until (he/she) was older?

Early ................................................................. 2 GO TO B21a
When eligible ................................................................. 2 GO TO B21a
Waited ............................................................................... 3

B20a. Why did you wait?
Open field
B21a. How old was (CHILD) in years and months when (he/she) first started kindergarten? 
ENTER age in years

B21b. ENTER months

B22. Has (CHILD) ever been suspended or expelled from school?

YES................................................................................... 1
NO .................................................................................... 5

IF NOT IN SCHOOL (B4 = 5) AND 7 YRS OR OLDER -7 GO TO B28
IF B6 = 7 THROUGH 12 -7 GO TO B24
IF B6 = 14 OR 15 -7 GO TO B26

B23. The next set of questions is about (CHILD’S) schooling.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you obtain information about who would be (CHILD)’s teacher before the start of the school year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did you meet with (CHILD)'s teacher before the start of the school year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is there more than one teacher that (CHILD) could have been assigned to for (his/her) current grade or age level?</td>
<td>GO TO B24a</td>
<td></td>
</tr>
<tr>
<td>d. Did you request a particular teacher for (CHILD)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B24. (FILL: The next questions are about (CHILD)’s schooling.)
FILL only read if B23 not read

a. In the last 12 months, how many times have you participated in any of the following activities at (CHILD)’s school? …Volunteered in any classroom, school office, or library? 
ENTER 0 If R Says “None”

b. In the last 12 months, how many times have you … …had a conference with (CHILD)’s teacher? 
ENTER 0 If R Says “None”
c. In the last 12 months, how many times have you …
…had a conference with (CHILD)’s school principal?

ENTER 0 If R Says “None”

d. In the last 12 months, how many times have you …
…had an informal conversation with (CHILD)’s teacher?

ENTER 0 If R Says “None”

e. In the last 12 months, how many times have you…
…had an informal conversation with (CHILD)’s principal?

ENTER 0 If R Says “None”

f. In the last 12 months, how many times have you …
…attended a school event in which (CHILD) participated such as a play, sporting event or concert?

ENTER 0 If R Says “None”

g. In the last 12 months, how many times have you…
…attended a meeting of the PTA or other such organization at (CHILD)’s school?

ENTER 0 If R Says “None”

h. In the last 12 months, how many times have you …
…met with a school counselor at (CHILD)’s school?

SCHOOL COUNSELOR IN THIS CONTEXT MEANS ACADEMIC COUNSELOR

ENTER 0 IF R SAYS “NONE”
B26. (RB p.2) In the last 12 months, please tell me how often you discussed the following with (CHILD).

<table>
<thead>
<tr>
<th></th>
<th>Never (1)</th>
<th>Once or Twice in the Past 12 Months (2)</th>
<th>A Few Times in the Past 12 Months (3)</th>
<th>About Once a Week (4)</th>
<th>More Than Once a Week (5)</th>
<th>Every Day (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. School activities or events of particular interest to (CHILD)? Would you say never, once or twice in the past 12 months, a few times in the past 12 months, about once a week, more than once a week, or every day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Things (CHILD) has studied in class?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c. (CHILD)’s experiences in school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B28. Since starting kindergarten, has (CHILD) ever repeated a grade or been held back because the school recommended it?

Yes ................................................................. 1
No ............................................................................. 5 GO TO B29

B28a. Which grades did (CHILD) repeat?

SELECT all that apply

GRADE 1 ......................................................... 1
GRADE 2 ......................................................... 2
GRADE 3 ......................................................... 3
GRADE 4 ......................................................... 4
GRADE 5 ......................................................... 5
GRADE 6 ......................................................... 6
GRADE 7 ......................................................... 7
GRADE 8 ......................................................... 8
GRADE 9 ......................................................... 9
GRADE 10 ....................................................... 10
GRADE 11 ....................................................... 11
GRADE 12 ....................................................... 12
KINDERGARTEN ................................................ 13
PRE-FIRST GRADE (AFTER KINDERGARTEN) ........ 96
B29. (RB p.3) For the next set of statements, decide whether they are **not true, sometimes true, or often true**, of (CHILD)’s behavior.

<table>
<thead>
<tr>
<th>Not True (1)</th>
<th>Sometimes True (2)</th>
<th>Often True (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. (He/She) has sudden changes in mood or feeling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. (He/She) feels or complains that no one loves him/her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. (He/She) is rather high strung, tense and nervous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. (He/She) cheats or tells lies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. (He/She) is too fearful or anxious.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. (He/She) argues too much.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. (He/She) has difficulty concentrating, cannot pay attention for long.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. (He/She) is easily confused, seems to be in a fog.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. (He/She) bullies or is cruel or mean to others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. (He/She) is disobedient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. (He/She) does not seem to feel sorry after (he/she) misbehaves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. (He/She) has trouble getting along with other people (FILL: (his/her) age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. (He/She) is impulsive, or acts without thinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. (He/She) feels worthless or inferior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. (He/She) is not liked by other people (his/her) age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. (He/She) has a lot of difficulty getting (his/her) mind off certain thoughts. Would you say <strong>not true, sometimes true, or often true</strong>? (IF NEC: has obsessions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. (He/She) is restless or overly active, cannot sit still.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. (He/She) is stubborn, sullen, or irritable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. (He/She) has a very strong temper and loses it easily.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t. (He/She) is unhappy, sad or depressed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>u. (He/She) is withdrawn, does not get involved with others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not True (1)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-------------</td>
</tr>
<tr>
<td>v.</td>
<td>(He/She) breaks things on purpose or deliberately destroys (his/her) own or another's things.</td>
<td></td>
</tr>
<tr>
<td>w.</td>
<td>(He/She) clings to adults.</td>
<td></td>
</tr>
<tr>
<td>x.</td>
<td>(He/She) cries too much.</td>
<td></td>
</tr>
<tr>
<td>y.</td>
<td>(He/She) demands a lot of attention.</td>
<td></td>
</tr>
<tr>
<td>z.</td>
<td>(He/She) is too dependent on others.</td>
<td></td>
</tr>
<tr>
<td>aa.</td>
<td>(He/She) feels others are out to get (him/her).</td>
<td></td>
</tr>
<tr>
<td>bb.</td>
<td>(He/She) hangs around with kids who get into trouble.</td>
<td></td>
</tr>
<tr>
<td>cc.</td>
<td>(He/She) is secretive, keeps things to (himself/herself).</td>
<td></td>
</tr>
<tr>
<td>dd.</td>
<td>(He/She) worries too much.</td>
<td></td>
</tr>
<tr>
<td>ee.</td>
<td>(He/She) is disobedient at school.</td>
<td></td>
</tr>
<tr>
<td>ff.</td>
<td>(He/She) has trouble getting along with teachers.</td>
<td></td>
</tr>
</tbody>
</table>
B30.  (RB p.4) Thinking about (CHILD), please tell me how much each statement applies to (CHILD) on a scale from 1-5, where one means “not at all like your child,” and five means “totally like your child,” and two, three and four are somewhere in between.

<table>
<thead>
<tr>
<th>a.  Is cheerful, happy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.  Waits (his/her) turn in games and other activities.</td>
</tr>
<tr>
<td>c.  Does neat, careful work.</td>
</tr>
<tr>
<td>d.  Is curious and exploring, likes new experiences.</td>
</tr>
<tr>
<td>e.  Thinks before (he/she) acts, is not impulsive.</td>
</tr>
<tr>
<td>f.  Gets along well with other people (his/her) age.</td>
</tr>
<tr>
<td>g.  Usually does what you tell (him/her) to do.</td>
</tr>
<tr>
<td>h.  Can get over being upset quickly.</td>
</tr>
<tr>
<td>i.  Is admired and well-liked by other people (his/her) age.</td>
</tr>
<tr>
<td>j.  Tries to do things for (himself/herself), is self-reliant.</td>
</tr>
</tbody>
</table>

B31.  (RB p.5) Now I’d like to ask about things you and (CHILD) did together in the past month. These things might be done together anywhere, they don’t have to be done at home.

In the past month, how often did you and (CHILD)…

<p>| a.  Wash or fold clothes? Would you say you did not do it in the past month with (CHILD), did it one or two times in the past month, about once a week, several times a week, or everyday. |
| b.  Do dishes together? |</p>
<table>
<thead>
<tr>
<th></th>
<th>Not in the Past Month (1)</th>
<th>1 Or 2 Times in the Past Month (2)</th>
<th>About Once a Week (3)</th>
<th>Several Times a Week (4)</th>
<th>Every Day (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>c.</td>
<td>In the past month, how often did you…</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Go to the store with (CHILD)?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d.</td>
<td>(In the past month, how often did you and (CHILD)…)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do yard work or gardening?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e.</td>
<td>Talk to (him/her) about your family?</td>
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<td></td>
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<tr>
<td></td>
<td>DEF: Family means any family members including siblings, parents, grandparents, aunts, cousins, etc.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>f.</td>
<td>Prepare food together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Do arts and crafts together?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Play sports or do outdoor activities together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Clean the house together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Build or repair something together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>In the past month, how often did you…</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work or play on a computer or play video games with (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>Work on homework with (him/her)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>Play a board game or card game or do puzzles with (him/her)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>In the past month, how often did you…</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look at books with (CHILD) or talk with (CHILD) about books (he/she) has read?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B33. How many of (CHILD)'s close friends do you know by sight and by first and last name? Do you know none of them, only a few, about half, most of them, or all of them?

None of Them ................................................................. 1
Only A Few ................................................................. 2
About Half ................................................................. 3
Most of Them ............................................................. 4
All of Them ................................................................. 5
IF VOL: He/she does not have any friends ...................... 6 GO TO B34
B33a. How many of (CHILD)'s close friends' parents do you know by sight and by first and last name? Do you know none of them, only a few, about half, most of them, or all of them?

- None of Them ................................................................. 1
- Only A Few ........................................................................ 2
- About Half .......................................................................... 3
- Most of Them ...................................................................... 4
- All of Them ........................................................................ 5

B33b. How many of (CHILD)'s friends did you see last week?

B33c. (RB p.5) About how often did (CHILD) do things with (his/her) friends outside of school in the last month?

- Not in the Past Month ....................................................... 1
- 1 or 2 times in the Past Month ........................................... 2
- About Once A Week ......................................................... 3
- Several Times A Week ...................................................... 4
- Every Day ............................................................................ 5

B34. About how often do you know who (CHILD) is with when (he/she) is not at home? Would you say you know who (he/she) is with only rarely, some of the time, most of the time, or all of the time?

- Only Rarely ......................................................................... 1
- Some of the Time ............................................................. 2
- Most of the Time ............................................................. 3
- All of the Time ............................................................... 4
- (IF VOL) Never ................................................................ 5

B35a. The next set of questions are about rules you may have.
Do you have rules about how much time (CHILD) can watch TV in a day?

- Yes .................................................................................... 1
- No ..................................................................................... 5  GO TO B35b

B35a1. (RB p.6) How regularly do you enforce these rules?

- Never .................................................................................... 1
- Less than Half of the Time .................................................... 2
- About Half of The Time ...................................................... 3
- Most of the Time .............................................................. 4
- All of the Time .................................................................... 5
- IF VOL: I don’t have to enforce the rules because my child follows them anyway .............. 6
B35b. Do you have rules about…
What TV programs (CHILD) watches?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35c

B35b1. (RB p.6) How regularly do you enforce these rules?

Never ........................................................................................................... 1
Less than Half of the Time ...................................................................... 2
About Half of The Time ......................................................................... 3
Most of the Time .................................................................................... 4
All of the Time ........................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .......... 6

B35c. Do you have rules about…
How late (CHILD) can stay up at night?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35d

B35c1. (RB p.6) How regularly do you enforce these rules?

Never ........................................................................................................... 1
Less than Half of the Time ...................................................................... 2
About Half of The Time ......................................................................... 3
Most of the Time .................................................................................... 4
All of the Time ........................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .......... 6

B35d. Do you have rules about…
How much candy, sweets, or other snacks (CHILD) has?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35e

B35d1. (RB p.6) How regularly do you enforce these rules?

Never ........................................................................................................... 1
Less than Half of the Time ...................................................................... 2
About Half of The Time ......................................................................... 3
Most of the Time .................................................................................... 4
All of the Time ........................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .......... 6
B35e. Do you have rules about…
Which children (CHILD) can spend time with?

Yes................................................................................................................. 1
No ................................................................................................................. 5 GO TO SKIP INSTRUCTION BEFORE B35f

B35e1. (RB p.6) How regularly do you enforce these rules?

Never ................................................................................................................. 1
Less than Half of the Time ................................................................................... 2
About Half of The Time ........................................................................................ 3
Most of the Time ................................................................................................... 4
All of the Time ...................................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ............... 6

IF CHILD IS NOT IN SCHOOL (B4 = 5) -7 GO TO B35h

B35f. Do you have rules about…
How (CHILD) spends time after (school/daycare)?
FILL: IF B5=1, USE “DAYCARE” FILL, ALL OTHERS USE “SCHOOL”

Yes................................................................................................................. 1
No ................................................................................................................. 5 GO TO B35g

B35f1. (RB p.6) How regularly do you enforce these rules?

Never ................................................................................................................. 1
Less than Half of the Time ................................................................................... 2
About Half of The Time ........................................................................................ 3
Most of the Time ................................................................................................... 4
All of the Time ...................................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ............... 6

B35g. Do you have rules about…
When (CHILD) does (his/her) homework?

Yes........................1
No.........................5 GO TO B35h

B35g1. (RB p.6) How regularly do you enforce these rules?

Never ................................................................................................................. 1
Less than Half of the Time ................................................................................... 2
About Half of The Time ........................................................................................ 3
Most of the Time ................................................................................................... 4
All of the Time ...................................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ............... 6
B35h. (RB p.6) How often do you permit (CHILD) to watch TV during the evening meal?

- Never ............................................................. 1
- Less than Half of the Time ................................ 2
- About Half of The Time ...................................... 3
- Most of the Time ............................................... 4
- All of the Time .................................................... 5

IF CHILD IS NOT IN SCHOOL (B4 = 5) -7 GO TO B35K

B35i. (RB p.6) How often do you set a place where (he/she) does homework?

- Never ............................................................. 1
- Less than Half of the Time ................................ 2
- About Half of The Time ...................................... 3
- Most of the Time ............................................... 4
- All of the Time .................................................... 5

B35j. (RB p.6) How often do you...

- Check (his/her) homework?

- Never ............................................................. 1
- Less than Half of the Time ................................ 2
- About Half of The Time ...................................... 3
- Most of the Time ............................................... 4
- All of the Time .................................................... 5

B35k. (RB p.7) How often do you...

- Discuss your rules and limits with (CHILD)?

- Never ............................................................. 1
- Once in a while .................................................. 2
- Sometimes .......................................................... 3
- Most days............................................................ 4
- Everyday ............................................................... 5

If CHILD IS 8TH GRADE OR BELOW (B6 < 9) -7 GO TO SKIP INSTRUCTION BEFORE B35r

B35l. Do you have rules about (CHILD)’s dating?

- Yes ........................................................................ 1
- No .......................................................................... 5 GO TO B35m
B35l. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time .......................................................................................................... 2
About Half of The Time ........................................................................................................... 3
Most of the Time ....................................................................................................................... 4
All of the Time ............................................................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ................... 6

B35m. Do you have rules about…
Allowing (CHILD) to go on unsupervised dates?
Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35n

B35m1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time .......................................................................................................... 2
About Half of The Time ........................................................................................................... 3
Most of the Time ....................................................................................................................... 4
All of the Time ............................................................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ................... 6

B35n. Do you have rules about…
How late (CHILD) can stay out on weeknights?
Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35o

B35n1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time .......................................................................................................... 2
About Half of The Time ........................................................................................................... 3
Most of the Time ....................................................................................................................... 4
All of the Time ............................................................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ................... 6

B35o. Do you have rules about…
How late (CHILD) can stay out on weekends?
Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35p
B35o1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time ................................................................. 2
About Half of The Time ................................................................. 3
Most of the Time ................................................................................... 4
All of the Time ..................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .............. 6

B35p. Do you have rules about...
The amount of time (CHILD) can work

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO B35q

B35p1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time ................................................................. 2
About Half of The Time ................................................................. 3
Most of the Time ................................................................................... 4
All of the Time ..................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .............. 6

B35q. Do you have rules about...
(CHILD)’s friends coming over to your house while you are out of town?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO SKIP INSTRUCTION BEFORE B35r

B35q1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time ................................................................. 2
About Half of The Time ................................................................. 3
Most of the Time ................................................................................... 4
All of the Time ..................................................................................... 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway .............. 6

FOR CHILDREN < 16 YRS OLD -7 GO TO SKIP INSTRUCTION BEFORE B36

B35r. Do you have rules about...
(CHILD)’s use of the car

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO SKIP INSTRUCTION BEFORE B36
B35r1. (RB p.8) How regularly do you enforce these rules?

Never ........................................................................................................................................... 1
Less than Half of the Time .......................................................................................................... 2
About Half of The Time .............................................................................................................. 3
Most of the Time ......................................................................................................................... 4
All of the Time ............................................................................................................................ 5
IF VOL: I don’t have to enforce the rules because my child follows them anyway ..............6

FOR CHILDREN UNDER 6TH GRADE OR IN COLLEGE OR
DOESN’T ATTEND SCHOOL (B6 < 6 OR B6 = 14 OR 15) -7 GO TO B37

B36. Did (CHILD) ever drop out of school?

Yes ........................................................................................................................................... 1
No .............................................................................................................................................. 5 GO TO B37

B36a. What was the last grade (CHILD) completed in school before dropping out?

Sixth grade............................................................................................................................ 1
Seventh grade ......................................................................................................................... 2
Eighth grade .......................................................................................................................... 3
Ninth grade ............................................................................................................................. 4
Tenth grade ............................................................................................................................. 5
Eleventh grade ......................................................................................................................... 6
Twelfth grade ........................................................................................................................... 7
B37. (RB p.9) Next, I will read some things your child may do. Please tell me how often (CHILD) has done each of the following without adult encouragement in the last month?

<table>
<thead>
<tr>
<th></th>
<th>Never (1)</th>
<th>Once in a While (2)</th>
<th>Some times (3)</th>
<th>Most Days (4)</th>
<th>Every day (5)</th>
<th>INAP: CHILD HAS NO SIBLINGS (97)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Helped sibling(s). Would you say never, once in a while, sometimes, most days, or everyday?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GO TO B39</td>
</tr>
<tr>
<td>b. Was kind toward sibling(s).</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If R asks for a definition of ‘Kind’, say it is when the child was nice to or considerate of his or her sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cooperated with sibling(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If R asks for a definition of “cooperated”, define cooperated as the child working with his or her siblings or when they work together on something.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Taken turns with play materials with sibling(s). (GO TO 37e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Listened to sibling(s).</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B39. Now for a different question. Do you ever talk to (CHILD) about giving some of (his/her) money—if only a few pennies—to a church, synagogue, or another charity?

Yes................................................................. 1
No................................................................. 5
SECTION C
CHILD CARE

IF CHILD IN COLLEGE (B6 = 14) -7 GO TO SECTION D
IF CHILD NOT YET IN KINDERGARTEN IN SPRING 1997 -7 GO TO C2
IF CHILD WAS IN KINDERGARTEN OR HIGHER IN SPRING 1997 -7 GO TO C10

C2. The next questions ask about the child care arrangements or programs that you have used for your (CHILD) since (MONTH/YEAR OF CDS1 IW). We want to start with the first arrangement you used for (CHILD) and then continue through any additional arrangements you may have used, in the order that you used them. We will end the history when (CHILD) started kindergarten. We will be using page 10 of your booklet.

Was (CHILD) cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for one month (or more).

YES................................................................................... 1
NO .................................................................................... 5 GO TO C10

C2a. First, how old was (CHILD) when (he/she) was first cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for one month (or more).
ENTER number

C2b. ENTER unit (years, months, weeks)

C3. IF NEC: Was that before or after (CHILD) started Kindergarten?

Before kindergarten.......................................................... 1
After kindergarten............................................................ 2 GO TO C10

( wording for first time through the loop )
C3a. (RB p.10) Starting in [MONTH/YEAR OF CDS1 IW] , what was the first type of child care arrangement or program that you used on a regular basis for (CHILD)?

DEF: ‘Regular basis’ means at least once per week for at least a month.

RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRAND PARENTS, ETC.
C3a. (RB p.10) What was the next type of child care arrangement or program that you used on a regular basis for (CHILD)?

DEF: ‘Regular basis’ means at least once per week for at least a month.

RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRAND PARENTS, ETC.

Relative in child’s home .................................................................................... 1 GO TO C4a
Non-relative in the child’s home (sitter)............................................................ 2 GO TO C4a
Care in a relative’s home ................................................................................... 3 GO TO C4a
Care in a non-relative’s home (family day care provider)................................. 4 GO TO C4a
Head start program ............................................................................................ 5 GO TO C4a
Pre-kindergarten program, nursery school, preschool, or child care center ...... 6 GO TO C4a
Before or after-school program ......................................................................... 7 GO TO C4a
Child cares for self alone ................................................................................... 8 GO TO C4a
None of the above, one parent always cares for child........................................ 11 GO TO C9
Other type of child care ..................................................................................... 97

C3b. Please specify other type of child care.
Open field

C4ab. How old was (CHILD) when (PROGRAM OR ARRANGEMENT)?
ENTER amount first.

C4b. ENTER unit (Weeks, Months, Years)

C5. How many days each week was (CHILD) cared for in this program or arrangement?
IF R SAYS: ‘All of them’ PROBE: ‘Would that be 5 days?’

C6. How many hours each week was (CHILD) cared for in this program or arrangement?

C7a. How much did your household pay for this program or arrangement?
IF VOL: ‘NOTHING’ (0) - 7 GO TO C8

C7b. [ASK IF NECESSARY] Was that per hour, per day, per week, every two weeks, every month or every year?
Per hour................................................................. 1 GO TO C8
Per day ................................................................. 2 GO TO C8
Per week ............................................................. 3 GO TO C8
Every 2 weeks.................................................. 4 GO TO C8
Every month ...................................................... 5 GO TO C8
Every year ......................................................... 6 GO TO C8
Other ................................................................. 7
C7c. Please specify other unit
Open field

C8a. How old was (CHILD) when you stopped using this program or arrangement?
ENTER amount first

C8b. ENTER unit of time (Weeks, Months, Years)

C9. Did you use any other child care programs or arrangements since [MONTH/YEAR OF CDS1 IW] until the child entered school that you have not told me about? (This can be at the same time as previous arrangement or after previous arrangement.)

Yes .................................................................................... 1 GO BACK TO TOP OF LOOP AT C3a
No ..................................................................................... 5

C10. (RB p.11) Now I’m going to ask you some questions about current child care arrangements during the weekdays, or Monday through Friday. Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for one month or more.

DEF: ‘Relative’ includes any relatives—PCG, OCG, siblings, aunts, grandparents, etc.

SELECT ALL THAT APPLY.

Relative under 13 years ....................................................... 1 GO TO SKIP INSTRUCTION BEFORE C12
Relative 13 or older ............................................................. 2 GO TO SKIP INSTRUCTION BEFORE C12
Non-relative in the child's home (sitter) ............................... 3 GO TO SKIP INSTRUCTION BEFORE C12
Care in a non-relative's home (family daycare provider) .... 5 GO TO SKIP INSTRUCTION BEFORE C12
Head start program .............................................................. 6 GO TO SKIP INSTRUCTION BEFORE C12
Pre-kindergarten program, nursery school, preschool, or child care center ...................................................... 7 GO TO SKIP INSTRUCTION BEFORE C12
Before or after-school program ......................................... 8 GO TO SKIP INSTRUCTION BEFORE C12
Extra-curricular activities ................................................... 9 GO TO SKIP INSTRUCTION BEFORE C12
Work .................................................................................... 10 GO TO SKIP INSTRUCTION BEFORE C12
None of the above, one parent always cares for child ........ 11 GO TO C22
None of the above, child cares for himself/herself .......... 12 GO TO C22
Other type of child care ...................................................... 97

C10a. Please specify other arrangement
Open field

IF ONLY ONE CHILD CARE ARRANGEMENT IS CHOSEN -7 GO TO C13

C12. (RB p.11) Please tell me which of those arrangements you use the most hours each week.
Display arrangements chosen at C10 within range 1-10; 97
C13. How many hours each week is (CHILD) (PROGRAM/ARRANGEMENT)?

Define fills for PROGRAM/ ARRANGEMENT
   if C10=1 fill ‘cared for by a relative under 13 years’
   if C10=2 fill ‘cared for by a relative 13 years of age or older’
   if C10=3 fill ‘cared for by a (sitter/ non-relative) in your home’
   if C10=5 fill ‘cared for in a non-relative’s home (or by a family day care provider)’
   if C10=6 fill ‘attending the Head Start program’
   if C10=7 fill ‘attending pre-kindergarten program, nursery school, preschool or child care center’
   if C10=8 fill ‘attending a before or after-school program’
   if C10=9 fill ‘doing extra-curricular activities’
   if C10=10 fill ‘going to work’
   if C10=97 fill ‘cared for by other type of child care arrangements’

C14a. How long has (CHILD) been cared for on a regular basis in (PROGRAM/ARRANGEMENT)?
   ENTER amount first

C14b. ENTER unit of time (Weeks, Months, Years)

IF C12 = 10 -7 GO TO SKIP INSTRUCTION BEFORE C18

C15a. How much does your household pay for (PROGRAM/ARRANGEMENT)?

IF VOL: ‘Nothing’.......................................................... 0 GO TO SKIP INSTRUCTION BEFORE C18

C15b. [ASK IF NECESSARY] Was that per hour, daily, weekly, every two weeks, every month, or every year?

   Per hour............................................................................. 1
   Daily ................................................................................. 2
   Weekly .............................................................................. 3
   Every 2 weeks ................................................................. 4
   Every month ................................................................. 5
   Every year ....................................................................... 6

IF MORE THAN ONE ARRANGEMENT IN C10 -7 GO TO C18
ALL OTHERS -7 GO TO C22
C18. Which arrangement do you use the second most frequently?  
Display arrangements NOT chosen at C12 within range 1-10; 97

C19. How many hours each week is (CHILD) cared for in (PROGRAM/ARRANGEMENT)?

C20a. How long has (CHILD) been cared for on a regular basis in (PROGRAM/ARRANGEMENT)?  
Enter amount first

C20b. ENTER unit of time (Weeks, Months, Years)

C21a. How much does your household pay for (PROGRAM/ARRANGEMENT)?  
IF VOL: ‘Nothing’......................................................... 0  GO TO C22

C21b. [ASK IF NECESSARY] Is that per hour, daily, weekly, every 2 weeks, every month, or every year?  
Per hour............................................................................. 1
Daily ................................................................................. 2
Weekly ............................................................................ 3
Every 2 weeks................................................................. 4
Every month ..................................................................... 5
Every year......................................................................... 6

C22. (RB p.11) Now I’m going to ask you some questions about the current child care arrangements on the weekends. Please tell me which of these you now use for (CHILD) on a regular basis on the weekends, that is, at least once a weekend for one month or more.  
SELECT ALL THAT APPLY.

RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRAND PARENTS, ETC.

Relative under 13 years ............................................................ 1  GO TO SKIP INSTRUCTION BEFORE C24
Relative 13 or older ............................................................. 2  GO TO SKIP INSTRUCTION BEFORE C24
Non-relative in the child's home (sitter) .................................. 3  GO TO SKIP INSTRUCTION BEFORE C24
Care in a non-relative's home (family daycare provider) ...... 5  GO TO SKIP INSTRUCTION BEFORE C24
Head start program ............................................................. 6  GO TO SKIP INSTRUCTION BEFORE C24
Pre-kindergarten program, nursery school,
Preschool, or child care center ............................................. 7  GO TO SKIP INSTRUCTION BEFORE C24
Before or after-school program ............................................ 8  GO TO SKIP INSTRUCTION BEFORE C24
Extra-curricular activities .................................................... 9  GO TO SKIP INSTRUCTION BEFORE C24
Work .................................................................................. 10  GO TO SKIP INSTRUCTION BEFORE C24
None of the above, one parent always cares for child .......... 11  GO TO C28
None of the above, child cares for himself/herself .......... 12  GO TO C28
Other type of child care ..................................................... 97

C22a. Please specify other arrangement  
Open field
IF ONLY ONE CHILD CARE ARRANGEMENT IS CHOSEN -7 GO TO C25

C24. (RB p.11) Please tell me which of those arrangements you use the most hours each weekend. Display arrangements chosen at C22 within range 1-10; 97

C25. How many hours each weekend is (CHILD) cared for in this (program/arrangement)?

C26a. How long has (CHILD) been cared for on a regular basis in this program or arrangement? ENTER amount first

C26b. ENTER unit of time (Weeks, Months, Years)

IF C24 = 10 -7 GO TO C28

C27a. How much does your household pay for (PROGRAM/ARRANGEMENT)?

IF VOL: ‘Nothing’ ................................................................. 0 GO TO C28

C27b. Is that per hour, daily, weekly, every 2 weeks, every month, or every year?

Per hour ............................................................................. 1
Daily ................................................................................. 2
Weekly .............................................................................. 3
Every 2 weeks ................................................................. 4
Every month ................................................................. 5
Every year ................................................................. 6
C28. (RB p.12) Now I’m going to ask you some questions about child care arrangements last summer. Please tell me which of these you used for (CHILD) on a regular basis during last summer.

SELECT ALL THAT APPLY.

RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRAND PARENTS, ETC.

Relative under 13 years ...........................................................1
Relative 13 or older ...............................................................2
Non-relative in the child's home (sitter) ..................................3
Care in a non-relative's home (family daycare provider) .......5
Head start program ..............................................................6
Pre-kindergarten program, nursery school, preschool, or child care center ..................7
Before or after-school program .............................................8
Extra-curricular activities .......................................................9
Work ..................................................................................10
Overnight camp ....................................................................11
Day camp ............................................................................12
None of the above, one parent always cares for child ..........13
None of the above, child cares for himself/herself ..........14
Other type of child care ......................................................97

C28a. Please specify other arrangement
   Open field

IF ONLY ONE CHILD CARE ARRANGEMENT IS CHOSEN -7 GO TO C31

C30. (RB p.12) Please tell me which of those arrangements you used the most hours each week.
   Display arrangements chosen at C28 within range 1-12; 97

C31. How many hours each week was (CHILD) cared for by (PROGRAM/ARRANGEMENT)?

C32a. How long had (CHILD) been cared for on a regular basis by (PROGRAM/ARRANGEMENT)?
   ENTER amount first

C32b. ENTER unit of time (Weeks, Months, Years)

IF C30 = 10 -7 GO TO SKIP INSTRUCTION BEFORE C35

C33a. How much did your household pay for (PROGRAM/ARRANGEMENT)?
   IF VOL: ‘Nothing’ ......................................................... 0

GO TO SKIP INSTRUCTION BEFORE C35
C33b. [ASK IF NECESSARY] Was that per hour, daily, weekly, every 2 weeks, every month, or every year? ENTER unit of time

Per hour................................................................. 1
Daily ................................................................. 2
Weekly............................................................... 3
Every 2 weeks...................................................... 4
Every month ........................................................ 5
Every year.......................................................... 6

IF MORE THAN ONE ARRANGEMENT IN C28 -7 GO TO C35
ALL OTHERS -7 GO TO SECTION D

C35. Which arrangement did you use the second most frequently last summer?
Display arrangements NOT chosen at C30 within range 1-12; 97

C36. How many hours each week was (CHILD) cared for in (PROGRAM/ARRANGEMENT)?

C37a. How long had (CHILD) been cared for on a regular basis in (PROGRAM/ARRANGEMENT)? ENTER amount first

C37b. ENTER unit of time (Weeks, Months, Years)

IF C35 = 10 -7 GO TO SECTION D

C39a. How much did your household pay for (PROGRAM/ARRANGEMENT)?

IF VOL: ‘Nothing’....................................................... 0 GO TO SECTION D

C39b. [ASK IF NECESSARY] Was that per hour, daily, weekly, every 2 weeks, every month, or every year? ENTER unit of time

Per hour................................................................. 1
Daily ................................................................. 2
Weekly............................................................... 3
Every 2 weeks...................................................... 4
Every month ........................................................ 5
Every year.......................................................... 6
SECTION D: ABSENT PARENTS

[ASK OR VERIFY]
D1a. We are interested in your family’s lifestyle and rules. First, I would like to know about (CHILD’S) relationship to (his/her) parents. Does (CHILD) live with (his/her) biological mother?

Yes .......................................................................................... 1
No ............................................................................................ 5

[ASK OR VERIFY]
D1b. Does (CHILD) live with (his/her) biological father?

Yes .......................................................................................... 1
No ............................................................................................ 5

IF D1a AND D1b = 1 -7 GO TO SECTION E
IF D1a = 1 AND D1b = 5 -7 GO TO D1d
IF D1a = 5 AND D1b = 1 -7 GO TO D1c and DO NOT ASK D1d

[ASK OR VERIFY, AND MARK ALL RELATIONSHIPS:] [IF YES, PROBE TO DETERMINE IF PERSON IS LIVING WITH CHILD]

D1. Does (CHILD) have...

<table>
<thead>
<tr>
<th></th>
<th>Yes, Living With Child (1)</th>
<th>Yes, Not Living With Child (2)</th>
<th>No, Does Not Have (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. an adoptive mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. an adoptive father?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. a stepmother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. a stepfather?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. another father-figure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. another mother-figure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. a legal guardian/foster mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. a legal guardian/foster father?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF CHILD’S BIOLOGICAL MOTHER IS IN HH AND BIOLOGICAL FATHER NOT IN HH -7 GO TO D2
IF CHILD’S BIOLOGICAL FATHER IS IN HH AND BIOLOGICAL MOTHER NOT IN HH -7 GO TO SKIP INSTRUCTION BEFORE D18
IF NEITHER BIOLOGICAL PARENT LIVING IN HH -7 GO TO D2
Absent Father

D2. (ASK ONLY IF NECESSARY, BUT RECORD RESPONSE)

Is (CHILD)'s biological father still living?

Yes ................................................................. 1 GO TO D2c
No ........................................................................ 5

D2a. In what month and year did he die?

ENTER month first

If DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>Nov.</td>
</tr>
<tr>
<td>April</td>
<td>Dec.</td>
</tr>
<tr>
<td>May</td>
<td>Winter</td>
</tr>
<tr>
<td>June</td>
<td>Spring</td>
</tr>
<tr>
<td>July</td>
<td>Summer</td>
</tr>
<tr>
<td>Aug</td>
<td>Fall</td>
</tr>
</tbody>
</table>

D2b. ENTER year

GO TO SKIP INSTRUCTION BEFORE D18

D2c. Has (CHILD) had ANY contact with (his/her) father in the last 12 months?

Yes ................................................................. 1 GO TO D3a
No ........................................................................ 5
DK/RF ..................................................................... 8/9 GO TO SKIP INSTRUCTION BEFORE D18

D2d. Why not?

IWER: DO NOT READ RESPONSES
SELECT ALL THAT APPLY

PCG ESTRANGED ................................................. 1 GO TO D3a
FATHER ESTRANGED ........................................ 2 GO TO D3a
CHLD ESTRANGED ............................................. 3 GO TO D3a
FATHER LIVES TOO FAR AWAY ....................... 4 GO TO D3a
COURT ORDER RESTRAINT ............................. 5 GO TO D3a
OTHER (SPECIFY) ............................................. 6

D2d.OS Please specify
Open field
D3a. In what month and year did he last live with (CHILD)?
ENTER month first
IF VOL: “NEVER LIVED WITH CHILD”, code 13
IF DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
</tr>
<tr>
<td>Feb</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>4</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
</tr>
<tr>
<td>June</td>
<td>6</td>
</tr>
<tr>
<td>July</td>
<td>7</td>
</tr>
<tr>
<td>Aug</td>
<td>8</td>
</tr>
<tr>
<td>Sept</td>
<td>9</td>
</tr>
</tbody>
</table>

D3b. ENTER year

D4. Does he live in the same neighborhood, same city, a city near by, the same state, another state, or another country?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same neighborhood</td>
<td>1</td>
</tr>
<tr>
<td>Same city</td>
<td>2</td>
</tr>
<tr>
<td>A city nearby</td>
<td>3</td>
</tr>
<tr>
<td>Same state</td>
<td>4</td>
</tr>
<tr>
<td>Another state</td>
<td>5</td>
</tr>
<tr>
<td>Another country</td>
<td>6</td>
</tr>
</tbody>
</table>

D4a. About how far away from (CHILD) does he live?

D5. Is he currently married?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
</tbody>
</table>

D6. Has he had any other children since those he had with (you/(CHILD)’s biological mother)?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
</tbody>
</table>

D6a. How many?

IF D2c = 5 -7 GO TO D12
D7. (RB p.13) During the past 12 months, about how often did (CHILD) talk on the telephone with or receive a letter from (his/her) father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

Not at all ................................................................. 1
About once a year ....................................................... 2
Several times a year ..................................................... 3
One to three times a month ......................................... 4
About once a week ...................................................... 5
Several times a week ................................................... 6

D8a. In what month and year did (CHILD) last see him?

ENTER month first
IF VOL: “NEVER”, code 13
If DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
</tr>
<tr>
<td>Feb</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>4</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
</tr>
<tr>
<td>June</td>
<td>6</td>
</tr>
<tr>
<td>July</td>
<td>7</td>
</tr>
<tr>
<td>Aug</td>
<td>8</td>
</tr>
<tr>
<td>Sept</td>
<td>9</td>
</tr>
<tr>
<td>Oct</td>
<td>10</td>
</tr>
<tr>
<td>Nov</td>
<td>11</td>
</tr>
<tr>
<td>Dec</td>
<td>12</td>
</tr>
<tr>
<td>NEVER</td>
<td>13</td>
</tr>
<tr>
<td>Winter</td>
<td>21</td>
</tr>
<tr>
<td>Spring</td>
<td>22</td>
</tr>
<tr>
<td>Summer</td>
<td>23</td>
</tr>
<tr>
<td>Fall</td>
<td>24</td>
</tr>
</tbody>
</table>

D8b. ENTER year

IF FATHER HAS NOT SEEN (CHILD) IN THE LAST 12 MONTHS -7 GO TO D12

D10. (RB p.13) During the past 12 months, how often did (CHILD) see (his/her) father?

Not at all ................................................................. 1 GO TO D12
About once a year ....................................................... 2
Several times a year ..................................................... 3
One to three times a month ......................................... 4
About once a week ...................................................... 5
Several times a week ................................................... 6

D11. How many days did (CHILD) stay with (his/her) father during the past 12 months - either overnight or just for the day?
D12. (RB p.13) How often do you talk about (CHILD) with (his/her) father?

Not at all ................................................................. 1 GO TO SKIP INSTRUCTION BEFORE D15
About once a year ............................................... 2
Several times a year .......................................... 3
One to three times a month .............................. 4
About once a week ........................................... 5
Several times a week ..................................... 6

D13. How much influence does (CHILD’S) father have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

None ................................................................................. 1
Some ................................................................................. 2
A great deal....................................................................... 3

D14. How often do you and (CHILD’s) father have conflict over each of the following issues?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Never (1)</th>
<th>Hardly Ever (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where (CHILD) lives. Please tell me if you have conflict never, hardly ever, sometimes, or often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How (CHILD) is raised.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How you spend money on (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of time he spends with (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>His visits with (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>His contribution to (CHILD’S) support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>His use of alcohol or drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The friends he spends time with.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF D8a = Never (13) -7 GO TO SKIP INSTRUCTION BEFORE D18
D15. (RB p.13) How often does (CHILD'S) father spend time with (him/her) in each of the following activities? IWER: DO NOT PROBE DK

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not At All (1)</th>
<th>About Once A Year (2)</th>
<th>Several Times A Year (3)</th>
<th>1 To 3 Times A Month (4)</th>
<th>About Once A Week (5)</th>
<th>Several Times A Week (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leisure activities such as picnics, movies, sports, or visiting family friends. Would you say not at all, about once a year, several times a year, 1-3 times a month, about once a week, or several times a week?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Religious activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Talking, working on a project, or playing together.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. School or other organized activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF BIOLOGICAL MOTHER DOES NOT LIVE IN HH -7 GO TO D18
ALL OTHERS -7 GO TO SECTION E

Absent Mother
D18. (ASK OR VERIFY, BUT RECORD ANSWER)
Is (CHILD)'s biological mother still living?

Yes ................................................................. 1 GO TO D18c
No ................................................................. 5

D18a. In what month and year did she die?
ENTER month first
If DK month, PROBE: Can you remember the season of the year?

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
</tr>
<tr>
<td>Feb</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>4</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
</tr>
<tr>
<td>June</td>
<td>6</td>
</tr>
<tr>
<td>July</td>
<td>7</td>
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<tr>
<td>Aug</td>
<td>8</td>
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<tr>
<td>Sept</td>
<td>9</td>
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<tr>
<td>Oct</td>
<td>10</td>
</tr>
<tr>
<td>Nov</td>
<td>11</td>
</tr>
<tr>
<td>Dec</td>
<td>12</td>
</tr>
<tr>
<td>Winter</td>
<td>21</td>
</tr>
<tr>
<td>Spring</td>
<td>22</td>
</tr>
<tr>
<td>Summer</td>
<td>23</td>
</tr>
<tr>
<td>Fall</td>
<td>24</td>
</tr>
</tbody>
</table>

D18b. ENTER year

GO TO SECTION E
D18c. Has (CHILD) had ANY contact with (his/her) mother in the last 12 months?

Yes .................................................................................... 1 GO TO D19a
No ..................................................................................... 5
DK/RF .............................................................................. 8/9 GO TO SECTION E

D18d. Why not?

IWER: DO NOT READ RESPONSES
SELECT ALL THAT APPLY

PCG ESTRANGED.......................................................... 1 GO TO D19a
MOTHER ESTRANGED................................................. 2 GO TO D19a
CHLD ESTRANGED....................................................... 3 GO TO D19a
MOTHER LIVES TOO FAR AWAY.......................... .... 4 GO TO D19a
COURT ORDER RESTRAINT ....................................... 5 GO TO D19a
OTHER (SPECIFY) ......................................................... 7

D18d.OS Please specify
Open field

D19a. In what month and year did she last live with (CHILD)?

ENTER month first
IF VOL: “NEVER LIVED WITH CHILD”, code 13
IF DK month, PROBE: Can you remember the season of the year?

Jan................................................................. 1       Oct................................................................. 10
Feb ............................................................... 2       Nov ................................................................. 11
March .......................................................... 3       Dec ................................................................. 12
April ........................................................... 4       NEVER ....................................................... 13 - 7 GO TO D20
May ............................................................ 5       Winter ......................................................... 21
June ............................................................. 6       Spring ......................................................... 22
July .............................................................. 7       Summer ....................................................... 23
Aug ............................................................... 8       Fall .............................................................. 24
Sept ............................................................. 9

D19b. ENTER year

D20. Does she live in the same neighborhood, same city, a city near by, the same state, another state, or another country?

Same neighborhood ...................................................... 1
Same city ................................................................. 2
A city nearby ........................................................... 3
Same state .............................................................. 4
Another state .......................................................... 5
Another country ....................................................... 6
D20a. About how far away from (CHILD) does she live?

D21. Is she currently married?

Yes ................................................................. 1
No ................................................................. 5

D22. Has she had any other children since those she had with (you/child’s biological father)?

Yes ................................................................. 1
No ................................................................. 5 GO TO SKIP INSTRUCTION BEFORE D23

D22a. How many?

IF D18c = 5 -7 GO TO D28

D23. (RB p.13) During the past 12 months, about how often did (CHILD) talk on the telephone with or receive a letter from (his/her) mother?

Not At All ................................................................. 1
About Once A Year .................................................. 2
Several Times A Year .............................................. 3
One To Three Times A Month .................................. 4
About Once A Week ............................................... 5
Several Times A Week ............................................. 6

D24a. In what month and year did (CHILD) last see her?

ENTER month first
IF VOL: “NEVER”, code 13
If DK month, PROBE: Can you remember the season of the year?

| Jan.................................1 | Oct.................................10 |
| Feb.................................2 | Nov.................................11 |
| March..............................3 | Dec.................................12 |
| April..............................4 | NEVER..............................13 |
| May...............................5 | Winter............................21 |
| June.............................6 | Spring..........................22 |
| July............................7 | Summer........................23 |
| Aug.............................8 | Fall.............................24 |
| Sept............................9 |.......................... |

D24b. ENTER YEAR
IF MOTHER HAS NOT SEEN (CHILD) IN LAST 12 MONTHS - 7 GO TO D28

D26. (RB p.13) During the past 12 months, how often did (CHILD) see (his/her) mother?

Not At All ................................................................. 1 GO TO D28
About Once A Year .................................................. 2
Several Times A Year................................................ 3
One To Three Times A Month ................................. 4
About Once A Week............................................... 5
Several Times A Week .............................................. 6

D27. How many days did (CHILD) stay with (his/her) mother during the past 12 months - either overnight or just for the day?

D28. (RB p.13) How often do you talk about (CHILD) with (his/her) mother?

Not At All ................................................................. 1 GO TO SKIP INSTRUCTION BEFORE D31
About Once A Year .................................................. 2
Several Times A Year................................................ 3
One To Three Times A Month ................................. 4
About Once A Week............................................... 5
Several Times A Week .............................................. 6

IF D28 = 1 - 7 GO TO SKIP INSTRUCTION BEFORE D31

D29. How much influence does (CHILD’S) mother have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

None ................................................................. 1
Some ................................................................. 2
A Great Deal....................................................... 3
D30. How often do you and (CHILD's) mother have conflict over each of the following issues?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Never (1)</th>
<th>Hardly Ever (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Where (CHILD) lives. Please tell me if you have conflict never, hardly ever, sometimes, or often.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How (CHILD) is raised.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How you spend money on (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. The amount of time she spends with (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Her visits with (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Her contribution to (CHILD’S) support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. (CHILD)’s mothers use of alcohol or drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. The friends (CHILD)’s mother spends time with.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF D24a = NEVER (13) -7 GO TO SECTION E

D31. (RB p.13) How often does (CHILD’S) mother spend time with (him/her) in each of the following activities? IWER: DO NOT PROBE DK

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not At All (1)</th>
<th>About Once A Year (2)</th>
<th>Several Times A Year (3)</th>
<th>1 To 3 Times A Month (4)</th>
<th>About Once A Week (5)</th>
<th>Several Times A Week (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leisure activities such as picnics, movies, sports, or visiting family friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Religious activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Talking, working on a project, or playing together.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. School or other organized activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION E

IF CHILD HAS NO MOTHER, STEP-MOTHER, OR MOTHER-Figure IN HH -7 GO TO SKIP INSTRUCTION BEFORE E4

E2. (RB p.14) About how often does (CHILD) spend time with (you/(his/her) (mother/stepmother/adoptive mother/mother-figure)) in outdoor activities?

Never ................................................................. 1
A few times a year or less........................................ 2
About once a month............................................. 3
A few times a month............................................. 4
About once a week ............................................... 5
Several times a week ........................................... 6
At least once a day.............................................. 7

E3. (RB p.14) About how often does (CHILD) spend time with (you/(his/her) (mother/stepmother/adoptive mother/mother-figure)) in indoor activities?

Never ................................................................. 1
A few times a year or less........................................ 2
About once a month............................................. 3
A few times a month............................................. 4
About once a week ............................................... 5
Several times a week ........................................... 6
At least once a day.............................................. 7

IF CHILD HAS NO FATHER, STEP FATHER OR FATHER-Figure IN HH -7 GO TO E5

E4. (RB p.14) About how often does (CHILD) spend time with (you/(his/her) (father/stepfather/adoptive father/father-figure)) in outdoor activities? Would you say never, a few times a year or less, about once a month a few times a month, about once a week, several times a week, or at least once a day.

Never ................................................................. 1
A few times a year or less........................................ 2
About once a month............................................. 3
A few times a month............................................. 4
About once a week ............................................... 5
Several times a week ........................................... 6
At least once a day.............................................. 7
E4a. (RB p.14) About how often does (CHILD) spend time with (you/(his/her) (father/stepfather/adoptive father/father-figure) in indoor activities? (Would you say never, a few times a year or less, about once a month a few times a month, about once a week, several times a week, or at least once a day.)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>A few times a year or less</td>
<td>2</td>
</tr>
<tr>
<td>About once a month</td>
<td>3</td>
</tr>
<tr>
<td>A few times a month</td>
<td>4</td>
</tr>
<tr>
<td>About once a week</td>
<td>5</td>
</tr>
<tr>
<td>Several times a week</td>
<td>6</td>
</tr>
<tr>
<td>At least once a day</td>
<td>7</td>
</tr>
</tbody>
</table>

E5. (RB p.14) How often does (CHILD) eat a meal with (both (you/mother/mother figure) (and) (father/stepfather/adoptive father/father-figure)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>A few times a year or less</td>
<td>2</td>
</tr>
<tr>
<td>About once a month</td>
<td>3</td>
</tr>
<tr>
<td>A few times a month</td>
<td>4</td>
</tr>
<tr>
<td>About once a week</td>
<td>5</td>
</tr>
<tr>
<td>Several times a week</td>
<td>6</td>
</tr>
<tr>
<td>At least once a day</td>
<td>7</td>
</tr>
</tbody>
</table>

E6. (RB p.15) About how often does your whole family get together with friends or relatives? Would you say once a year or less, a few times a year, about once a month, two or three times a month, or about once a week or more?

IWER: “whole family” includes their immediate family including PCG, OCG, and their children

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once A Year Or Less</td>
<td>1</td>
</tr>
<tr>
<td>A Few Times A Year</td>
<td>2</td>
</tr>
<tr>
<td>About Once A Month</td>
<td>3</td>
</tr>
<tr>
<td>Two Or Three Times A Month</td>
<td>4</td>
</tr>
<tr>
<td>About Once A Week Or More</td>
<td>5</td>
</tr>
</tbody>
</table>

E7. Does (CHILD) usually eat breakfast in the morning?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
</tbody>
</table>
E8. (RB p.16) Next I will read some statements about raising children. Thinking about (CHILD), please indicate on a scale from 1-5 the number that best describes how true each statement is, where 1 is not at all true, 5 is completely true, and 2, 3, and 4 are somewhere in between.

<table>
<thead>
<tr>
<th></th>
<th>Not At All True</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>Completely True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are some things that (CHILD) does that really bother me a lot.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I find myself giving up more of my life to meet (CHILD)’s needs than I ever expected.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I often feel angry with (CHILD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E9. In general, how much trouble has (CHILD) been to bring up? Would you say, none, just a little, quite a bit, or a lot?

None ................................................................................. 1
Just A Little ................................................................. 2
Quite A Bit ........................................................................... 3
A Lot................................................................................. 4

E10. Many parents use physical punishment to discipline their child. This includes things like spanking or slapping your child. Have you ever spanked (CHILD)?

YES................................................................................... 1
NO .................................................................................... 5 GO TO E12

E11a1. How old was (CHILD) when you first spanked (him/her)?
ENTER number

E11a2. ENTER unit of time

Weeks..................1
Month..................2
Years..................3

E11b1. How old was (CHILD) when you last spanked (him/her)?
ENTER number

E11b2. ENTER unit of time

Weeks..................1
Month..................2
Years..................3
E12. About how many books does (CHILD) have?

None ................................................................. 1
1 or 2 ................................................................. 2
3 to 9 ................................................................. 3
10 to 19 ............................................................ 4
20 or more ......................................................... 5

E13. (RB p.17) About how often in the past month have you:

<table>
<thead>
<tr>
<th></th>
<th>Not In The Past Month (1)</th>
<th>1 Or 2 Times In The Past Month (2)</th>
<th>About Once A Week (3)</th>
<th>Several Times A Week (4)</th>
<th>Every Day (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Told (CHILD) that you love (him/her)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Spent time with (CHILD) doing one of (his/her) favorite activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Talked with (CHILD) about things (he/she) is especially interested in?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>d. Told (CHILD) you appreciated something (he/she) did?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Talked with (CHILD) about (his/her) relationships, like (his/her) relationships with friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Talked with (CHILD) about current events, like things going on in the news?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g. Talked with (CHILD) about (his/her) day?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

E14. (RB p.18) How often has a family member taken or arranged to take (CHILD) to the library within the past 12 months? Would you say never, once or twice, several times, about once a month, or more than once a month?

Never ................................................................. 1
Once Or Twice in the Past 12 Months ....................... 2
Several Times in the Past 12 Months .......................... 3
About Once A Month ................................................ 4
More Than Once A Month .......................................... 5

E14a. (RB p.18) How often has (CHILD) gone to the library within the past 12 months?

Never ................................................................. 1
Once Or Twice in the Past 12 Months ....................... 2
Several Times in the Past 12 Months .......................... 3
About Once A Month ................................................ 4
More Than Once A Month .......................................... 5
E14b. Does (CHILD) have a library card or (his/her) name on a library list?

Yes........................................................................................................ 1
No ...................................................................................................... 5

E15. (RB p.19) How often has a family member included (CHILD) in family activities within the past month? Would you say never, once or twice in the past month, several times in the past month, about once a week, or more than once a week?

Never .............................................................................................. 1 GO TO SKIP INSTRUCTION BEFORE E16
Once Or Twice in the Past Month ................................................... 2
Several Times in the Past Month ................................................... 3
About Once A Week......................................................................... 4
More Than Once A Week............................................................... 5

E15a. In what family activities is (CHILD) included?
Open field

IF NOT IN SCHOOL (B4 = 5) -7 GO TO SECTION F

E16. Does (CHILD) have a desk or table where (he/she) can do (his/her) homework?

Yes........................................................................................................ 1
No ...................................................................................................... 5
SECTION F CHILDREN 3-5
YEARS OLD

F1. Does (CHILD) have the use of a CD player, tape recorder, or record player at home?

Yes .................................................................................... 1
No ..................................................................................... 5

F1a. How many CDs, tapes or records does (CHILD) have?
Open field

F2. (RB p.20) How often has a family member taken or arranged to take (CHILD) to any type of museum (children’s, scientific, art, historical, etc.) within the past year? Would you say never, once or twice, several times, about once a month, or more than once a month?

Never ................................................................................ 1
Once Or Twice ................................................................. 2
Several Times ................................................................. 3
About Once A Month ....................................................... 4
More Than Once A Month ............................................. 5

F3. (RB p.21) How often does a family member get a chance to take (CHILD) on any kind of outing (shopping, park, picnic, drive-in, etc.)? Would you say a few times a year or less, about once a month, about 2 or 3 times a month, several times a week or about once a day?

A Few Times A Year Or Less ............................................ 1
About Once A Month ....................................................... 2
About 2 Or 3 Times A Month .......................................... 3
Several Times A Week ..................................................... 4
About Once A Day ........................................................... 5

F4. (RB p. 22) Which things have you (or another adult/or an older child) used to help (CHILD) learn at home? SELECT ALL THAT APPLY

NUMBERS ........................................................................... 1
THE ALPHABET ............................................................. 2
COLORS .......................................................................... 3
SHAPES AND SIZES ...................................................... 4
NONE OF THE ABOVE ..................................................... 5

F5. How much choice is (CHILD) allowed in deciding what foods (he/she) eats at breakfast and lunch? Would you say no choice, a little choice, some choice, or a great deal of choice?

No Choice ........................................................................... 1
A Little Choice ................................................................. 2
Some Choice ................................................................. 3
A Great Deal of Choice ................................................... 4
F6. How many times in the past week have you ...

<table>
<thead>
<tr>
<th>Number of Times in The Past Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. grounded (CHILD)?</td>
</tr>
<tr>
<td>If E10 = NO, DK or REF -7 GO TO F6c</td>
</tr>
<tr>
<td>b. spanked (CHILD)?</td>
</tr>
<tr>
<td>c. taken away TV or other privileges?</td>
</tr>
<tr>
<td>d. praised (CHILD) for doing something worthwhile?</td>
</tr>
<tr>
<td>e. taken away (CHILD)’s allowance?</td>
</tr>
<tr>
<td>f. shown (CHILD) physical affection (kiss, hug, stroke hair, etc.)?</td>
</tr>
<tr>
<td>g. sent (CHILD) to (his/her) room?</td>
</tr>
<tr>
<td>h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about (CHILD)?</td>
</tr>
</tbody>
</table>

F7. (RB p.23) Most children get so angry at their parents that they say things like “I hate you,” swear in a temper tantrum, or hit you. If (CHILD) did any of these, what would you do?

SELECT ALL THAT APPLY.

GROUND CHILD ..............................................................1
SPANK CHILD .................................................................2
TALK WITH CHILD .............................................................3
GIVE (HIM/HER) HOUSEHOLD CHORES ..............................4
IGNORE IT .............................................................................5
SEND TO (HIS/HER) ROOM ..................................................6
TAKE AWAY (HIS/HER) ALLOWANCE ....................................7
TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES ...........8
PUT CHILD IN SHORT “TIME OUT” ..................................9
HIT (HIM/HER) BACK ......................................................10
OTHER (SPECIFY) ..........................................................97

F8. (RB p.24) How often do you read to (CHILD)? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

Never .............................................................. 1
Several Times A Year .................................................... 2
Several Times A Month ............................................... 3
About Once A Week ..................................................... 4
A Few Times A Week ................................................... 5
Everyday ........................................................................ 6
F9. (RB p.24) How often does (CHILD) read or look at books on (his/her) own?

Never ................................................................................ 1
Several Times A Year....................................................... 2
Several Times A Month.................................................... 3
About Once A Week....................................................... 4
A Few Times A Week ...................................................... 5
Everyday........................................................................... 6

** EVERYONE WHO COMPLETED SECTION F GOES TO H23a **
SECTION G CHILDREN 6-9
YEARS OLD

G1. (RB p.25) About how often does (CHILD) read for enjoyment? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

- Never ................................................................................ 1
- Several Times A Year....................................................... 2
- Several Times A Month.................................................... 3
- About Once A Week......................................................... 4
- A Few Times A Week ...................................................... 5
- Everyday........................................................................... 6
IF VOL: ‘CHILD CANNOT READ’ ............................... 7

G2. Does your family encourage (CHILD) to start and keep doing hobbies?

- Yes .................................................................................... 1
- No ..................................................................................... 5 GO TO G3

G2a. What are (CHILD)’s hobbies?
Open field

G3. Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

- Yes .................................................................................... 1
- No ..................................................................................... 5 GO TO G4

G3a. (RB p.25) About how often does (CHILD) use these instruments? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

- Never ................................................................................ 1
- Several Times A Year....................................................... 2
- Several Times A Month.................................................... 3
- About Once A Week......................................................... 4
- A Few Times A Week ...................................................... 5
- Everyday........................................................................... 6

G4. Does (CHILD) have toys, books, or games that are helping or have helped (him/her) to learn about the alphabet or words?

- Yes.................................................................................... 1
- No ..................................................................................... 5

G5. Was (CHILD) in a tutoring program in the last 12 months?

- Yes.................................................................................... 1
- No ..................................................................................... 5 GO TO G6a
G5a. Was (CHILD) being tutored or doing the tutoring?

Being tutored ................................................................. 1
Doing the tutoring......................................................... 2

G5b. What was the tutoring for?
Open field

G5c. (RB p.26) During the last year, how often did (CHILD) spend time on a tutoring program(s)?

Less than once a month ................................................... 1
At least once a month .................................................... 2
Once a week.................................................................... 3
More than once a week .................................................. 4
Usually every day ......................................................... 5
Every day while program lasted (VOL) ............................ 6

G5d. During the last 12 months, how much money did it cost in total for (CHILD) to be involved in the tutoring program(s)?

G6a. Did (CHILD) attend religious services in the last 12 months?

Yes ........................................................................... 1
No ................................................................................ 5 GO TO G6c

G6b. (RB p.27) During the last 12 months, how often did (CHILD) attend religious services?

Not at all ........................................................................... 1
A few times a year .......................................................... 2
About once a month ....................................................... 3
Two to three times a month .......................................... 4
About once a week ....................................................... 5
More than once a week .................................................. 6

G6c. Did (CHILD) participate in other religious activities in the last 12 months?

Yes ........................................................................... 1
No ................................................................................ 5 GO TO G7

G6d. Which religious activities was (CHILD) involved in?
Open field
G6e. (RB p.27) During the 12 months, how often did (CHILD) spend time on these religious activities?

Not at all ................................................................. 1
A few times a year ................................................. 2
About once a month ............................................ 3
Two or three times a month .............................. 4
About once a week .............................................. 5
More than once a week ........................................ 6

G7. Did (CHILD) take lessons, such as music, dance, or drama in the last 12 months?

Yes ........................................................................... 1
No ............................................................................. 5 GO TO G8

G7a. Which lessons was (CHILD) involved in?
Open field

G7b. (RB p.28) During the last 12 months, how often did (CHILD) spend time on lessons?

Less than once a month ........................................ 1
At least once a month ......................................... 2
Once a week ....................................................... 3
More than once a week ..................................... 4
Usually every day ............................................... 5
If VOL: Every day while program lasted .............. 6

G7c. During the last 12 months, how much money did it cost for (CHILD) to be involved in lessons?

G8. Was or Is (CHILD) a member of any athletic or sports teams during this school year?

Yes ........................................................................... 1
No ............................................................................. 5 GO TO G8c

G8a. Which school athletic or sports teams is (CHILD) involved in during this school year?
Open field

G8b. (RB p.28) During this school year, how often does (CHILD) spend time on athletic or sports teams?

Less than once a month ........................................ 1
At least once a month ......................................... 2
Once a week ....................................................... 3
More than once a week ..................................... 4
Usually every day ............................................... 5
Every day while program lasted (VOL) ............... 6
G8c. Was (CHILD) a member of any organized sports program or teams during this last summer?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO G8f

G8d. Which organized sports programs was (CHILD) involved in during last summer?
Open field

G8e. (RB p.28) When (CHILD) played those sports, how often did (CHILD) spend time on sports programs during last summer?

Less than once a month .................................................... 1
At least once a month ....................................................... 2
Once a week ...................................................................... 3
More than once a week ................................................. 4
Usually every day ............................................................. 5
Every day while program lasted (VOL) ........................... 6

G8f. Was (CHILD) a member of any school athletic and sports teams during the last school year?

Yes .................................................................................... 1 GO TO G8g
No ..................................................................................... 5 GO TO

IF G8 = 5, 8, 9 AND G8c = 5, 8, 9 AND G8f = 5, 8, 9 -7 GO TO G10

G8g. During the last school year, which school athletic or sports teams was (CHILD) involved in?
Open field

G8h. (RB p.28) When (CHILD) played those sports, how often did (he/she) spend time on them? Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

Less than once a month .................................................... 1
At least once a month ....................................................... 2
Once a week ...................................................................... 3
More than once a week ................................................. 4
Usually every day ............................................................. 5
Every day while program lasted (VOL) ........................... 6

G8i. During the last 12 months, how much money did it cost for (CHILD) to be involved in athletic and sports teams and programs?
G10. Was (CHILD) a member of any groups or programs in the community in the last 12 months?

IWER: GROUPS OR PROGRAMS IN THE COMMUNITY INCLUDES SCOUTS, SERVICE, OR HOBBY CLUBS

Yes ................................................................. 1
No ................................................................. 5 GO TO G11

G10a. Which community groups or programs was (CHILD) involved in?
Open field

G10b. (RB p.28) During the last 12 months, how often did (CHILD) spend time on community groups or programs?

Less than once a month ........................................... 1
At least once a month ............................................. 2
Once a week ....................................................... 3
More than once a week ......................................... 4
Usually every day .................................................. 5
Every day while program lasted (VOL) ...................... 6

G10c. During the last 12 months, how much money did it cost for (CHILD) to be involved in community groups or programs?

G11. (RB p.28) During the last 12 months, how often did you activity participate in (CHILD)’s after-school hobbies or activities, such as coaching a sport or participating in religious services?

Less than once a month ........................................... 1
At least once a month ............................................. 2
Once a week ....................................................... 3
More than once a week ......................................... 4
Usually every day .................................................. 5
IF VOL: Every day while program lasted .................... 6

G12. (RB p. 29) How often has a family member taken or arranged to take (CHILD) to any type of museum (children’s, scientific, art, historical, etc.) within the past 12 months? Would you say never, once or twice in the past 12 months, several times in the past 12 months, about once a month or more than once a month?

Never ................................................................... 1
Once or twice in the past 12 months ....................... 2
Several times in the past 12 months ......................... 3
About once a month ............................................. 4
More than once a month ....................................... 5
G13.  (RB p.29) How often has a family member taken or arranged to take (CHILD) to any type of musical or theatrical performance within the past 12 months?

Never ................................................................. 1  
Once or twice in the past 12 months ......................... 2  
Several times in the past 12 months ......................... 3  
About once a month ............................................. 4  
More than once a month ....................................... 5

G14.  (RB p.30) In the last six months how often did (CHILD)...

<table>
<thead>
<tr>
<th>Never (VOL)/Almost Never (1)</th>
<th>Less Than Half (2)</th>
<th>About Half The Time (3)</th>
<th>More Than Half (4)</th>
<th>Almost Always (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Make (his/her) own bed? Would you say almost never, less than half the time, about half the time, more than half the time, or almost always.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clean (his/her) own room?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Clean up after spills?</td>
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<tr>
<td>d. Bathe (himself/herself)?</td>
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</tr>
<tr>
<td>e. Pick up after (himself/herself)?</td>
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</tbody>
</table>

G15. How many times in the past week have you...

<table>
<thead>
<tr>
<th>Number of Times in the Past Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. grounded (CHILD)?</td>
</tr>
<tr>
<td>If E10= No,DK, or RF -7 GO TO G15c</td>
</tr>
<tr>
<td>b. spanked (CHILD)?</td>
</tr>
<tr>
<td>c. taken away TV or other privileges?</td>
</tr>
<tr>
<td>d. praised (CHILD) for doing something worthwhile?</td>
</tr>
<tr>
<td>e. taken away (CHILD)’s allowance? IF CHILD DOES NOT RECEIVE AN ALLOWANCE, code 97.</td>
</tr>
<tr>
<td>f. shown (CHILD) physical affection (kiss, hug, stroke hair, etc.)?</td>
</tr>
<tr>
<td>g. sent (CHILD) to (his/her) room?</td>
</tr>
<tr>
<td>h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about (CHILD)?</td>
</tr>
</tbody>
</table>
IF CHILD IS NOT IN SCHOOL (B4 = 5) OR CHILD IS IN COLLEGE (B6 = 14) -7 GO TO G17

G16. (RB p.31) If (CHILD) brought home a report card with grades or progress lower than expected, would you…

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not At All Likely (1)</th>
<th>Somewhat Unlikely (2)</th>
<th>Not Sure How Likely (3)</th>
<th>Somewhat Likely (4)</th>
<th>Very Likely (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Contact (his/her) teacher or principal? Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Talk with (CHILD)?</td>
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</tr>
<tr>
<td>c. Keep a closer eye on (CHILD)’s activities?</td>
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<tr>
<td>e. Lecture (CHILD)?</td>
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<td></td>
</tr>
<tr>
<td>f. Wait and see if (CHILD) improves on (his/her) own?</td>
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<td></td>
</tr>
<tr>
<td>g. Tell (CHILD) to spend more time on schoolwork?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h. Spend more time helping (CHILD) with schoolwork?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Limit or reduce (CHILD)’s non-school activities (play, sports, clubs, etc.)?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G16j. Are there any other things you would do if (CHILD) brought home a report card with grades or progress lower than expected?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO G17

G16j1. What other things?
Open field

G16j2. (RB p.31) How likely is it that you would do this? (Would you say not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

Not At All Likely ............................................................ 1
Somewhat Unlikely ........................................................... 2
Not Sure How Likely ......................................................... 3
Somewhat Likely ............................................................... 4
Very Likely ........................................................................... 5
G17. (RB p.32) Most children get so angry at their parents that they say things like “I hate you,” swear in a temper tantrum, or hit you. If (CHILD) did any of these, what would you do?

SELECT ALL THAT APPLY.

GROUND CHILD .................................................................1
SPANK CHILD .................................................................2
TALK WITH CHILD ............................................................3
GIVE (HIM/HER) HOUSEHOLD CHORES .........................4
IGNORE IT .................................................................5
SEND TO (HIS/HER) ROOM ..............................................6
TAKE AWAY (HIS/HER) ALLOWANCE ..............................7
TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES .........8
PUT CHILD IN SHORT “TIME OUT” .................................9
HIT CHILD BACK .........................................................10
OTHER (SPECIFY): .........................................................97

G18. How often do you encourage (CHILD) to learn to read? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

Never .............................................................................1
Several Times A Year ...................................................2
Several Times A Month ................................................3
About Once A Week ......................................................4
A Few Times A Week .....................................................5
Everyday ..........................................................................6

G19. Does (CHILD) have a dictionary at home that (he/she) can use? (IWER: THE DICTIONARY CAN BE A BOOK, CD ROM, OR DICTIONARY ON THE COMPUTER)

Yes ...............................................................................1
No ..................................................................................5

G20. Does (CHILD) have an encyclopedia or other reference material at home that (he/she) can use? (IWER: THE ENCYCLOPEDIA OR REFERENCE MATERIAL CAN BE A BOOK, CD ROM, OR ENCYCLOPEDIA ON THE COMPUTER)

Yes ...............................................................................1
No ..................................................................................5

IF G15e = 97 -7 GO TO H23a

G21. Does (CHILD) receive an allowance?

Yes ...............................................................................1
No ..................................................................................5 GO TO H23a
G21a1. How much allowance does (CHILD) receive?

G21a2. Is that per week, month, or something else?

Per Week ............................................................. 1 GO TO G21b
Per Month ............................................................ 2 GO TO G21b
Something Else (Specify) .................................... 3

G21a3. What would be the average amount of time between allowances?
Open field

G21b. Is the allowance contingent on (CHILD)…

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G21b1. …completing (his/her) chores?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G21b2. …following the family rules?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G21b3. …doing (his/her) school work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** EVERYONE WHO COMPLETED SECTION G GOES TO H23a**
SECTION H
CHILDREN 10 YEARS OR OLDER (H1 through H22b3)

H1. (RB p.33) About how often does (CHILD) read for enjoyment? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

Never ................................................................. 1
Several Times A Year........................................... 2
Several Times A Month................................. 3
About Once A Week................................. 4
A Few Times A Week................................. 5
Everyday......................................................... 6
IF VOL: ‘CHILD CANNOT READ’ ....................... 7

H2. Does your family encourage (CHILD) to start and keep doing hobbies?

Yes ................................................................. 1
No ................................................................. 5 GO TO H3

H2a. What are (CHILD)’s hobbies?

Open field

H3. Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

Yes ................................................................. 1
No ................................................................. 5 GO TO H5

H4. (RB p.33) About how often does (CHILD) use these instruments? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

Never ................................................................. 1
Several Times A Year........................................... 2
Several Times A Month................................. 3
About Once A Week................................. 4
A Few Times A Week................................. 5
Everyday......................................................... 6

H5. Was (CHILD) in a tutoring program in the last 12 months?

Yes ................................................................. 1
No ................................................................. 5 GO TO H6
H5a. Was (CHILD) being tutored or doing the tutoring?
   Being tutored ................................................................. 1
   Doing the tutoring......................................................... 2

H5b. What was the tutoring for?
   Open field

IF H5a = 2, 8, or 9-7 GO TO H6

H5c. During the last 12 months, how much money did it cost in total for (CHILD) to be in the tutoring program(s)?

H6. Did (CHILD) take lessons, such as music, dance, or drama in the last 12 months?
   Yes ............................................................................... 1
   No ............................................................................... 5 GO TO H7

H6a. Which lessons was (CHILD) involved in?
   Open field

H6b. During the last 12 months, how much money did it cost in total for (CHILD) to be involved in lessons?

H7. Was or is (CHILD) a member of any athletic or sports teams at school during this school year?
   Yes ............................................................................... 1
   No ............................................................................... 5 GO TO H7b

H7a. Which school athletic or sports teams is (CHILD) involved in during this school year?
   Open field
   IWER: We want a list of different, specific types of sports (e.g., ice hockey, field hockey, baseball, karate, judo). We do not want a list of names of teams (e.g., the tornados). If the child played on two soccer teams, it would only be listed once as soccer. Make sure to probe that the PCG listed all the different sports.

H7b. Was (CHILD) a member of any organized sports program during last summer?
   Yes ............................................................................... 1
   No ............................................................................... 5 GO TO H7d
H7c. Which organized sports programs was (CHILD) involved in during last summer?
Open field

IWER: We want a list of different, specific types of sports (e.g., ice hockey, field hockey, baseball, karate, judo). We do not want a list of names of teams (e.g., the tornados). If the child played on two soccer teams, it would only be listed once as soccer. Make sure to probe that the PCG listed all the different sports.

H7d. Was (CHILD) a member of any athletic or sports teams in the last school year?

Yes .................................................................................... 1 GO TO H7e
No ..................................................................................... 5

IF H7 = 5, 8, 9 AND H7b = 5, 8, 9 AND H7d = 5, 8, 9 -7 GO TO H8

H7e. During the last school year, which athletic or sports teams was (CHILD) involved in?
Open field

IWER: We want a list of different, specific types of sports (e.g., ice hockey, field hockey, baseball, karate, judo). We do not want a list of names of teams (e.g., the tornados). If the child played on two soccer teams, it would only be listed once as soccer. Make sure to probe that the PCG listed all the different sports.

H7f. Thinking back over the last 12 months, that is, from now to last (FILL IN THE MONTH THAT IS 12 MONTHS PRIOR TO THE INTERVIEW MONTH), how much did it cost in total for (CHILD) to be involved in athletic or sports teams and programs?

H8. Was (CHILD) a member of any group or program in the community in the last 12 months?

IWER: GROUPS OR PROGRAMS IN THE COMMUNITY INCLUDES SCOUTS, SERVICE, OR HOBBY CLUBS

Yes .................................................................................... 1 GO TO H9a
No ..................................................................................... 5 GO TO H9a

H8a. Which community groups or programs was (CHILD) involved in?
Open field

H8b. During the last 12 months, how much money did it cost for (CHILD) to be involved in community groups or programs?

H9a. Did (CHILD) attend religious services in the last 12 months?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H9c
H9b. (RB p.34) During the last 12 months, how often did (CHILD) attend religious services?

Not at all ........................................................................... 1
A few times a year ............................................................ 2
About once a month......................................................... 3
Two or three times a month .............................................. 4
About once a week ........................................................... 5
More than once a week..................................................... 6

H9c. Did (CHILD) participate in other religious activities in the last 12 months?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H11

H9d. Which religious activities was (CHILD) involved in?

Open field

H9e. (RB p.34) During the 12 months, how often did (CHILD) spend time on these religious activities?

Not at all ........................................................................... 1
A few times a year ............................................................ 2
About once a month......................................................... 3
Two or three times a month .............................................. 4
About once a week ........................................................... 5
More than once a week..................................................... 6

H11. (RB p.35) During the last 12 months, how often did you actively participate in (CHILD)’s after-school hobbies or activities, such as coaching a sport or participating in religious services?

Less than once a month .................................................... 1
At least once a month ....................................................... 2
Once a week...................................................................... 3
More than once a week..................................................... 4
Usually every day ............................................................. 5
IF VOL: Every day while program lasted ......................... 6

H12. (RB p.36) How often has a family member taken or arranged to take (CHILD) to any type of museum (children’s, scientific, art, historical, etc.) within the past 12 months? Would you say never, once or twice in the past 12 months, several times in the past 12 months, about once a month or more than once a month?

Never ................................................................................ 1
Once Or Twice in the Past 12 Months .............................. 2
Several Times in the Past 12 Months ............................... 3
About Once A Month ..................................................... 4
More Than One A Month ................................................ 5
H13. (RB p.36) How often has a family member taken or arranged to take (CHILD) to any type of musical or theatrical performance within the past 12 months?

Never ................................................................. 1
Once or twice in the past 12 months......................... 2
Several times in the past 12 months ........................... 3
About once a month.............................................. 4
More than once a month ......................................... 5

H14. (RB p.37) In the last 6 months how often did (CHILD)…

<table>
<thead>
<tr>
<th>(VOL)</th>
<th>Never/Almost Never (1)</th>
<th>Less Than Half The Time (2)</th>
<th>About Half The Time (3)</th>
<th>More Than Half The Time (4)</th>
<th>Almost Always (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Make (his/her) own bed? Would you say almost never, less than half the time, about half the time, more than half the time, or almost always?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clean (his/her) own room?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Help keep shared living areas clean and straight?</td>
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</tr>
<tr>
<td>d. Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?</td>
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<td></td>
</tr>
<tr>
<td>e. Help manage (his/her) own time (get up on time, be ready for school, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Pick up after (himself/herself)?</td>
<td></td>
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</tr>
</tbody>
</table>

H15. How many times in the past week have you...

<table>
<thead>
<tr>
<th>Number Of Times In The Past Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. grounded (CHILD)?</td>
</tr>
<tr>
<td>IF E10= No, DK, RF -7 GO TO H15c</td>
</tr>
<tr>
<td>b. spanked (CHILD)?</td>
</tr>
<tr>
<td>c. taken away TV or other privileges?</td>
</tr>
<tr>
<td>d. praised (CHILD) for doing something worthwhile?</td>
</tr>
<tr>
<td>e. taken away (CHILD)’s allowance? IF CHILD DOES NOT RECEIVE AN ALLOWANCE, CODE 97.</td>
</tr>
<tr>
<td>f. shown (CHILD) physical affection (kiss, hug, stroke hair, etc.)?</td>
</tr>
<tr>
<td>g. sent (CHILD) to (his/her) room?</td>
</tr>
<tr>
<td>h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about (CHILD)?</td>
</tr>
</tbody>
</table>

IF CHILD IS NOT IN SCHOOL (B4 = 5) OR IS IN COLLEGE (B6 = 14) -7 GO TO H17
H16. (RB p.38) If (CHILD) brought home a report card with grades or progress lower than expected, would you…

<table>
<thead>
<tr>
<th></th>
<th>Not At All Likely (1)</th>
<th>Somewhat Unlikely (2)</th>
<th>Not Sure How Likely (3)</th>
<th>Somewhat Likely (4)</th>
<th>Very Likely (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Contact (his/her) teacher or principal? Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Talk with (CHILD)?</td>
<td></td>
<td></td>
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<tr>
<td>c. Keep a closer eye on (CHILD)’s activities?</td>
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<tr>
<td>d. Punish (CHILD)?</td>
<td></td>
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<td></td>
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<tr>
<td>e. Lecture (CHILD)?</td>
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</tr>
<tr>
<td>f. Wait and see if (CHILD) improves on (his/her) own?</td>
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<td></td>
</tr>
<tr>
<td>g. Tell (CHILD) to spend more time on schoolwork?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h. Spend more time helping (CHILD) with schoolwork?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Limit or reduce (CHILD)’s non-school activities (play, sports, clubs, etc.)?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

H16j. Are there any other things you would do if (CHILD) brought home a report card with grades or progress lower than expected?

Yes.................................................................................... 1
No ..................................................................................... 5 GO TO H17

H16j1. What other things?
Open field

H16j2. (RB p.38) How likely is it that you would do this? (Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

Not At All Likely.............................................................. 1
Somewhat Unlikely .......................................................... 2
Not Sure How Likely........................................................ 3
Somewhat Likely .............................................................. 4
Very Likely....................................................................... 5
H17. (RB p.39) Most children get so angry at their parents that they say things like “I hate you,” swear in a temper tantrum, or hit you. If (CHILD) did any of these, what would you do?

SELECT ALL THAT APPLY.

GROUND CHILD .................................................................1
SPANK CHILD ......................................................................2
TALK WITH CHILD ............................................................3
GIVE (HIM/HER) HOUSEHOLD CHORES .........................4
IGNORE IT ............................................................................5
SEND TO (HIS/HER) ROOM .................................................6
TAKE AWAY (HIS/HER) ALLOWANCE ...............................7
TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES ..........8
PUT CHILD IN SHORT “TIME OUT” .................................9
HIT CHILD BACK ...............................................................10
OTHER (Specify) ...............................................................97

H18. How often do you encourage (CHILD) to read on (his/her) own? Would you say never, several times a year, several times a month, about once a week, a few times a week, everyday?

Never ..............................................................................1
Several times a year .........................................................2
Several times a month .....................................................3
About once a week .........................................................4
A few times a week ........................................................5
Everyday ...........................................................................6

H19. (RB p.40) About how often in the past month have you:

<table>
<thead>
<tr>
<th></th>
<th>Not In The Past Month (1)</th>
<th>1 or 2 Times in the Past Month (2)</th>
<th>About Once A Week (3)</th>
<th>Several Times A Week (4)</th>
<th>Every Day (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taught (CHILD) what to do in case of a health or safety emergency (such as calling the fire department)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Discussed with (CHILD) the problems and consequences of drinking alcohol or taking drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Discussed topics such as physical hygiene, sex, and sexual relationships with (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
H20. Does (CHILD) have a dictionary at home that (he/she) can use? (IWER: THE DICTIONARY CAN BE A BOOK, CD ROM, OR DICTIONARY ON THE COMPUTER)

Yes.................................................................................... 1
No ..................................................................................... 5

H21. Does (CHILD) have an encyclopedia or other reference material at home that (he/she) can use?

IWER: THE ENCYCLOPEDIA OR REFERENCE MATERIAL CAN BE A BOOK, CD ROM, OR ENCYCLOPEDIA ON THE COMPUTER

Yes.................................................................................... 1
No ..................................................................................... 5

IF H15e = 97 -7 GO TO H23a

H22. Does (CHILD) receive an allowance?

Yes.................................................................................... 1
No ..................................................................................... 5 GO TO H23a

H22a1. How much allowance does (CHILD) receive?

H22a2. Is that per week, month, or something else?

Per week.........................1 GO TO H22b
Per month.........................2 GO TO H22b
Something else (Specify)........3

H22a3. What would be the average amount of time between allowances?
Open field

H22b. Is the allowance contingent on (CHILD)…

<table>
<thead>
<tr>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H22b1. Completing (his/her) chores?</td>
<td>1</td>
</tr>
<tr>
<td>H22b2. Following family rules?</td>
<td>1</td>
</tr>
<tr>
<td>H22b3. doing (his/her) school work?</td>
<td>1</td>
</tr>
</tbody>
</table>
H23a. Now I’d like to ask you about money that you or anyone else living with you may have spent on (CHILD) in the past 12 months.

In the past 12 months, have you or anyone else living with you spent money on toys or presents for (CHILD)?

Yes .............................................................. 1
No .............................................................. 5  GO TO H23b

H23a1. How much did you and anyone else living with you spend on toys or presents for (CHILD) during the past 12 months?

H23b. Have you or anyone else living with you spent money in the past 12 months on…

Taking (CHILD) on vacation?

Yes .............................................................. 1
No .............................................................. 5  GO TO H23c

H23b1. How much did you and anyone else living with you spend on taking (CHILD) on vacation during the past 12 months?

H23c. Have you or anyone else living with you spent money in the past 12 months on…

School supplies for (CHILD)?

Yes .............................................................. 1
No .............................................................. 5  GO TO H23d

H23c1. How much did you and anyone else living with you spend on school supplies for (CHILD) during the past 12 months?

H23d. Have you or anyone else living with you spent money in the past 12 months on…

Clothes or shoes for (CHILD)?

Yes .............................................................. 1
No .............................................................. 5  GO TO H23e

H23d1. How much did you and anyone else living with you spend on clothes or shoes for (CHILD) during the past 12 months?

CHILD IS YOUNGER THAN 16 YEARS -7 GO TO H23h
H23e. Have you or anyone else living with you spent money in the past 12 months on…

Car insurance?

Yes ........................................................................................... 1
No .......................................................................................... 5 GO TO H23f

H23e1. How much did you and anyone else living with you spend on car insurance for (CHILD) during the past 12 months?

H23f. Have you or anyone else living with you spent money in the past 12 months on…

Car payments?

Yes ........................................................................................... 1
No .......................................................................................... 5 GO TO H23g

H23f1. How much did you and anyone else living with you spend on car payments for (CHILD) during the past 12 months?

H23g. Have you or anyone else living with you spent money in the past 12 months on…

Car maintenance?

Yes ........................................................................................... 1
No .......................................................................................... 5 GO TO H23h

H23g1. How much did you and anyone else living with you spend on car maintenance for (CHILD) in the past 12 months?

H23h. Have you or anyone else living with you spent money in the past 12 months on…

Food?

Yes ........................................................................................... 1
No .......................................................................................... 5 GO TO SKIP INSTRUCTION BEFORE H24

H23h1. How much did you and anyone else living with you spend on food for (CHILD) during the past 12 months?

BIOLOGICAL FATHER LIVES IN HH -7 GO TO H26
H24. Has (CHILD’S) father spent money on the following things for (CHILD) during the past 12 months?

<table>
<thead>
<tr>
<th>Item</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Toys or presents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Taken (CHILD) on vacation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. School supplies for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Clothes or shoes for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF CHILD IS YOUNGER THAN 16 YRS -7 GO TO H24h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Car insurance for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Car payments for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Car maintenance for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Paid for camp or lessons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Paid (CHILD) an allowance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Any other things? (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BIOLOGICAL MOTHER LIVES IN HH -7 GO TO H26

H25. Has (CHILD’S) mother spent money on the following things for (CHILD) during the past 12 months?

**DO NOT PROBE DK RESPONSES**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Toys or presents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Taken (CHILD) on vacation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. School supplies for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Clothes or shoes for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF CHILD IS YOUNGER THAN 16 YRS -7 GO TO H28h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Car insurance for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Car payments for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Car maintenance for (CHILD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Paid for camp or lessons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Paid (CHILD) an allowance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Any other things? (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
H26. Look at the list on (RB p. 1) in your Respondent Booklet. Has anyone not living with you spent money on any of these things for (CHILD) during the past 12 months?

If father or mother live outside the home, this statement should appear on screen: Do not include items that the child’s father/mother paid for, as you described in the previous question.

Yes ................................................................. 1
No ......................................................................... 5 GO TO H29

H27a. (RB p.41) Which ones? SELECT ALL THAT APPLY

IWER: FOR MULTIPLE RESPONSE, USE SPACE BAR OR DASH TO RESPONSES

TOYS OR PRESENTS............................................... 1
TAKING (CHILD) ON VACATION .......................... 2
SCHOOL SUPPLIES ......................................... 3
CLOTHES OR SHOES ........................................ 4
CAR INSURANCE .............................................. 5
CAR PAYMENTS ............................................... 6
CAR MAINTAINANCE ....................................... 7
FOOD ............................................................. 8

ASK FOLLOW UP (H28a – H28g) FOR EACH RESPONSE SELECTED IN H27a:

H28a. About how much did people outside of your household spend on toys or presents for (CHILD) in the past 12 months?

H28b. About how much did people outside of your household spend on taking (CHILD) on vacation in the past 12 months?

H28c. About how much did people outside of your household spend on school supplies for (CHILD) in the past 12 months?

H28d. About how much did people outside of your household spend on clothes or shoes for (CHILD) in the past 12 months?

H28e. About how much did people outside of your household spend on car insurance for (CHILD) in the past 12 months?

H28f. About how much did people outside of your household spend on car payments for (CHILD) in the past 12 months?
H28g. About how much did people outside of your household spend on car maintenance for (CHILD) in the past 12 months?

H28h. About how much did people outside of your household spend on food for (CHILD) in the past 12 months?

H29. Do you (and (OTHER CAREGIVER)) have any shares of stock in publicly held corporations, mutual funds, or investment trusts for (CHILD)?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H30

H29a. How much would they be worth?

H30. Do you (and (OTHER CAREGIVER)) have any money in checking or savings accounts, money market funds, certificates of deposit, government savings bonds, or treasury bills for (CHILD)?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H31

H30a. If you added up all such accounts for (CHILD), about how much would they amount to right now?

H31. Do you (and (OTHER CAREGIVER)) have any other savings or assets, such as bond funds, cash value in a life insurance policy, a valuable collection for investment purposes, or rights in a trust or estate for (CHILD) that you haven't already told us about?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H32

H31a. If you sold that and paid off any debts on it, how much would you have for (CHILD)?

H32. Other than what you told me about already, do you (and (OTHER CAREGIVER)) have money set aside for (CHILD) to attend college or other future schooling?

IWER: INCLUDE MONEY SET ASIDE TO COVER ALL EXPENSES/COSTS RELATED TO SCHOOL AND LIVING AT SCHOOL

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO H32b

H32a. About how much does it amount to right now?
H32b. Will (CHILD) need student loans or scholarships to help pay for college?

Yes .............................................................................................................. 1
No ............................................................................................................. 5

H32c. Will (CHILD) need to choose a school based on how much expenses, such as tuition, will be?

Yes .............................................................................................................. 1
No ............................................................................................................. 5

H32d. Will (CHILD) consider private schools to attend?

Yes .............................................................................................................. 1 GO TO H32f
No ............................................................................................................. 5

H32e. Will private schools not be considered because of the amount it costs to attend private schools?

Yes .............................................................................................................. 1
No ............................................................................................................. 5

H32f. How much money will you (and (OTHER CAREGIVER)) be able to give to (CHILD) each year while (he/she) attends college?

Thank you for your answers. These are all the questions I have regarding [CHILD NAME].
PCG Household

J1. How long have you lived in your current neighborhood?

Less than one year ......................................................... 1
1 year to less than 3 years .............................................. 2
3 years to less than 5 years ............................................ 3
5 years or more ........................................................... 4

J2. How would you rate your neighborhood as a place to raise children? Would you say excellent, very good, good, fair, or poor?

Excellent ................................................................. 1
Very good ................................................................. 2
Good .......................................................................... 3
Fair ............................................................................ 4
Poor ............................................................................. 5

J3. How difficult is it for you to tell a stranger in your neighborhood from someone who is a resident? Would you say not at all difficult, somewhat difficult, or very difficult?

Not at all difficult ....................................................... 1
Somewhat difficult ..................................................... 2
Very difficult ............................................................. 3

J4. (RB p.42) How likely is it that a neighbor would do something if . . .

<table>
<thead>
<tr>
<th></th>
<th>Very Likely (1)</th>
<th>Unlikely (2)</th>
<th>Likely (3)</th>
<th>Very Likely (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Someone was trying to sell drugs to your children in plain sight?</td>
<td></td>
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<tr>
<td>Would you say very unlikely, unlikely, likely, or very likely?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>b. Your kids were getting into trouble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A child was showing disrespect to an adult?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. A child was taking something out of a neighbor’s apartment, house, garage, car or yard?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
J5. How safe is it to walk around alone in your neighborhood after dark? Would you say it is completely safe, fairly safe, somewhat dangerous, or extremely dangerous?

Completely safe .............................................................. 1
Fairly safe ........................................................................ 2
Somewhat dangerous ....................................................... 3
Extremely dangerous ....................................................... 4

J6. loop 1: (RB p.43) Please tell me how often you have participated in the following activities within the past 12 months.

Go through the entire series J6a-j for the PCG.

loop 2: (RB p.43) How often has (OTHER CAREGIVER) participated in the following activities within the past 12 months? [IF APPLICABLE - SKIP IF NO OCG]

Go through the entire series J6a-j for the OCG, if one exists.

loop 3: (RB p.43) How often has (CHILD) participated in the following activities within the past 12 months? Ask J6b, d, e, f, g, h, i only for (CHILD).

loop 4: (RB p.43) How often has (OTHER CDS CHILD) participated in the following activities within the past 12 months? [IF APPLICABLE - SKIP IF ONLY ONE CDS CHILD IN HH]. Ask J6b, d, e, f, g, h, i only for second (CHILD), if one exists.

| J6a. A neighborhood meeting. Would you say never in the past 12 months, 1 or 2 times in the past 12 months, 3 or 4 times in the past 12 months, once a month, a few times a month, once a week, or several times a week? | Response Categories for J6a-J6j: |
| J6b. Church (or other religious) club or activity - not religious service or mass. | Never in the past 12 months.......................1 |
| J6c. Parenting classes or parent support groups. | 1 or 2 times in the past 12 months.............2 |
| J6d. Athletic team. | 3 or 4 times in the past 12 months............3 |
| J6e. Physical exercise, such as aerobics, running or lifting weights. | Once a month ...........................................4 |
| J6f. Library story hour. | A few times a month ................................5 |
| J6g. Visiting a friend’s or neighbor’s house. | Once a week ..........................................6 |
| J6h. Going to a community center like a YMCA. | Several times a week...............................7 |
| J6i. Scouting (e.g., Boy Scouts, Girl Scouts). | |
| J6j. Neighborhood watch. | |
J7. Apart from attending religious services, how important would you say religion is to you? Would you say not important, somewhat important, or very important?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>2</td>
</tr>
<tr>
<td>Very important</td>
<td>3</td>
</tr>
</tbody>
</table>

J8. Aside from conventional religion, how important would you say spirituality or faith is to you? Would you say not important, somewhat important, or very important?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>2</td>
</tr>
<tr>
<td>Very important</td>
<td>3</td>
</tr>
</tbody>
</table>

J9. (RB p.44) Please tell me your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I’m a person of worth, at least on an equal basis with others. Would you say you strongly disagree, disagree, agree, or strongly agree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I have a number of good qualities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I do not have much to be proud of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take a positive attitude toward myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the whole, I am satisfied with myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I certainly feel useless at times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At times I think I am no good at all.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J10. (RB p.44) Please tell me your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There is really no way I can solve some of the problems I have. Would you say you strongly disagree, disagree, agree, or strongly agree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Sometimes I feel that I’m being pushed around in life.</td>
<td></td>
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<tr>
<td>c. I have little control over the things that happen to me.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. I often feel helpless in dealing with the problems of life.</td>
<td></td>
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</tbody>
</table>

J11. For the next questions, please think about who usually does each activity. Is it usually you, usually another member of your household, is the activity shared among household members, or is the activity usually done by someone else (not a member of the household)?

<table>
<thead>
<tr>
<th>Activity</th>
<th>You (1)</th>
<th>Another HH Member (2)</th>
<th>Shared (3)</th>
<th>Done By Someone Else (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Preparing meals and cleaning up after meals. Would you say you, another household member, shared, or done by someone else?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cleaning house.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Outdoor and other household maintenance tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Shopping for groceries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Washing, ironing, mending.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Paying bills and keeping financial records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Automobile maintenance and repair.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Disciplining children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You (1)</td>
<td>Another HH Member (2)</td>
<td>Shared (3)</td>
<td>Done By Someone Else (4)</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>-----------------------</td>
<td>------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>i. Choosing children's activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
k. Driving children to activities. |         |                       |            |                        |
l. Selecting a pediatrician and making appointments. |         |                       |            |                        |
m. Selecting a child care program, preschool, or school. |         |                       |            |                        |
n. Playing with the children. |         |                       |            |                        |

J12. (RB p.45) If you had to choose, which thing on the following list would you pick as the most important for a child to learn, to prepare him or her for life? Would you say to obey, to be well-liked or popular, to think for himself or herself, to work hard, or to help others when they need help?

To obey.................................................................1
To be well-liked or popular .......................................2
To think for himself or herself ..................................3
To work hard ............................................................4
To help others when they need help ..............................5

WHICH IS MOST IMPORTANT? _______(ENTER CODE NUMBER)

Which is second in importance? _______(ENTER CODE NUMBER)

Which comes third? _______(ENTER CODE NUMBER)

Which comes fourth? _______(ENTER CODE NUMBER)
J13. About how many magazines does your family get regularly?

J14. Does your family get a daily newspaper?

Yes .......................................................... 1
No ........................................................... 5 GO TO J15

J14a. How many days a week do you read the daily newspaper?

J15. (RB p.46) Next, I will read some statements about raising children. Thinking about your child(ren), please indicate on a scale from 1, not at all true, to 5, completely true, the number that best describes how true each statement is.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not At All True</th>
<th>Completely True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Being a parent is harder than I thought it would be.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. I feel trapped by my responsibilities as a parent.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. I find that taking care of my child(ren) is much more work than pleasure.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. I often feel tired, worn out, or exhausted from raising a family.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

J16. Sometimes parents do certain things to make life better for their children. Have you ever done any of the following primarily because you wanted to make life better for your child(ren)?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you ever moved to a different neighborhood?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you ever increased your work hours, or taken a second job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you ever reduced your work hours, or refused extra work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J17. (RB p.47) Please tell me your level of agreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If a husband and a wife both work full-time, they should share household tasks equally. Would you say you strongly disagree, disagree, agree, or strongly agree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Women are much happier if they stay at home and take care of their children.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.</td>
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</tr>
<tr>
<td>d. It is more important for a wife to help her husband’s career than to have one herself.</td>
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</tr>
<tr>
<td>e. An employed mother can establish as warm and secure a relationship with her children as a mother who is not employed.</td>
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<tr>
<td>f. Parents should encourage just as much independence in their daughters as in their sons.</td>
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<tr>
<td>g. Preschool children are likely to suffer if their mother is employed.</td>
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</tr>
<tr>
<td>h. Being a father and raising children is one of the most fulfilling experiences a man can have.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>i. Mothers should not work full time if their child is younger than 5 years old.</td>
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<tr>
<td>j. It is fine for children under 3 years of age to be cared for all day in a daycare center or daycare home.</td>
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</tr>
<tr>
<td>k. If children are seriously misbehaving it is best to spank them.</td>
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<td></td>
</tr>
<tr>
<td>l. Being a mother and raising children is one of the most fulfilling experiences a woman can have.</td>
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<tr>
<td>m. It is essential for the child’s well being that a father spend time interacting and playing with their children.</td>
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</tr>
<tr>
<td>n. A father should be as heavily involved in the care of his child as the mother.</td>
<td></td>
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</tr>
</tbody>
</table>
o. Fathers play a central role in the child’s personality development.

p. Fathers are able to enjoy children more when the children are older.

q. The way a parent treats a child in the first four years has important life-long effects.

r. If it keeps him from getting ahead in his job, a father is being too involved with his children.

s. In general, fathers and mothers are equally good at meeting their children’s needs.

J18. (RB p.48) During the past 30 days, how often did you...

<table>
<thead>
<tr>
<th>Feeling</th>
<th>All Of The Time (1)</th>
<th>Most Of The Time (2)</th>
<th>Some Of The Time (3)</th>
<th>A Little Of The Time (4)</th>
<th>None Of The Time (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Feel nervous? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Feel hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Feel restless or fidgety?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Feel that everything was an effort?</td>
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<td></td>
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<td></td>
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<tr>
<td>e. Feel so sad nothing could cheer you up?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Feel worthless?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

J18g. Thinking about the feelings I just asked you about, altogether, did these feelings occur more often in the past 30 days than is usual for you, less often than usual, or about the same as usual?

More often than usual..................1
Less often than usual..................2
About the same as usual..................3 GO TO J18h
J18g1. Was it a lot (more/less), somewhat (more/less), or only a little (more/less) often than usual?
   A lot (more/less) than usual………………1
   Somewhat (more/less) than usual………2
   Only a little (more/less) than usual………3

J18h. How much do these feelings usually interfere with your life or activities – a lot, some, a little, or not at all?
   A lot………………………………………………….1
   Some…………………………………………………2
   A little………………………………………………3
   Not at all …………………………………………..4

IF PCG IS NOT LIVING WITH ANOTHER CAREGIVER -7 GO TO J23

J20. (RB p.49) In most families there are disagreements or arguments. How often do you and (spouse/partner/other
caregiver) disagree about:

<table>
<thead>
<tr>
<th></th>
<th>Never (1)</th>
<th>Hardly Ever (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How your children are raised? Would you say never, hardly ever, sometimes, or often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How you spend money on your children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The amount of time (he/she) spends with your children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| d. The friends (spouse/partner/other
caregiver) spends time with? |           |                 |               |           |
| e. (Spouse’s/partner’s/other caregiver’s) use of alcohol or drugs? |           |                 |               |           |

J21. (RB p.50) To what extent do you and (spouse/partner/other caregiver) agree or disagree about:

<table>
<thead>
<tr>
<th></th>
<th>Completely Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Completely Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your job or career plans? Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. (Your spouse’s/your partner’s/the other caregiver’s) job or career plans?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Spending leisure time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J22. (RB p.50) Next are some statements about how families get along and settle arguments. Tell me how much you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Completely Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We fight a lot in our family. Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Family members sometimes get so angry they throw things.</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>c. Family members always calmly discuss problems.</td>
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</tr>
<tr>
<td>d. Family members often criticize each other.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Family members sometimes hit each other.</td>
<td></td>
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</tr>
</tbody>
</table>

J23a. Do you think that any of the following has a negative effect on your child(ren)?

…anyone in your household’s consumption of alcohol?

   Yes.................................................................................... 1
   No..................................................................................... 5 • GO TO J23c

J23b. Whose alcohol consumption are you talking about?

SELECT ALL THAT APPLY

DO NOT READ RESPONSE OPTIONS. CODE RELATIONSHIP MENTIONED.

   PCG .................................................................................. 1
   OCG.................................................................................. 2
   OTHER FAMILY MEMBERS ........................................... 3 •

J23c. Do you think that any of the following has a negative effect on your child(ren)?

…a household member’s mental disability?

   Yes.................................................................................... 1
   No..................................................................................... 5 • GO TO J23e
J23d. Whose mental disability are you talking about?

SELECT ALL THAT APPLY
DO NOT READ RESPONSE OPTIONS. CODE RELATIONSHIP MENTIONED.

PCG ................................................................. 1
OCG .................................................................. 2
OTHER FAMILY MEMBERS ................................ 3.

J23e. Do you think that any of the following has a negative effect on your child(ren)?
…a household member’s physical disability?

Yes ........................................................................ 1
No ....................................................................... 5 • GO TO J24

J23f. Whose physical disability are you talking about?

SELECT ALL THAT APPLY
DO NOT READ RESPONSE OPTIONS. CODE RELATIONSHIP MENTIONED.

PCG ................................................................. 1
OCG .................................................................. 2
OTHER FAMILY MEMBERS ................................ 3.

J24. At the end of the month, do you end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

Some money left over........................................ 1
Just enough to make ends meet ......................... 2
Not enough to make ends meet ......................... 3

J25. Think about what has happened in the last 12 months. Have you done any of the following or have any of the following happened as a result of economic problems in the last 12 months?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sold possessions or cashed in life insurance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Postponed major purchases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Postponed medical care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Borrowed money from friends or relatives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Applied for government assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Filed for or taken bankruptcy.</td>
<td></td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>g.</td>
<td>Fallen behind in paying bills.</td>
<td>Yes (1)</td>
</tr>
<tr>
<td>h.</td>
<td>Obtained a loan to consolidate or pay off debts.</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Had a creditor call or come to see you to demand payment.</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Had your wages attached or garnisheed by a creditor.</td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>Had a lien filed against your property because you could not pay a bill.</td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>Had your home, car or other property repossessed.</td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>Moved to cheaper living quarters.</td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>Moved in with other people.</td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td>Sent one or more of your children to live with someone else.</td>
<td></td>
</tr>
</tbody>
</table>

J26. How much money have you (and (OTHER CAREGIVER)) spent on the following things during the past year?

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>If VOL: Parents Not Alive (999997)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Medical expenses for your (and (OCG)’s) parents.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Living expenses for your (and (OCG)’s) parents.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Other expenses for your (and (OCG)’s) parents.</td>
<td></td>
</tr>
</tbody>
</table>

J27. Do you have a working TV in your house?

Yes .................................................................................... 1
No ..................................................................................... 5 GO TO J30

J27a. About how many hours is the TV on in your home each day?

J28. How many working televisions are in your home?

J28a. Is there one in (CHILD’S) room?

Yes .................................................................................... 1
No ..................................................................................... 5
IF ONLY ONE CDS CHILD IN HH -7 GO TO J29

J28b. Is there one in (CDS CHILD2’S) room?

Yes................................................................. 1
No ........................................................................ 5
CDS children share a room................................. 6

J29. How many televisions have cable or satellite service?

J30. How many videogame systems (for example, Sega-Dreamcast, Nintendo, or Sony-Playstation) that your child(ren) could use do you have in the home?

J31. How many working computers are there in the home that your child(ren) could use?

IF J31 = 0 -7 GO TO J35

J32. How many of the computers in your home have an Internet connection?

J33. How often did (CHILD) use the computer(s) in your home last month? Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or everyday?

Not In The Past Month ........................................... 1
One Or Two Times In The Past Month ...................... 2
About Once A Week.............................................. 4
Several Times A Week.......................................... 5
Everyday.............................................................. 6

IF ONLY ONE CDS CHILD IN HH -7 GO TO J35

J34. How often did (CHILD2) use the computer(s) in your home last month? Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or everyday?

Not In The Past Month ........................................... 1
One Or Two Times In The Past Month ...................... 2
About Once A Week.............................................. 4
Several Times A Week.......................................... 5
Everyday.............................................................. 6
J35. When your family watches TV together, do you (or OCG) discuss TV programs with (CHILD/CHILD and CHILD2)?

Yes ................................................................. 1
No ................................................................. 5

J36. (RB p.51) How often do you set limits on …

<table>
<thead>
<tr>
<th></th>
<th>Never (1)</th>
<th>Hardly Ever (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J36a. the video games (CHILD/CHILD and CHILD2) can play?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J36b. the computer games (CHILD/CHILD and CHILD2) can play?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J36c. what (CHILD/CHILD and CHILD2) can do on the Internet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J36d. (CHILD/CHILD and CHILD2)’s use of e-mail?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J37. (RB p.52) How often do you…

<table>
<thead>
<tr>
<th></th>
<th>None of the Time (1)</th>
<th>A Little of the Time (2)</th>
<th>Some of the Time (3)</th>
<th>Most of the Time (4)</th>
<th>All of the Time (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J37a. Regularly watch TV programs together as a family?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J37b. Encourage (CHILD/CHILD and CHILD2) to watch certain TV programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J37c. Encourage (CHILD/CHILD and CHILD2) to play certain video games?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J37d. Encourage (CHILD/CHILD and CHILD2) to play certain computer games?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J37e. Encourage (CHILD/CHILD and CHILD2) to use Internet websites for certain things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J37f. Encourage (CHILD/CHILD and CHILD2) to use e-mail?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J38. How many cell phones does your family own?

J39. About how many books are there in the house?

None ................................................................. 1
1 or 2 ................................................................. 2
3 to 9 ................................................................. 3
10 to 19 ............................................................ 4
20 or more ..................................................... 5

J40. How many books have you read during the past year?

None ................................................................. 1
1 or 2 ................................................................. 2
3 to 9 ................................................................. 3
10 to 19 ............................................................ 4
20 or more ..................................................... 5

J41. Did you attend school for your own education last week?

Yes ................................................................. 1
No ................................................................. 5 GO TO J42

J41a. How many hours do you spend in class each week?

J41b. How long does it typically take you to get to school each way?

J42. Did you work for pay last week?

Yes ................................................................. 1
No ................................................................. 5 GO TO J49

J43. How many jobs do you currently have?

J44. Thinking about all work you do for pay – either at home, the workplace, or any other location – how many hours per week do you typically work on (your job/all jobs)?

J45. Thinking about all work you do for pay – either at home, the workplace, or any other location – how many days of the week do you work on the job you work the most hours?
J46. (On your job/On the job you work the most hours), do you usually work a regular daytime schedule or some other schedule?

Regular daytime schedule................................................. 1 GO TO J48
Some other schedule......................................................... 2 GO TO J47

J47. (RB p.53) Which of the following best describes the hours you usually work at this job?

A regular evening shift ................................................................................................................................. 1
A regular night shift..................................................................................................................................... 2
A rotating shift– one that changes periodically from day to evenings or night................................. 3
A split shift– one consisting of two distinct periods each day............................................................ 4
An irregular schedule arranged by employer......................................................................................... 5
Other (specify).......................................................................................................................................... 6

J48. How many minutes does it typically take you to get to work each way?

IF NO OCG IN HH -7 GO TO J49c

J49. (RB p.54) How satisfied are you with the amount of...

<table>
<thead>
<tr>
<th>Question</th>
<th>Completely Dissatisfied (1)</th>
<th>(2)</th>
<th>Neither Satisfied nor Dissatisfied (4)</th>
<th>(5)</th>
<th>(6)</th>
<th>Completely Satisfied (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. practical help you receive from (OCG)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. emotional support you receive from (OCG)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. practical help you receive from your family (besides the (OCG)?</td>
<td></td>
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<tr>
<td>d. emotional support you receive from your family (besides the (OCG)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. practical help you receive from your friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. emotional support you receive from your friends?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

J50. Thank you. These are all the questions I have in this interview.
INTERVIEWER OBSERVATION OF HOME ENVIRONMENT

OBSERVATIONS
(IWER RECORDED for each PCG Child interview)

ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATION OF THE HOME ENVIRONMENT OF EACH CHILD IN THE STUDY AT TIME OF YOUR VISIT.

Based on your observation of the primary caregiver during this visit, please rate (her/him) on a scale from 1 to 5 for each item below.

K1. Primary caregiver’s speech was distinct, clear, and audible to interviewer.

NEVER................................................................. 1
2 ................................................................. 2
SOMETIMES .................................................. 3
4................................................................. 4
OFTEN ........................................................... 5

K2. Primary caregiver appeared to readily understand the interviewer’s questions.

NEVER................................................................. 1
2 ................................................................. 2
SOMETIMES .................................................. 3
4................................................................. 4
OFTEN ........................................................... 5

K3. Primary caregiver expressed ideas freely and easily and used statements of appropriate length.

NEVER................................................................. 1
2 ................................................................. 2
SOMETIMES .................................................. 3
4................................................................. 4
OFTEN ........................................................... 5

K4. Primary caregiver initiated interchanges with visitor, asked questions, and made spontaneous comments.

NEVER................................................................. 1
2 ................................................................. 2
SOMETIMES .................................................. 3
4................................................................. 4
OFTEN ........................................................... 5
K5. Primary caregiver used complex sentence structure and long words in (his/her) speech.

   NEVER ................................................................. 1
   2 ............................................................................. 2
   SOMETIMES ......................................................... 3
   4 ............................................................................. 4
   OFTEN .................................................................. 5

K6. Did you observe (CHILD) and primary caregiver together at any time?

   YES ........................................................................ 1
   NO ........................................................................ 5 GO TO K27

K7. Primary caregiver spontaneously spoke or conversed with (CHILD) (excluding scolding or suspicious comments):

   NEVER ................................................................. 1
   ONCE ..................................................................... 2
   2-3 TIMES .............................................................. 3
   4 OR MORE TIMES ................................................ 4

K8. Primary caregiver responded verbally to (CHILD)’s speech, questions or requests:

   NEVER ................................................................. 1
   ONCE ..................................................................... 2
   2-3 TIMES .............................................................. 3
   4 OR MORE TIMES ................................................ 4

K9. Primary caregiver caressed, kissed, or hugged (CHILD):

   NEVER ................................................................. 1
   ONCE ..................................................................... 2
   2-3 TIMES .............................................................. 3
   4 OR MORE TIMES ................................................ 4

K10. Primary caregiver slapped or spanked (CHILD):

   NEVER ................................................................. 1
   ONCE ..................................................................... 2
   2-3 TIMES .............................................................. 3
   4 OR MORE TIMES ................................................ 4

K11. Primary caregiver physically restricted or shook/grabbed (CHILD):

   NEVER ................................................................. 1
   ONCE ..................................................................... 2
   2-3 TIMES .............................................................. 3
   4 OR MORE TIMES ................................................ 4
K12. Primary caregiver provided toys or interesting activities for (CHILD):

NEVER ................................................................. 1
ONCE ................................................................. 2
2-3 TIMES .......................................................... 3
4 OR MORE TIMES ............................................. 4

K13. Primary caregiver’s voice conveyed positive feeling about (CHILD):

NEVER ................................................................. 1
ONCE ................................................................. 2
2-3 TIMES .......................................................... 3
4 OR MORE TIMES ............................................. 4

K14. How often did primary caregiver spontaneously praise (CHILD) for (his/her) behavior, helpfulness, looks or other positive qualities?

NEVER ................................................................. 1
ONCE ................................................................. 2
2-3 TIMES .......................................................... 3
4 OR MORE TIMES ............................................. 4

K15. When interacting with (CHILD), how often was the primary caregiver warm and affectionate:

NEVER ................................................................. 1
ONCE ................................................................. 2
2-3 TIMES .......................................................... 3
4 OR MORE TIMES ............................................. 4

K16. Primary caregiver introduced interviewer to (CHILD) by name.

YES ................................................................. 1
NO ................................................................. 5
NOT OBSERVED ................................................. 6

K17. Primary caregiver helped (CHILD) demonstrate some achievement during visit or mentioned a particular skill, strength, or achievement.

NEVER ................................................................. 1
ONCE ................................................................. 2
2-3 TIMES .......................................................... 3
4 OR MORE TIMES ............................................. 4
K18. Primary caregiver encouraged (CHILD) to contribute to the conversation during visit.

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4

K19. Primary caregiver showed some positive emotional responses to praise of (CHILD) by visitor.

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4

K20. Primary caregiver used some term of endearment or some diminutive for (CHILD)’s name when talking about or to him/her during visit.

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4

K21. Primary caregiver scolded, derogated, or criticized (CHILD).

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4

K22. Primary caregiver shouted at (CHILD) during visit.

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4

K23. Primary caregiver expressed overt annoyance with or hostility toward (CHILD), complained, described him/her as ‘bad’, said he won’t mind, etc.

NEVER ................................................................. 1
ONCE ............................................................... 2
2-3 TIMES ......................................................... 3
4 OR MORE TIMES ........................................... 4
Based on your observation of the primary caregiver during this visit, please rate (her/him) on a scale from 1 to 5 for each characteristic below.

K24. EXTREMELY HOSTILE, COLD, & HARSH TO CHILD ........................................ 1
     ........................................................................................................ 2
     ........................................................................................................ 3
     ........................................................................................................ 4
EXTREMELY WARM, LOVING, & AFFECTIONATE TO CHILD ..................... 5

K25. SHOWED NO PRIDE OR PLEASURE TO CHILD ........................................ 1
     ........................................................................................................ 2
     ........................................................................................................ 3
     ........................................................................................................ 4
TOOK A GREAT DEAL OF PRIDE OR PLEASURE IN CHILD ............. 5

K26. ALWAYS SHOWED WARMTH IN TONE WHEN TALKING WITH CHILD ...... 1
     ........................................................................................................ 2
     ........................................................................................................ 3
     ........................................................................................................ 4
NEVER SHOWED WARMTH IN TONE WHEN TALKING WITH CHILD ........ 5

K27. Did you observe the inside of (CHILD) ’s home?
     YES ........................................................................................................ 1
     NO ........................................................................................................ 5  GO TO K37

K28. Interior of the home is dark or perceptually monotonous.
     NOT AT ALL MONOTONOUS ......................................................... 1
     ........................................................................................................ 2
     ........................................................................................................ 3
     ........................................................................................................ 4
     VERY MONOTONOUS ........................................................................ 5

K29. All visible rooms in the (house/apartment) are:
     NOT AT ALL CLUTTERED ............................................................ 1
     ........................................................................................................ 2
     ........................................................................................................ 3
     ........................................................................................................ 4
     VERY CLUTTERED ........................................................................... 5
K30. All visible rooms in the (house/apartment) are:

NOT AT ALL CLEAN..................................................... 1
2 ............................................................................... 2
SOMEWHERET CLEAN.................................................. 3
4 ................................................................................ 4
VERY CLEAN ............................................................. 5

K31. (CHILD)’s play environment is safe (no potentially dangerous health or structural hazards within a child’s range). (EXAMPLES: Falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames & heat, frayed electrical wires.)

YES................................................................................... 1
NO .................................................................................... 5

K32. House or apartment has at least 100 square feet of living space per person.

YES................................................................................... 1
NO .................................................................................... 5

K33. In terms, of available floor space, the rooms were not overcrowded with furniture.

NOT AT ALL OVERCROWDED ................................... 1
2 ............................................................................... 2
SOMEWHERET OVERCROWDED ................................... 3
4 ................................................................................ 4
VERY OVERCROWDED ................................................ 5

K34. House or apartment is not overly noisy – from noise in the house (e.g., television, shouts of children, radio).

NOT AT ALL NOISY...................................................... 1
2 ............................................................................... 2
SOMEWHERET NOISY ................................................... 3
4 ................................................................................ 4
VERY NOISY ............................................................... 5

K35. House or apartment is not overly noisy – from noise outside the house (e.g., train, cars, people, music).

NOT AT ALL NOISY...................................................... 1
2 ............................................................................... 2
SOMEWHERET NOISY ................................................... 3
4 ................................................................................ 4
VERY NOISY ............................................................... 5
K36. There are no obvious signs of recent alcohol or non-prescription drug consumption in the home (e.g., drug paraphernalia, beer cans, liquor bottles).

None ................................................................. 1
Almost none...................................................... 2
Yes, but not a lot................................................. 3
Yes, quite a bit................................................... 4
Yes, just about everywhere.............................. 5

K37. How would you rate the general condition of most of the housing units or other buildings in the face-block?

Well kept, good repair .......................................... 1
Fair condition.................................................... 2
Poor condition (peeling paint, broken windows).... 3
Badly deteriorated............................................. 4
NOT OBSERVED................................................. 5

K38. How would you rate the condition of the street in the face-block?

Very good – recent resurfacing, smooth............... 1
Moderate – evidence kept in good repair .......... 2
Fair - minor repairs needed, but not rough surface 3
Poor – potholes and other evidence of neglect .... 4
NOT OBSERVED................................................. 5

K39. Is there garbage, litter, or broken glass (except beer/liquor bottles) in the street or on the sidewalk (including around the dwelling unit and neighboring houses)?

None, or almost none........................................ 1
Yes, but not a lot.............................................. 2
Yes, quite a bit............................................... 3
Yes, just about everywhere............................ 4
NOT OBSERVED................................................. 5

K40. Are there drug-related paraphernalia, condoms, beer, or liquor containers or packaging, cigarette butts, or discarded cigarette packages in the street or on the sidewalk?

None, or almost none........................................ 1
Yes, but not a lot.............................................. 2
Yes, quite a bit............................................... 3
Yes, just about everywhere............................ 4
NOT OBSERVED................................................. 5
THUMBNAIL SKETCH

K41. Please provide a few words about information collected in the coverscreen section of the interview that would help the project staff understand any potentially confusing or unusual family situations or relationships (such as primary or other caregivers who are not the child’s parents).


K42. Elaborate on any ambiguous or conflicting information collected in this interview that you want the project staff to know about.


K43. Briefly provide a description of the interview situation that would help the project staff understand the interview. Include information about the interview setting, distractions during the interview, the respondent’s level of cooperation, etc.


K44. Did you have any problems related to contacting this family or with the interview itself that you would like the next interviewer to know when this FU is contacted for the next PSID core interview (2003)? If so, please briefly describe them.


