2019 Child Development Supplement:
Primary Caregiver (PCG) Interview

The Panel Study of Income Dynamics
The Institute for Social Research
426 Thompson Street
Ann Arbor, MI 48106

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Table of Contents

Main Screens ................................................................. 4
Household Interview ........................................................ 7
Interview Start ................................................................. 7
Section J: Neighborhood Measurements .......................... 8
Section K: Self-Esteem .................................................... 9
Section M: Child Rearing Values and Rules ...................... 11
Section N: Child Rearing Values and Wellbeing .............. 16
Section P: Family Pets .................................................... 19
Section Q: Disagreement in Parenting and Joint Goals ....... 21
Section R: Food Security ............................................... 25
Section S: Home Environment ....................................... 28
Interview Close ............................................................. 39
Interview Observations .................................................. 40
Interview End ................................................................. 42

PCG Interview(s) for Individual CDS Child(ren) .............. 43
Interview Start ................................................................. 43
Section A: Child Health .................................................. 45
Section B: Psychological Wellbeing, Personality, Behavior .............................................................................. 53
Section C: Parenting and Family Interaction ................. 66
Section D: Non Co-Resident Parent ................................. 73
Section E: Home Environment ....................................... 80
Section F: Child Education ............................................. 93
Section G: Expenditures and Savings .............................. 101
Interview Observations .................................................. 105
Interview End ................................................................. 106

Address Update and Interview Payment ......................... 107
Mailing Address, Phones, Emails .................................... 108
Physical/Street Address .................................................. 111
Prepayment/Who Receives Payment/Other Payee .......... 113
Contact Person 1 ............................................................ 116
Contact Person 2 ............................................................ 119
Payment ........................................................................ 122
Thank You ...................................................................... 127
Locator 1 ........................................................................ 128
Locator 2 ........................................................................ 131
Payment Problems ........................................................ 134

Parallel Block Components ........................................... 135
Consent for Interview, Recording & Time Diary ............. 135
Consent for In-Home Components ................................ 137
Schools Attended ............................................................ 139
Child Care ...................................................................... 142
Non Co-Resident Parent ............................................... 148
Measurements ............................................................... 158
Time Diary Collection .................................................. 165
Linkage Form Collection ................................................ 168
Saliva Consent & Collection: PCG & CDS Children Age 5-18/Not Age of Majority ........................................ 172
Saliva Consent & Collection: CDS Children Age 18/Age of Majority ......................................................... 179
Saliva Consent & Collection: Other Adults .................... 182
PCG Woodcock-Johnson Assessment ............................. 185
Assessment Start ........................................................... 185
Passage Comprehension Assessment ............................. 187
Assessment Observations .............................................. 188
In-Home Observations .................................................. 189
Assessment End ............................................................. 191

Fall 2020 COVID-19 Interview ........................................ 192
Interview Start ............................................................... 192
Confirmation of CDS Children and Other Adults ............ 194
PCG COVID-19 Health Series ......................................... 196
Main Screens

TOC

These screens are presented every time interviewer accesses the PCG sample line; interviewer then chooses which parallel block to enter.

BLOCKSTATUSOVERALL. Status: 12-17 IW Consent Section: [Consent12_17PStatus]
Household Interview Section & Obs: [HHParallelStatus]
PCG Child Interview Section: [ChildrenParallelStatus]
Household Interview RPay Section: [RPayStatus]
School Section: [SHPParallelStatus]
Child Care Section: [CCParallelStatus]
Absent Parent Section: [APParallelStatus]

IN HOME COMPONENTS

In-Home Consent Section: [ConsentParallelStatus]
Measurements Section: [HWParallelStatus]
PCG WCJ & HH Obs: [WCJParallelStatus]
Saliva Collection:
PCG & Children Age 5-17: [SalivaParallelStatus]
Children Age of Majority (18): [SalivaChildren18ParallelStatus]
Other Adults: [SalivaOAParallelStatus]
Linkage Form Collection: [LinkageParallelStatus]
Time Diary Collection: [TDParallelStatus]
Fall 2020 COVID-19 Interview: [COVID19ParallelStatus]

• [Not all sections are completed. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]

1. Continue

OTHER BLOCK STATUS INDICATORS:

School Section: Individual Child status SchoolParallelStatus[1..15]
Measurements Section: PCG status PCGMeasurementParallelStatus
Measurements Section: Individual Child status MeasurementParallelStatus[1..15]
PCG Child Section: Individual Child status ChildParallelStatus[1..15]
Saliva Section: Individual Child status SalivaChildParallelStatus[1..15]
Saliva Section: Individual AOM Child status SalivaCh18ParallelStatus[1..15]
Saliva Section: Individual Other Adult status SalivaOAdultsParallelStatus[1..15]
Linkage Section: PCG status LinkPCGParallelStatus
Linkage Section: Individual Child status LinkChildrenParallelStatus[1..15]

Codes for Parallel Block Status Fields.

1. N/A
3. Not Started
4. Started
5. Done (Finish Obs)
6. Obs Done
7. Mode Invalid-Design
8. Mode Invalid-R
9. Unable to Administer
10. PCG REF
11. PCG REF-Obs Only
12. PCG REF-RPay Only
13. R REF-Obs Only
14. IW not Complete
15. Done
16. Child REF
17. (PCG, OA, CH18) REF
18. R REF
19. PCG Consent Empty

PCGCONFIRMINFO. Interviewer checkpoint:
Confirm PCG's info
Name: [PCG NAME]
Age: [PCG AGE]
Birthday: [PCG BIRTH MONTH/DAY/YEAR]
• ENTER [1] to continue

1. Continue
CDS19 Fall 2020 Follow-Up: Not asked

PCGINTR.  PCG: [PCG NAME]

[FIRST ITERATION: (Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.)
You have been selected to be part of an important study called the F.E.S. (Family Economics Study) Child Development Supplement. / ALL OTHERS: (Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.) Thanks for continuing your interview with the F.E.S. (Family Economics Study) Child Development Supplement.]

The purpose of this study is to understand how families, schools, and neighborhoods affect children’s and adolescents’ growth and development.

- ENTER [1] to continue

1. Continue

RECORD Rule: Whether Interview Selected for Recording

| Selected for Recording (RECDIW=Yes) | All Others | → GO TO CHGRADE |

CDS19 Fall 2020 Follow-Up: Not asked

RECDIWN_CONSENT. PCG: [PCG NAME]

We sometimes record interviews to help us maintain quality. Your interview may be recorded for quality control purposes. Do you agree for this interview to be recorded for quality control? You can still participate if you do not agree to the interview being recorded.

- If R agrees to the RECORDING of this interview, ENTER [1]
- If R does not agree to the RECORDING of this interview, ENTER [5]
- If resuming a suspended interview, RE-READ the consent and ENTER [1] if R agrees to recording or [5] if R does not agree to recording

1. Yes 2. Unable to Administer (approved partials only) 5. No

Repeat CHGRADE[1..15] for each CDS Child; [1..15]=Which CDS Child

CDS19 Fall 2020 Follow-Up: Not asked

CHGRADE[1..15]. PCG: [PCG NAME]

CDS Child: [CHILD NAME], Age [CHILD AGE]

[1ST CDS CHILD INTERVIEW: [1ST ITERATION: Before moving on to the interview, I’d like to record the grade your [1 CHILD: child is / >1 CHILD: children are] currently attending in school. [>1 CHILD: Let’s start with [CHILD NAME].] What grade is [CHILD NAME] currently attending in school? / ALL OTHER ITERS: (How about) [CHILD NAME]? (What grade is [CHILD NAME] currently attending in school?)] / ALL OTHER CDS CHILD INTERVIEWS: IWER: confirm grade for each child.

- IF NEEDED: I’d like to record the grade your [1 CDS CHILD: child is / >1 CDS CHILD: children are] currently attending in school. What grade is [CHILD NAME] currently attending in school?
- IF R SAYS ‘Does not attend school’, PROBE to clarify whether Child is not old enough for school, graduated/finished a GED (and not enrolled in college), or dropped out of school without a diploma/GED

| 1. Grade 1 | 2. Grade 2 | 3. Grade 3 | 4. Grade 4 | 5. Grade 5 | 6. Grade 6 |
| 13. Graduated high school; GED; not currently enrolled in postsecondary school | 14. College |
| 15. Dropped out; has not earned GED | 95. Kindergarten | 96. Pre-kindergarten; nursery school |
| 97. Not old enough for school |
ASK/Verify that R has the Respondent/Response Booklet with (him/her) for the interview.

ASK R: Do you have your Response Booklet with you (that we mailed to you with the letter asking for your participation)? We will be using this booklet throughout the interview. On certain questions, I will ask you to refer to a page in the booklet for help in answering the question. (Would you like to go find it?)

• IF R doesn’t have the Respondent/Response Booklet with (him/her) or cannot find it, SAY TO R: If you’re able to connect to the internet you could view the booklet on line. The website is http://fes.isr.umich.edu/CDS2019-RB-PCG/index.html

• RECORD whether R has the Respondent/Response Booklet, is viewing it on line, or the interview is being done without the booklet.

1. R has Response Booklet with (him/her)
2. R viewing Response Booklet on line
3. Interview will be done without Response Booklet
**Household Interview**

CDS19 Fall 2020 Follow-Up: Not asked

**Interview Start**

TOC

**PCGHH**

HHIWSEC_START. Interviewer checkpoint:
- Start of HH parallel block
- ENTER [1] to continue

1. Continue

HHIWSTART. Start Date of PCG Household Interview (assigned)

MM/DD/YYYY

PCGF2F_TEL. PCG: [PCG NAME]

Interviewer checkpoint:
- Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

PCGVOL. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child's / >1 CDS CHILD: children's] activities during one weekday and one weekend day. We are offering you $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child's set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children].

Do you have any questions for me?
- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue

↓ RETURN TO BLOCKSTATUS
Section J: Neighborhood Measurements

J1. How long have you lived in your current neighborhood?
   1. Less than a year  2. 1 year to less than 3 years  3. 3 years to less than 5 years  4. 5 years or more

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

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

J4. How likely is it that a neighbor would do something if someone was trying to sell drugs to your children in plain sight?
   Would you say very unlikely, unlikely, likely, or very likely?

J5. How likely is it that a neighbor would do something if your kids were getting into trouble?
   Would you say very unlikely, unlikely, likely, or very likely?

J6. How likely is it that a neighbor would do something if a child was showing disrespect to an adult?
   Would you say very unlikely, unlikely, likely, or very likely?

J7. How likely is it that a neighbor would do something if a child was taking something out of a neighbor’s apartment, house, garage, car or yard?
   Would you say very unlikely, unlikely, likely, or very likely?

J8. 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?

PCGJ_LANG. Indicate language(s) used to conduct this section of the interview
- ENTER all that apply
   1. English  2. Spanish  7. Language other than English or Spanish

End SECTIONJ
Section K: Self-Esteem

K1. Page 5
   Please tell me your level of agreement with each of the following statements.
   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?

K2. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   I feel that I have a number of good qualities.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)

K3. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   All in all, I am inclined to feel that I am a failure.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)

K4. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   I am able to do things as well as most other people.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)

K5. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   I feel I do not have much to be proud of.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)

K6. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   I take a positive attitude toward myself.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)

K7. Page 5
   (Please tell me your level of agreement with each of the following statements.)
   On the whole, I am satisfied with myself.
   (Would you say you strongly disagree, disagree, agree, or strongly agree?)
K8. Page 5
(Please tell me your level of agreement with each of the following statements.)
I wish I could have more respect for myself.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


K9. Page 5
(Please tell me your level of agreement with each of the following statements.)
I certainly feel useless at times.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


K10. Page 5
(Please tell me your level of agreement with each of the following statements.)
At times I think I am no good at all.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


PCGK_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONK
Section M: Child Rearing Values and Rules

M1. **Page 6**
How often do your children eat a meal with both you and [SPOUSE/PARTNER]?
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?

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

M2. **Page 7**
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, about once a week or more?

1. Once a year or less
2. A few times a year
3. About once a month
4. Two or three times a month
5. About once a week or more

M3A. **Page 8**
If you had to choose, which thing on the list I will read 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?

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

M3B. **Page 8**
Which is second in importance?

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

M3C. **Page 8**
Which comes third?

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

M3D. **Page 8**
Which comes fourth?

1. To obey
2. To be well liked or popular
3. To think for himself/herself
4. To work hard
5. To help others when they need help
Next, I will read some statements about raising children. Being a parent is harder than I thought it would be. Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?


I feel trapped by my responsibilities as a parent. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)


I find that taking care of my [1 CDS CHILD: child / >1 CDS CHILD: children] is much more work than pleasure. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)


I often feel tired, worn out, or exhausted from raising a family. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)


There are some things that my [1 CDS CHILD: child does / >1 CDS CHILD: children do] that really bother me a lot. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)


I find myself giving up more of my life to meet my [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] needs than I ever expected. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)


I often feel angry with my [1 CDS CHILD: child / >1 CDS CHILD: children]. (Thinking about your [1 CDS CHILD: child / >1 CDS CHILD: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

M11. [F1]-Help
Sometimes parents do certain things to make life better for their children. In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children] have you ever moved to a different neighborhood?

1. Yes 5. No

M12. [F1]-Help
In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children], have you ever increased your work hours, or taken a second job?

1. Yes 5. No

M13. [F1]-Help
In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children], have you ever reduced your work hours, or refused extra work?

1. Yes 5. No

M14. [F1]-Help
Please tell me your level of agreement with each of the following statements.
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?


M15. [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
Women are much happier if they stay at home and take care of their children.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


M16. [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
It is much better for everyone if the man earns the main living and the woman takes care of the home and family.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


M17. [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
It is more important for a wife to help her husband’s career than to have one herself.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


M18. [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
An employed mother can establish as warm and secure a relationship with her children as a mother who is not employed.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M19. (Please tell me your level of agreement with each of the following statements.)
Parents should encourage just as much independence in their daughters as in their sons.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M20. (Please tell me your level of agreement with each of the following statements.)
Preschool children are likely to suffer if their mother is employed.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M21. (Please tell me your level of agreement with each of the following statements.)
Mothers should not work full time if their child is younger than 5 years old.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M22. (Please tell me your level of agreement with each of the following statements.)
It is fine for children under 3 years of age to be cared for all day in a daycare center or daycare home.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M26. (Please tell me your level of agreement with each of the following statements.)
Being a mother and raising children is one of the most fulfilling experiences a woman can have.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M23. (Please tell me your level of agreement with each of the following statements.)
It is essential for the child’s well-being that fathers spend time interacting and playing with their children.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M24. (Please tell me your level of agreement with each of the following statements.)
A father should be as heavily involved in the care of his child as the mother.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

M25. (Please tell me your level of agreement with each of the following statements.)
Fathers play a central role in the child’s personality development.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)
(Please tell me your level of agreement with each of the following statements.)
Being a father and raising children is one of the most fulfilling experiences a man can have.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


PCGM_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONM
Section N: Psychological Distress and Wellbeing

### N1. **Page 11**
During the past 30 days, how often did you...
Feel nervous?
Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N2. **Page 11**
(During the past 30 days, how often did you...)
Feel hopeless?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N3. **Page 11**
(During the past 30 days, how often did you...)
Feel restless or fidgety?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N4. **Page 11**
(During the past 30 days, how often did you...)
Feel that everything was an effort?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N5. **Page 11**
(During the past 30 days, how often did you...)
Feel so sad nothing could cheer you up?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N6. **Page 11**
(During the past 30 days, how often did you...)
Feel worthless?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)
- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time

### N7CKPT. CAI Checkpoint: Whether Depression Symptoms Reported

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression Symptoms Reported (Any Item N1-N6 = 3, 4, 5)</td>
</tr>
<tr>
<td>5. All Others</td>
</tr>
<tr>
<td>→ GO TO N10 RULE</td>
</tr>
</tbody>
</table>
N7. Page 12  [F1]-Help
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?

1. More often than usual  2. Less often than usual  3. About the same as usual  [DK/RF]

GO TO N9

N8. Page 13  [F1]-Help
Was it a lot [more / less], somewhat [more / less], or only a little [more / less] often than usual?

1. A lot [more/less] than usual  2. Somewhat [more/less] than usual  3. Only a little [more/less] than usual

N9. Page 14
How much do these feelings usually interfere with your life or activities – a lot, some, a little, or not at all?


N10 Rule: Whether PCG Has a Spouse/Partner in FU

Spouse/Partner in FU (PRELOAD.PCGPARTNER=1-24)

All Others → GO TO N12

N10. Page 15  [F1]-Help
How satisfied are you with the amount of practical help you receive from [SPOUSE/PARTNER]?
Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?


N11. Page 15  [F1]-Help
How satisfied are you with the amount of emotional support you receive from [SPOUSE/PARTNER]?
Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?


N12. Page 15  [F1]-Help
How satisfied are you with the amount of practical help you receive from your family [PCG HAS SPOUSE/PARTNER IN FU] besides [SPOUSE/PARTNER]?
Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?)

N13. [F1]-Help
(How satisfied are you with...) The amount of emotional support you receive from your family [PCG HAS SPOUSE/PARTNER IN FU: besides SPOUSE/PARTNER]? Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?

1. Completely dissatisfied
2. Somewhat dissatisfied
3. Neither satisfied nor dissatisfied
4. Somewhat satisfied
5. Completely satisfied

N14. [F1]-Help
(How satisfied are you with...) The amount of practical help you receive from your friends? Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?

1. Completely dissatisfied
2. Somewhat dissatisfied
3. Neither satisfied nor dissatisfied
4. Somewhat satisfied
5. Completely satisfied

N15. [F1]-Help
(How satisfied are you with...) The amount of emotional support you receive from your friends? Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?

1. Completely dissatisfied
2. Somewhat dissatisfied
3. Neither satisfied nor dissatisfied
4. Somewhat satisfied
5. Completely satisfied

PCGN_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English
2. Spanish
7. Language other than English or Spanish

End SECTIONN
Section P: Family Pets

P1. How many pets does your family have?
   • ENTER a number from 1 to 20
   • If R says ‘None’, ENTER [0]
   0 1 – 20 DK/RF
   ↓ GO TO P3

P2. What is the main reason your family doesn’t have a pet?
   1. Not interested/don’t want a pet
   2. Too expensive
   3. Too much time or work to care for pet
   4. Allergies (own or household member)
   5. Health risks
   7. Other-specify (P2SPEC. Specify. (String 100))

P3. Did your family have a pet 5 years ago?
   1. Yes 5. No

P4 Rule: Number of Pets in FU

   None (P1=0) → GO TO PCGP_LANG One or More (P1=1-20, DK/RF)

P4. What kind of pet(s) does your family have?
   • ENTER all that apply
   1. Dog
   2. Cat
   3. Small mammal (rabbit, gerbil, hamster)
   4. Bird
   5. Fish
   6. Reptile (turtle, snake, lizard)
   7. Other-specify (E4SPEC. Specify. (String 100))

P5. Page 16
   Thinking about your [P1=2+ PETS: favorite] pet, how often do you spend time each day playing with or exercising your pet? Would you say almost always, often, sometimes, or never?
   1. Almost always
   2. Often
   3. Sometimes
   4. Never

P6. Page 16
   (Thinking about your [P1=2+ PETS: favorite] pet...)
   When you feel bad, how often do you seek your pet for comfort? (Would you say almost always, often, sometimes, or never?)
   1. Almost always
   2. Often
   3. Sometimes
   4. Never
P7. Page 16

(Thinking about your [P1=2+ PETS: favorite] pet...)
How often do you consider your pet to be a member of your family?
(Would you say almost always, often, sometimes, or never?)


PCGP_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

End SECTIONP
Section Q: Disagreement in Parenting and Joint Goals

Q1 RULE: Whether PCG Has a Spouse/Partner in FU

<table>
<thead>
<tr>
<th>Spouse/Partner in FU</th>
<th>All Others</th>
<th>→ GO TO Q9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q1. ![Page 17](#)
In most families there are disagreements or arguments. How often do you and [SPOUSE/PARTNER] disagree about...
How your [1 CDS CHILD: child is/ >1 CDS CHILD: children are] raised? Would you say never, hardly ever, sometimes, or often?

1. Never  
2. Hardly ever  
3. Sometimes  
4. Often

Q2. ![Page 17](#)
(How often do you and [SPOUSE/PARTNER] disagree about...)
How you spend money on your [1 CDS CHILD: child / >1 CDS CHILD: children]?
(Would you say never, hardly ever, sometimes, or often?)

1. Never  
2. Hardly ever  
3. Sometimes  
4. Often

Q3. ![Page 17](#)
(How often do you and [SPOUSE/PARTNER] disagree about...)
The amount of time [SPOUSE/PARTNER] spends with your [1 CHILD: child / >1 CHILD: children]?
(Would you say never, hardly ever, sometimes, or often?)

1. Never  
2. Hardly ever  
3. Sometimes  
4. Often

Q4. ![Page 17](#) [F1]-Help
(How often do you and [SPOUSE/PARTNER] disagree about...)
The friends [SPOUSE/PARTNER] spends time with?
(Would you say never, hardly ever, sometimes, or often?)

1. Never  
2. Hardly ever  
3. Sometimes  
4. Often

Q5. ![Page 17](#) [F1]-Help
(How often do you and [SPOUSE/PARTNER] disagree about...)
[SPOUSE/PARTNER]'s use of alcohol or drugs?
(Would you say never, hardly ever, sometimes, or often?)

1. Never  
2. Hardly ever  
3. Sometimes  
4. Often

Q6. ![Page 18](#)
To what extent do you and [SPOUSE/PARTNER] agree or disagree about...
Your job or career plans?
Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?

1. Completely disagree  
2. Disagree  
3. Neither agree nor disagree  
4. Agree  
5. Completely agree
Q7. Page 18
(To what extent do you and [SPOUSE/PARTNER] agree or disagree about...)
[SPOUSE/PARTNER]'s job or career plans?
(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

Q8. Page 18
(To what extent do you and [SPOUSE/PARTNER] agree or disagree about...)
Spending leisure time?
(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

Q9. Page 18
Next are some statements about how families get along and settle arguments. Tell me how much you agree or disagree with each statement.
We fight a lot in our family.
[Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?]

Q10. Page 18
(Family members sometimes get so angry they throw things.
Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

Q11. Page 18
(Family members always calmly discuss problems.
Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

Q12. Page 18
(Family members often criticize each other.
Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

Q13. Page 18
(Family members sometimes hit each other.
Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)
Q14. [F1]-Help
For these next questions, please think about everyone living in your household.
Does any household member’s use of alcohol have a negative effect on your child(ren)?
  • If R says no one in the household drinks alcohol, ENTER [5]
    1. Yes 5. No → GO TO Q17
↓
Q14A. Which household member’s alcohol use are you talking about?
  • ENTER all that apply
    1. Respondent/PCG 2. Spouse/partner of PCG
    3. Child in family 4. Other adult family member
    5. Other adult household member (non-family)
    6. Other child in household (non-family)

Q17. Does any household member’s use of illegal street drugs or abuse of prescription medications have a negative effect on your child(ren)?
  • If needed, PROBE: Thinking about everyone living in your household.
  • If R says no one in the household uses illegal street drugs or abuses prescription medications, ENTER [5]
    1. Yes 5. No → GO TO Q18
↓
Q17A. Which household member’s substance use are you talking about?
  • ENTER all that apply
    1. Respondent/PCG 2. Spouse/partner of PCG
    3. Child in family 4. Other adult family member
    5. Other adult household member (non-family)
    6. Other child in household (non-family)

Q18. [F1]-Help
Does any household member’s mental health have a negative effect on your child(ren)?
  • If needed, PROBE: Thinking about everyone living in your household.
  • If R says no one in the household has a mental health condition, ENTER [5]
    1. Yes 5. No → GO TO Q19
↓
Q18A. Which household member’s mental health are you talking about?
  • ENTER all that apply
    1. Respondent/PCG 2. Spouse/partner of PCG
    3. Child in family 4. Other adult family member
    5. Other adult household member (non-family)
    6. Other child in household (non-family)
Q19. [F1]-Help
Does any household member’s physical health have a negative effect on your child(ren)?
• If needed, PROBE: Thinking about everyone living in your household.
• If R says no one in the household has a physical health condition, ENTER [5]

1. Yes  5. No → GO TO PCGQ_LANG

↓

Q19A. Which household member’s physical health are you talking about?
• ENTER all that apply

1. Respondent/PCG
2. Spouse/partner of PCG
3. Child in family
4. Other adult family member
5. Other adult household member (non-family)
6. Other child in household (non-family)

PCGQ_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English
2. Spanish
7. Language other than English or Spanish

End SECTIONQ
Section R: Food Security

Household Stage 1

R1. Page 19

Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months—that is, since last [CURRENT MONTH].

The first statement is “[1 ADULT: I / >1 ADULT: We] worried whether [1 ADULT: my / >1 ADULT: our] food would run out before [1 ADULT: I / >1 ADULT: we] got money to buy more.”

Was that often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?

1. Often true 2. Sometimes true 3. Never true

R2. Page 19

“The food that [1 ADULT: I / >1 ADULT: we] bought just didn’t last, and [1 ADULT: I / >1 ADULT: we] didn’t have money to get more.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?)

1. Often true 2. Sometimes true 3. Never true

R3. Page 19

“[1 ADULT: I / >1 ADULT: We] couldn’t afford to eat balanced meals.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?)

1. Often true 2. Sometimes true 3. Never true

Household Stage 2

R4CKPT. CAI Checkpoint: Whether One or More of R1-R3 Endorsed

1. One or More Endorsed (1+ R1, R2 or R3 = OFTEN, SOMETIMES) 5. All Others → GO TO R9

↓

R4. In the last 12 months, since last [CURRENT MONTH], did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn’t enough money for food?

1. Yes 5. No → GO TO R

↓

R4A. Page 20

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month 2. Some months but not every month 3. Only 1 or 2 months
R5. In the last 12 months, (since last [CURRENT MONTH]), did you ever eat less than you felt you should because there wasn’t enough money for food?

1. Yes 5. No

R6. In the last 12 months, (since last [CURRENT MONTH]), were you every hungry but didn’t eat because there wasn’t enough money for food?

1. Yes 5. No

R7. In the last 12 months, did you lose weight because there wasn’t enough money for food?

1. Yes 5. No

Household Stage 3

R8CKPT. CAI Checkpoint: Whether One or More of R4–R7 Endorsed

1. One or More Endorsed (1+ R4, R5, R6, R7 = YES) 5. All Others \(\rightarrow\) GO TO R9

R8. In the last 12 months, (since last [CURRENT MONTH]), did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever not eat for a whole day because there wasn’t enough money for food?

1. Yes 5. No \(\rightarrow\) GO TO R9

\(\downarrow\)

R8A. Page 20

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month 2. Some months but not every month 3. Only 1 or 2 months

Child Stage 1

R9. Page 21

Now I’m going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 12 months for your [1 CDS CHILD: child / >1 CDS CHILD: children living in the household who are under 18 years old].

“[1 ADULT: I / >1 ADULT: We] relied on only a few kinds of low-cost food to feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] because [1 ADULT: I was / >1 ADULT: we were] running out of money to buy food.”

Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH])?

1. Often true 2. Sometimes true 3. Never true

R10. Page 21

“[1 ADULT: I / >1 ADULT: We] couldn’t feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] a balanced meal, because [1 ADULT: I / >1 ADULT: we] couldn’t afford that.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH]))?

1. Often true 2. Sometimes true 3. Never true
R11. □ Page 21

"[1 ADULT: My / >1 ADULT: Our] [1 CDS CHILD: child was / >1 CDS CHILD: children were] not eating enough because [1 ADULT: 1 / >1 ADULT: we] just couldn't afford enough food."

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH]))?

1. Often true 2. Sometimes true 3. Never true

Child Stage 2

R12CKPT. CAI Checkpoint: Whether One or More of R9-R11 Endorsed

1. One or More Endorsed (1+ R9, R10, R11 = OFTEN, SOMETIMES) 5. All Others → GO PCGR_LANG

R12. In the last 12 months, since [CURRENT MONTH] of last year, did you ever cut the size of [1 CDS CHILD: your child’s / >1 CDS CHILD: any of the children’s] meals because there wasn't enough money for food?

1. Yes 5. No

R13. In the last 12 months, (since last [CURRENT MONTH]), did [1 CDS CHILD: your child / >1 CDS CHILD: any of the children] ever skip meals because there wasn't enough money for food?

1. Yes 5. No → GO TO R14

R13A. □ Page 22

How often did this happen? (Would you say almost every month, some months but not every month, or in only 1 or 2 months?)

1. Almost every month 2. Some months but not every month 3. Only 1 or 2 months

R14. In the last 12 months, (since last [CURRENT MONTH]), [1 CDS CHILD: was your child / >1 CDS CHILD: were the children] ever hungry but you just couldn’t afford more food?

1. Yes 5. No

R15. In the last 12 months, (since last [CURRENT MONTH]), did [1 CDS CHILD: your child / >1 CDS CHILD: the children] ever not eat for a whole day because there wasn’t enough money for food?

1. Yes 5. No

PCGR_LANG. Indicate language(s) used to conduct this section of the interview

• ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONR
Section S: Home Environment

S1. Do you have a working TV in your home?
   1. Yes   5. No → GO TO S9

S2. About how many hours is the TV on in your home each day?
   • ENTER a number from 0 to 24
   • If R says ‘None’, ENTER [0]
   • Do not double time if two TVs are on at the same time
   0 – 24

S3. How many working televisions are in your home?
   • ENTER a number from 1 to 7
   • ENTER [7] for more than 7
   1 – 7

S4. How many televisions have cable or satellite service?
   • ENTER a number from 0 to 7
   • If R says ‘None’, ENTER [0]
   0 – 7

S5. [1 CDS CHILD]: Does / >1 CDS CHILD: Do any of your [1 CDS CHILD: child/ >1 CCDS HILD: children] have a TV in [1 CDS CHILD: his/her / >1 CDS CHILD: their] bedroom?
   1. Yes   5. No → GO TO S9

S6. [1 CDS CHILD]: Does child have / >1 CDS CHILD: Which children have a TV in their bedroom?
   • READ LIST of children if necessary
   • ENTER all that apply
   • If only one child is in the household, ENTER that child here
   01 - 15. [CHILD NAME], [CHILD AGE] List of CDS Children preloaded for this PCG

S9. Page 23
How often does your family watch TV programs together?
   1. None of the time   2. A little of the time   3. Some of the time
   GO TO S11   4. Most of the time   5. All of the time   DK/RF

S10. Page 23
How often do you discuss TV programs with your child(ren)?
   1. None of the time   2. A little of the time   3. Some of the time
   4. Most of the time   5. All of the time
S11. Page 24
The next set of questions is about rules you may have.
What rules do you have about how much time your [1 CDS CHILD: child / >1 CDS CHILD: children] can watch TV in a day?
Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. No rules
5. Child/children are too young (Vol)
6. Child/children are too old (Vol)

S12. Page 24
What rules do you have about what TV programs your [1 CDS CHILD: child watches/ >1 CDS CHILD: children watch]?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. No rules
5. Child/children are too young (Vol)
6. Child/children are too old (Vol)

S13. Page 25
How often do you permit your [1 CDS CHILD: child / >1 CDS CHILD: children] to watch TV during the evening meal?
Would you say never, less than half of the time, about half of the time, most of the time or all of the time?

1. Never
2. Less than half of the time
3. About half of the time
4. Most of the time
5. All of the time

S14A. How many cell phones does your household have in use?
- IF NEEDED: Either in service or just to play games
- ENTER a number from 0 to 12

0 → GO TO S14D
1 – 12 DK/RF → GO TO S14D

S14B. [F1]-Help
[S14A=1: Is that a smartphone] / [S14A>1: How many are smartphones] like an iPhone or Android (that connects to the internet)?

- [S14A=1: If R says “Yes”, ENTER [1]]
- [S14A=1: If R says “No”, ENTER [0]]
- [S14A>1: ENTER a number from 0 to 12]

0 – [S14A]

S14D. [F1]-Help
How many tablet computers (like an Apple iPad, Samsung Galaxy Tab, Microsoft Surface, or Kindle Fire) does your household have in use?
- ENTER a number from 0 to 12

0 – 12
S14C. [F1]-Help
How many desktop or laptop computers does your household have in use?
  • ENTER a number from 0 to 12

S14AA. How many smart speakers (like an Amazon Alexa, Amazon Echo, or Google Home) does your household have in use?
  • ENTER a number from 0 to 12

S14E. [F1]-Help
Does your household have high-speed internet access?
  • If “No”, PROBE: Do you have internet access but not high-speed, or no internet access?
    1. Yes, high-speed internet access
    2. No, has internet access but not high speed
    5. No, does not have internet access

GO TO S14GCKPT

S14GCKPT. CAI Checkpoint: Whether Smartphone, Computer, or Tablet

1. Smartphone, Computer, or Tablet (S14B>1 or S14D>1 or S14C>1)  5. All Others → GO TO S14M

S14L. Page 26
How often do you monitor your [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] use of computers and other electronic devices (such as tablets and smartphones)? Would you say never, some of the time, or always?
  1. Never
  2. Some of the time
  3. Always

S14G. Page 27 [F1]-Help
Some families have rules about when and how children can use a computer, tablet or smartphone. What rules do you have about the amount of time your [1 CDS CHILD: child / >1 CDS CHILD: children] may use a computer or other electronic device (such as a tablet or smartphone) to watch TV shows, videos, or movies? Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?
  1. Yes, clear rules that are enforced
  2. Yes, general rules that are monitored
  3. Yes, rules but child makes own choices
  5. No rules
  6. Child/children are too young (Vol)
  7. Child/children are too old (Vol)

S14H. Page 27 [F1]-Help
(What rules do you have about...) The types of TV shows, videos, or movies [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may watch on a computer or other electronic device (such as a tablet or smartphone)? (Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)
  1. Yes, clear rules that are enforced
  2. Yes, general rules that are monitored
  3. Yes, rules but child makes own choices
  5. No rules
  6. Child/children are too young (Vol)
  7. Child/children are too old (Vol)
S14I. Page 27  [F1]-Help
(What rules do you have about...)
[1 CDS CHILD: Your child / >1 CDS CHILD: Any of your children] using social media, texting, or emailing to interact with friends and others?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. Child/children are too young (Vol)
5. No rules
6. Child/children are too old (Vol)
7. Child/children are too old

S14J. Page 27  [F1]-Help
(What rules do you have about...)
The amount of time [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may use a computer or other electronic device (such as a tablet or smartphone) to play games?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. Child/children are too young (Vol)
5. No rules
6. Child/children are too old (Vol)
7. Child/children are too old

S14K. Page 27  [F1]-Help
(What rules do you have about...)
The types of games [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may play on electronic devices?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. Child/children are too young (Vol)
5. No rules
6. Child/children are too old (Vol)
7. Child/children are too old

S14M. Page 28  [F1]-Help
How confident are you in understanding new terms and words related to computers and the internet?
Would you say not at all confident, a little, somewhat, moderately, or very confident?

1. Not at all confident
2. Slightly confident
3. Moderately confident
4. Very confident
5. Extremely confident

S14N. Page 29
What is your level of understanding of the following computer and internet-related terms?
Advanced search.
Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding
2. A little understanding
3. Some understanding
4. Good understanding
5. Full understanding
What is your level of understanding of the following computer and internet-related terms? / How about…?

Privacy settings.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding  
2. A little understanding  
3. Some understanding  
4. Good understanding  
5. Full understanding

A wiki.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding  
2. A little understanding  
3. Some understanding  
4. Good understanding  
5. Full understanding

Spyware.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding  
2. A little understanding  
3. Some understanding  
4. Good understanding  
5. Full understanding

Hashtag.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding  
2. A little understanding  
3. Some understanding  
4. Good understanding  
5. Full understanding

Phishing spelled with the letters P and H.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding  
2. A little understanding  
3. Some understanding  
4. Good understanding  
5. Full understanding

About how many books are there in the house?

• This includes e-books

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

GO TO S17  

↓  

GO TO S17
S16. What is your best estimate of the number of books in the house?
   • This includes e-books
   20 – 5000

S17. Page 30 [F1]-Help
   How many books have you read during the past year?
   • This includes e-books
   1. None
   2. One or two
   3. 3 to 9
   4. 10 to 19
   5. 20 or more
   DK/RF
   GO TO S19

S18. What is your best estimate of the number of books you have read in the past year?
   20 – 500

S19. In the last 12 months, how many times have you participated in any of the following activities at (any of) [1 CDS CHILD: [CHILD] / >1 CDS CHILD: your children’s] school(s)?
   Volunteered in any classroom, school office, or library?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]
   0 – 365

S20. (In the last 12 months, how many times have you participated in any of the following activities at (any of) [1 CDS CHILD: [CHILD] / >1 CDS CHILD: your children’s] school(s)?
   Attended a meeting of the PTA or other such organization?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]
   0 – 365

S21. Page 31
   If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to...
   Contact your child’s teacher or principal?
   Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?
   1. Not at all likely
   2. Somewhat unlikely
   3. Not sure how likely
   4. Somewhat likely
   5. Very likely

S22. Page 31
   (If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
   Talk with your child?
   (Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)
   1. Not at all likely
   2. Somewhat unlikely
   3. Not sure how likely
   4. Somewhat likely
   5. Very likely
S23. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Keep a closer eye on your child’s activities?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S24. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Punish your child?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S25. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Lecture your child?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S26. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Wait and see if your child improves on [his/her] own?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S27. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Tell your child to spend more time on schoolwork?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S28. Page 31
(if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)
Spend more time helping your child with schoolwork?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

S29. Page 31
(If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to …)
Limit or reduce your child’s non-school activities (play, sports, clubs, etc.)?
(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)


S30. Are there any other things you would do if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected?

1. Yes 5. No → GO TO S31
↓
S30A. What other things?
• If necessary PROBE: Anything else?
  String 200

S30B. Page 31
How likely is it that you would do these things? Is it not at all likely, somewhat unlikely, somewhat likely or very likely?


S31. [F1]-Help
Now I have some questions about your own schooling. Did you attend school for your own education last week?

1. Yes 5. No → GO TO S32
↓
S31A. How many hours do you spend in class each week?
• ENTER a number from 1.0 to 60.0
  0 – 60.0

S31B. How long (in minutes) does it typically take you to get to school each way?
• ENTER a number from 1 to 480
  0 – 480

S32. [F1]-Help
Did you work for pay last week?

1. Yes 5. No → GO TO S39
↓
S33. How many jobs do you currently have?
• ENTER a number from 1 to 7
  1 – 7

S34. [F1]-Help
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]?
• ENTER a number from 1 to 97
  1 – 97
S35. Thinking about all work you do for pay – either at home, the workplace, or any other location – how many days per week do you typically work on the job you work the most hours?
  • ENTER a number from 1 to 7
    1 – 7

S36. [On your job / On the job you work the most hours], do you usually work a regular daytime schedule or some other schedule?
  1. Regular daytime schedule  → GO TO S38
  2. Some other schedule  DK/RF

S37. Which of the following best describes the hours you usually work at this job?
  • IF R says “flextime”, PROBE to determine if shift actually falls in day or evening
  1. A regular evening shift
  2. A regular night shift
  3. A rotating shift; one that changes periodically from days to evenings or nights
  4. A split shift; one consisting of two distinct periods each day
  5. An irregular schedule arranged by employer
  6. An irregular schedule arranged by self
  7. Other-specify (S37SPEC. Please specify. (String 200))

S38. [F1]-Help
  How many minutes does it typically take you to get to work each way?
  • ENTER a number from 1 to 480
    0 – 480

S39. During the last 12 months, on average, how often did you go to religious services?
  • ENTER amount here, then ENTER unit of time on next screen (Day, Week, Two weeks, Month, Year)
    0 → GO TO S41A  1 – 97  DK/RF  → GO TO S41A

S40. The amount entered is [S39] per____
  • ENTER unit of time
    2. Day
    3. Week
    4. Two weeks
    5. Month
    6. Year
    7. Other-specify (S40SPEC. (H40SPEC) Specify (String 100))

S41A. Page 33
  How important is religion to you?
  Would you say not important, not very important, somewhat important, very important, or extremely important?
  1. Not important
  2. Not very important
  3. Somewhat important
  4. Very important
  5. Extremely important

S42A. Page 33
  How important is spirituality to you?
  (Would you say not important, not very important, somewhat important, very important, or extremely important?)
  1. Not important
  2. Not very important
  3. Somewhat important
  4. Very important
  5. Extremely important
Language Proficiency S43 – S54 from PSID Core 19 New Immigrant section IMM1 – IMM12

S43. IF interview conducted in Spanish or other non-English language, DO NOT READ-ENTER [1] to continue
Now I have a few questions about your background.
Have you ever spoken any language other than English?
1. Yes → GO TO S45 5. No

S44. IF interview conducted in Spanish or other non-English language, DO NOT READ-ENTER [1] to continue
Is any language other than English spoken in your home?
1. Yes 5. No → GO TO PCGS_LANG

S45. [F1]-Help
Which languages did you speak in your home with your parents when you were age 10?
• ENTER ALL THAT APPLY
  97. Other-specify (S45SPEC. Specify. (String100))

S46. [F1]-Help
Which languages do you currently speak at home?
• ENTER all that apply
  93. [S46SPEC] 97. Other-specify (S46SPEC. Specify. (String100))

S47. [F1]-Help
In the past 12 months, while living in the United States, which languages have you spoken outside of home, for example, while at work?
• ENTER ALL THAT APPLY
  93. [S45SPEC] 94. [S46SPEC] 97. Other-specify (S47SPEC. Specify. (String100))

S48. [F1]-Help
Which languages do you speak when you are with friends?
• ENTER all that apply
  93. [S45SPEC] 94. [S46SPEC] 95. [S47SPEC] 97. Other-specify (S48SPEC. Specify. (String100))
S49CKPT. CAI Checkpoint: Languages Selected at S45-S48

<table>
<thead>
<tr>
<th>1. English plus 1 Non-English</th>
<th>2. English plus &gt;1 Non-English</th>
<th>3. No English but &gt;1 Non-English</th>
<th>4. English Only, or All S45-S48=DK, RF</th>
<th>5. No English but 1 Non-English</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO S50</td>
<td>GO TO S51</td>
<td>GO TO S50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S49. [F1]-Help

[ENGLISH ALSO SELECTED: Aside from English, which / ALL OTHERS: Which] of these languages do you speak or read most often?

- READ list if needed

Languages Selected at S45-S48

2. Spanish 3. Arabic
16. Urdu 17. Vietnamese
93. [S45SPEC] 94. [S46SPEC] 95. [S47SPEC] 96. [S48SPEC] DK/RF → GO TO S51

S50. In general, which language do you speak and read more often, English or [S49CKPT=2, 3: [S49] / S49CKPT=1, 5: [S45-S48 SELECTION]]?

- If needed, PROBE: Is that (English / [S49] / [S45-S48]) only or (English / [S49] / [S45-S48]) more frequently?

1. English only 2. English more frequently 3. Both languages about equally (VOL)

S51. How well do you understand spoken English? Would you say very well, well, not well, or not at all?


S52. How well do you speak English? (Would you say very well, well, not well, or not at all?)


S53. How well do you read English? (Would you say very well, well, not well, or not at all?)


S54. How well do you write English? (Would you say very well, well, not well, or not at all?)


PCGS_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONS
Interview Close

TOC

PCG_LANG. Interviewer checkpoint:

Spanish or foreign language used
Was Spanish, or any other foreign language, used anywhere in this interview?

1. Yes, Spanish or Foreign Language Used
5. No

HHIWCOMPLETE. We have reached the end of the Household Interview

• If you are unable to complete the Post Interview HH Observations at this time, click on the PCG tab to return to the Block Status screen. Finish the observations as soon as possible.

1. Complete
Interview Observations

PCGHH.IWPCGOB

PCGIO1. PCG Household Interview Observation
Indicate language(s) used to conduct this interview
- ENTER all that apply
1. English   → GO TO PCGOB1 2. Spanish
7. Language other than English or Spanish -specify
(PCGIO1A. Specify the language of interview. (String 100))

PCGIO2. PCG Household Interview Observation
Who did the translating?
1. Bilingual interviewer using Blaise Spanish translation
2. Translator / study aide
3. Other FU member
4. Friend / non-relative not in FU
7. Other -specify (PCGIO2A. Please specify (String 100))

PCGOB1. PCG Household Interview Observation
Based on your interview with the primary caregiver during this visit, please rate (her/him) on a scale from 1 to 5 for each item below.
Primary caregiver’s speech was distinct, clear, and audible to interviewer?
1. Never  2  3. Sometimes  4  5. Often

PCGOB2. PCG Household Interview Observation
Primary caregiver appeared to readily understand your questions?
1. Never  2  3. Sometimes  4  5. Often

PCGOB3. [F1]-Help
PCG Household Interview Observation
Primary caregiver expressed ideas freely and easily and used statements of appropriate length?
1. Never  2  3. Sometimes  4  5. Often

PCGOB4. [F1]-Help
PCG Household Interview Observation
Primary caregiver initiated interchanges with you, asked questions, and made spontaneous comments?
1. Never  2  3. Sometimes  4  5. Often

PCGOB5. PCG Household Interview Observation
Primary caregiver used complex sentence structure and long words in (his/her) speech?
1. Never  2  3. Sometimes  4  5. Often

PCGOB5A. PCG Household Interview Observation
Is there anything potentially confusing or unusual about this interview that you need to provide to project staff?
1. Yes  5. No   → GO TO OBSCOMPLETE
↓
PCGOB58. **PCG Household Interview Observation**

Please provide a few words to help project staff understand confusing or unusual situations.

- Press INSERT to edit existing text
- To SAVE your entry, use Alt-S
- Ctrl-D and Ctrl-R not allowed

[Open end]

**OBSCOMPLETE.** You have reached the end of the PCG Household Interview Observations

- ENTER [1] to complete

[1. Complete]

**End IWPCGOB**
Interview End

TOC

HHIWEND. End Date of PCG Household Interview (assigned)

MM/DD/YYYY

HHIWSEC_END. Interviewer checkpoint:
End of HH parallel block
• ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End PCGHH

HHPARALLELSTATUS. Status of Parallel Block – PCG-Household Interview

3. Not Started  Interview not started
4. Started  Interview in progress
5. Done (Finish Obs)  Interview complete  Interview complete
6. Obs Done  Interview complete  Interview complete
9. Unable to Administer  PCG_VOL=2
17. Refused  PCG_VOL=5
**PCG Interview(s) for Individual CDS Child(ren)**

*CDS19 Fall 2020 Follow-Up: Not asked*

For CDS Children Age 0-18 (Birth Year 2002-2018),
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

**Interview Start**

**TOC**

**BLOCKSTATUSCHILD**

**XCHILDRENIWSEC_START.** Interviewer checkpoint:
- Start of Children parallel block
  - ENTER [1] to continue
  
  1. Continue

**BLOCKSTATUS. Children Parallel Block Status**

Child [CHILD NAME]: [CHILDPARALLELSTATUS[1..15]] → GO TO CHILDIWSEC_START
- [Not all sections are completed. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]

  1. Continue

  ↓

**xCHILDRENIWSEC_END.** Interviewer checkpoint:
- End of Children parallel block
  - ENTER [1] to continue
  
  1. Continue
  → RETURN TO BLOCKSTATUS

**End BLOCKSTATUSCHILD**

**PCGCHILDREN.PCGCHILD[1..15] [1..15]=Which CDS Child**

**CHILDIWSEC_START.** [CHILD NAME], [CHILD GENDER], Age [CHILD AGE], [CHILD GRADE]

Interviewer checkpoint:
- Start of child parallel block
  - ENTER [1] to continue
  
  1. Continue

**PCGCHIWSTART.** Start Date of PCG Child Interview (assigned)

```
MM/DD/YYYY
```
PCG CHINTRO. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE], [CHILD GRADE]

PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. All of your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] activities during one weekday and one weekend day.] We are offering you $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions [and an additional $[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child’s set of completed time diaries / >1CDS CHILD: each set of time diaries completed for your children]. Do you have any questions for me?)

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue

RETURN TO BLOCKSTATUS
Section A: Child Health

PCGCHILDREN.PCGCHILD[1..15].SECTION_A [1..15]=Which CDS Child

PCGCHFTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.
1. Face to face  2. Telephone

PCGCHCONFIRMINFO. Confirm info:
PCG's Name:  [PCG NAME]
PCG's Age:  [PCG AGE]
Relationship to Child:  [PCG RTH]
Child's Name:  [CHILD NAME]
Child's Age:  [CHILD AGE]
•  ENTER [1] to continue
1. Continue

PCGCHINTRO. PCG:  [PCG NAME]
Now let’s talk about  [CHILD NAME].
•  ENTER [1] to complete
•  If PCG refuses to continue, ENTER [5]
1. Continue  2. Unable to Administer (approved partials only)  5. If Vol: PCG refuses to continue
↓
RETURN TO BLOCKSTATUS

Age 0-18
A2. □□ Page 34
Would you say  [CHILD NAME]'s health in general is excellent, very good, good, fair, or poor?

A4 Rule: Whether Birth Weight Already Collected in Previous Wave

<table>
<thead>
<tr>
<th>Birth Weight Already Collected (PRELOAD.CHILD[].BWGT)</th>
<th>GO TO A5 RULE</th>
<th>All Others</th>
</tr>
</thead>
</table>

Age 0-18
A4. I’d like to ask about  [CHILD NAME]'s health. How much did  [CHILD NAME] weigh at birth?
•  ENTER weight in pounds or press [ENTER] to continue to next screen for kilograms

<table>
<thead>
<tr>
<th>[Enter]</th>
<th>0 – 20</th>
<th>DK/RF</th>
</tr>
</thead>
</table>

Age 0-18
A4_KG. (How much did  [CHILD NAME] weigh at birth?)
•  ENTER weight in kilograms
0.45 - 9.07

Age 0-18
A4_OZ. (How much did  [CHILD NAME] weigh at birth?)
•  ENTER a number from 0 to 16 ounces
0 – 16
A5 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 0-5
Age 0-5
A5. [AGE=0-1: Has [CHILD NAME] been breastfed / ALL OTHERS: Was [CHILD NAME] breastfed as an infant]?
1. Yes 5. No → GO TO A6

↓
Age 0 - 5
A5A. How many months old was [CHILD NAME] when breastfeeding stopped?
- ENTER a number from 0 to 60
- If R says still breastfeeding, ENTER [97]
0 – 60 97. Still breastfeeding (VOL)

Age 0-18
A6. [F1]-Help
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 or injury?
- ENTER a number from 0 to 365
- If R says “None”, ENTER [0]
0 – 365

Age 0-18
A7M. Not including visits for illness or injury, when was [CHILD NAME] last seen by a doctor or clinic for a routine health check-up?
- ENTER Month or Season (Enter Year at next screen)
- If R says “DK”, PROBE: Do you know what season it was?
- IF R says “Never”, ENTER [97]

↓
GO TO A8 RULE

Age 0-18
A7Y. (Not including visits for illness or injury, when was [CHILD NAME] last seen by a doctor or clinic for a routine health check-up?)
- ENTER year
1997 – 2020

A8 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 2-18 All Others → GO TO A10A
Age 2-18
A8. [F1]-Help
Has [CHILD NAME] ever seen a doctor or health professional about a psychological, developmental or behavioral condition?

1. Yes  5. No \(\rightarrow\) GO TO A10A

↓

Age 2-18
A8M. When was the last time [CHILD NAME] was seen by a doctor or health professional about a psychological, developmental or behavioral condition?

- ENTER Month or Season (Enter Year at next screen)
- If R says “DK”, PROBE: Do you know what season it was?


Age 2-18
A8Y. (When was the last time [CHILD NAME] was seen by a doctor or health professional about a psychological, developmental or behavioral condition?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

Age 0-18
A10A. [F1]-Help
Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...
An epileptic seizure or convulsion?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No

Age 0-18
A10B. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)
Asthma?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No \(\rightarrow\) GO TO A10D

↓

Age 0 – 18
A10C. Is [CHILD NAME] taking asthma medications?

1. Yes  5. No

Age 0-18
A10D. [F1]-Help
Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...
Diabetes?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No
Age 0-18
A10E.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Three or more ear infections?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No

Age 0-18
A10F.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Speech impairment or delay?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No

Age 0-18
A10G.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Serious hearing difficulty or deafness?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No

Age 0-18
A10H.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Serious difficulty seeing that could not be corrected with standard glasses or contact lenses?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No

Age 0-18
A10I.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Intellectual disability, also known as mental retardation?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No

Age 0-18
A10J.  [F1]-Help
(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
An emotional or behavioral problem?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes  S. No
Age 0-18
A10K. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)

Anemia or iron deficiency?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No

Age 0-18
A10L. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)

Elevated levels of lead in the blood?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No

Age 0-18
A10M. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)

Orthopedic impairment or physical disability?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No

Age 0-18
A10N. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)

Developmental problems, such as developmental delay or learning disability?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No

A10O Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 2-18  All Others  → GO TO A10Q

Age 2-18
A10O. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)

Autism, Asperger’s Disorder, pervasive developmental disorder, or other autism spectrum disorder?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.

1. Yes  5. No
Age 2-18
A10P. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)
Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD)?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes 5. No

Age 0-18
A10Q. [F1]-Help
(Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...)
Allergies, such as a food or digestive allergy, skin allergy or eczema, or a respiratory allergy?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes 5. No

Age 0-18
A10R. [F1]-Help
Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] was obese, over-weight, or at risk of over-weight?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes 5. No

Age 0-18
A10S. [F1]-Help
Has [CHILD NAME]’s doctor or health professional ever said that [CHILD NAME] had...
Any other problems?
- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician’s assistants, and nurse practitioners.
1. Yes 5. No → GO TO A11
↓
A10SSPEC. [F1]-Help
Please specify other problem.
- If necessary PROBE: Anything else?
String 200

Age 0-18
A11. [Page 35]
In the past 12 months, how often has [CHILD NAME] 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 times altogether, between 4-10 times altogether, 1-2 times a month, once a week, more than once a week, or every day?
1. Never 2. Less than 3 times altogether 3. Between 4-10 times altogether
4. 1-2 times a month 5. Once a week 6. More than once a week 7. Every day
A12 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 2-18 All Others → GO TO A13 RULE
↓

Age 2-18
A12. Page 35
In the past 12 months, how often has [CHILD NAME] wheezed with exercise or running or playing hard? (Would you say never, less than 3 times altogether, between 4-10 times altogether, 1-2 times a month, once a week, more than once a week, or every day?)

1. Never 2. Less than 3 times altogether 3. Between 4-10 altogether
4. 1-2 times a month 5. Once a week 6. More than once a week 7. Every day

A13 Rule: Whether A11 or A12 is Less Than 3 Times or Greater

A11 or A12 = 2-7 All Others → GO TO A17
↓

A13 Rule: Whether A11 or A12 is Less Than 3 Times or Greater

A11 or A12 = 2-7 All Others → GO TO A17
↓

Age 0-18
A13. [F1]-Help
How many times in the past 12 months has [CHILD NAME] been to a hospital emergency room for asthma or wheezing?
• ENTER a number from 0 to 365
• If R says “None”, ENTER [0]

0 – 365

Age 0-18
A14. [F1]-Help
How many times in the past 12 months has [CHILD NAME] been to a doctor’s office or health care clinic for asthma or wheezing?
• ENTER a number from 0 to 365
• If R says “None”, ENTER [0]

0 – 365

A16 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child’s Grade (CHGRADE)

Age 6-18 Grade K-12 All Others → GO TO A17
↓

Age 6-18 or Grade K-12
A16. [F1]-Help
How many times in the past 12 months has [CHILD NAME] missed school because of [his / her] asthma or wheezing?
• ENTER a number from 0 to 365
• If R says “None”, ENTER [0]

0 – 365
Age 0-18

A17. Does [CHILD NAME] currently have any physical or psychological condition that would limit or prevent [his/her] ability to do usual childhood activities such as play, or participate in games or sports?

1. Yes  5. No

A18 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child’s Grade (CHGRADE)

Age 6-18 Grade K-12 All Others → GO TO PCGA_LANG

Age 6-18 or Grade K-12

A18. [F1]-Help

Does [CHILD NAME] currently have any physical or psychological condition that would limit or prevent [his/her] ability to attend school regularly?

1. Yes  5. No

Age 6-18 or Grade K-12

A19. [F1]-Help

Does [CHILD NAME] currently have any physical or psychological condition that would limit or prevent [his/her] ability to do regular school work?

1. Yes  5. No

PCGA_LANG. Indicate language(s) used to conduct this section of the interview

• ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

End SECTION_A
Section B: Psychological Wellbeing, Personality, Behavior

PCGCHILDREN.PCGCHILD[1..15].SECTION_B [1..15]=Which CDS Child

B1 Rule: Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 3-18</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>→ GO TO B31 RULE</td>
</tr>
</tbody>
</table>

SDQ Rule: Random Assignment of SDQ / BPI Order

One CDS Child per PCG is randomly selected for asking the SDQ series (preload.Child[1..15].WhichKid for the selected child is assigned to preload.SDQWhichKid). For the CDS Child selected for asking the SDQ series, whether to ask the SDQ or the BPI first is randomly assigned using preload.RanSDQ.

<table>
<thead>
<tr>
<th>PRELOAD.RANSDQ &lt; 0.5</th>
<th>PRELOAD.RANSDQ &gt;= 0.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASK SDQ[1].B1A-B1Z first; Then ASK BPI.B1-B42</td>
<td>ASK BPI.B1-B42 first; Then ASK SDQ[2].B1A-B1Z</td>
</tr>
</tbody>
</table>

SDQ[1..2] [1..2] = Whether SDQ asked first or second

Age 3-18

B1A. Page 36
For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months. [He / She] is considerate of other people’s feelings.

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1B. Page 36
[He / She] is restless, overactive, cannot stay still for long.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1C. Page 36
[He / She] often complains of headaches, stomach-aches or sickness.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1D. Page 36
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true
Age 3-18  
B1E. Page 36  
[He / She] often loses [his/her] temper.  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1F. Page 36  
[He / She] is rather solitary, prefers to play alone [AGE 11-18: than with other youth].  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1G. Page 36  
[He / She] is generally well behaved, usually does what adults request.  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1H. Page 36  
[He / She] has many worries or often seems worried.  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1J. Page 36  
[He / She] is helpful if someone is hurt, upset or feeling ill.  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1K. Page 36  
[He / She] is constantly fidgeting or squirming.  
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)  
1. Not true  2. Somewhat true  3. Certainly true 

Age 3-18  
B1L. Page 36  
For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months.  
[He / She] has at least one good friend.  
1. Not true  2. Somewhat true  3. Certainly true
Age 3-18
B1M. Page 36
[He / She] often fights with other children or bullies them.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1N. Page 36
[He / She] is often unhappy, depressed or tearful.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1O. Page 36
[He / She] is generally liked by other [AGE 3-10: children / AGE 11-18: youth].
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1P. Page 36
[He / She] is easily distracted, concentration wanders.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1Q. Page 36
[He / She] is nervous or clingy in new situations, easily loses confidence.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1R. Page 36
[He / She] is kind to younger children.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1S. Page 36
[He / She] is often argumentative with adults.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true
Age 3-18
B1S.  Page 36
[He / She] often lies or cheats.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B1T.  Page 36
[He / She] is picked on or bullied by other [AGE 3-10: children / AGE 11-18: youth].
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B1U.  Page 36
[He / She] often offers to help others such as parents, teachers, and other children.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B1V.  Page 36
[He / She] can [AGE 3-4: stop and] think things out before acting.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true  2. Somewhat true  3. Certainly true

B1W1Rule: Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 3-4</th>
<th>All Others</th>
<th>→ GO TO B1W2 RULE</th>
</tr>
</thead>
</table>

Age 3-4
B1W1.  Page 36
[He / She] can be spiteful to others.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]’s behavior over the last 6 months?)
1. Not true  2. Somewhat true  3. Certainly true

B1W2 Rule: Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 5-18</th>
<th>All Others</th>
<th>→ GO TO B1X</th>
</tr>
</thead>
</table>
Age 5-18
B1W2. Page 36
[He / She] steals from home, school or elsewhere.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1X. Page 36
[He / She] gets along better with adults than with other [AGE 3-10: children / AGE 11-18: youth].
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1Y. Page 36
[He / She] has many fears, easily scared.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

Age 3-18
B1Z. Page 36
[He / She] has a good attention span, sees work through to the end.
(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

End SDQ

BPI

Age 3-18
B1. Page 37
For the next set of statements, decide whether they are often true, sometimes true, or not true according to [CHILD NAME]'s behavior.
[He / She] has sudden changes in mood or feeling.
1. Often true 2. Sometimes true 3. Not true

Age 3-18
B2. Page 37
[He / She] feels or complains that no one loves [him / her].
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
1. Often true 2. Sometimes true 3. Not true

Age 3-18
B3. Page 37
[He / She] is rather high strung, tense and nervous.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
1. Often true 2. Sometimes true 3. Not true
Age 3-18
B4. Page 37

[He / She] cheats or tells lies.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B5. Page 37

(For the next set of statements, decide whether they are often true, sometimes true, or not true according to [CHILD NAME]'s behavior.)
[He / She] is too fearful or anxious.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B6. Page 37

[He / She] argues too much.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B7. Page 37

[He / She] has difficulty concentrating, cannot pay attention for long.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B8. Page 37

[He / She] is easily confused, seems to be in a fog.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B9. Page 37

[He / She] bullies or is cruel or mean to others.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B10. Page 37

[He / She] is disobedient.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B11. Page 37

[He / She] does not seem to feel sorry after [he / she] misbehaves.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)
   1. Often true  2. Sometimes true  3. Not true
Age 3-18
B12. [He / She] has trouble getting along with other children.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B13. [He / She] is impulsive, or acts without thinking.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B14. [He / She] feels worthless or inferior.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B15. [He / She] is not liked by other children.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B16. [He / She] has a lot of difficulty getting [his / her] mind off certain thoughts.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   • IF Necessary: Has obsessions
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B17. [He / She] is restless or overly active, cannot sit still.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B18. [He / She] is stubborn, sullen, or irritable.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B19. [He / She] has a very strong temper and loses it easily.
   (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true
Age 3-18

B20. [He / She] is unhappy, sad or depressed.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B21. [He / She] is withdrawn, does not get involved with others.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B22. [He / She] breaks things on purpose or deliberately destroys [his / her] own or another's things.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B23. [He / She] clings to adults.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B24. [He / She] cries too much.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B25. [He / She] demands a lot of attention.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B26. [He / She] is too dependent on others.
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true

B27. [He / She] feels others are out to get [him / her].
(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
1. Often true 2. Sometimes true 3. Not true
Age 3-18
B28. [He / She] hangs around with kids who get into trouble. (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B29. [He / She] is secretive, keeps things to [himself / herself]. (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 3-18
B30. [He / She] worries too much. (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

B31 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child’s Grade (CHGRADE)

Age 6-11 All Others
   → GO TO B33 RULE

B31. [He / She] is disobedient at school. (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

Age 6-11 or Grade K-12
B32. [He / She] has trouble getting along with teachers. (Would you say this is often true, sometimes true, or not true according to [CHILD NAME]’s behavior?)
   1. Often true  2. Sometimes true  3. Not true

B33 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-11 All Others
   → GO TO B43CKPT

Age 6-11
B33. Thinking about [CHILD NAME], please tell me how much each statement applies to [CHILD NAME]. Is cheerful, happy. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Age 6-11
B34. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Waits [his/her] turn in games and other activities.

Age 6-11
B35. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Does neat, careful work.

Age 6-11
B36. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Is curious and exploring, likes new experiences.

Age 6-11
B37. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Thinks before [he/she] acts, is not impulsive.

Age 6-11
B38. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Gets along well with other children.

Age 6-11
B39. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Usually does what you tell [him/her] to do.

Age 6-11
B40. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Can get over being upset quickly.

Age 6-11
B41. Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
Is admired and well-liked by other children.
Age 6-11
B42. Page 38
Tries to do things for [himself/herself], is self-reliant.
Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?
End BPI

B43CKPT. CAI Checkpoint: Whether Child Selected for SDQ; Age of Child (PRELOAD.CHILD[].AGE)

1. Child Selected for SDQ (PCGChildren.PCGChild[].AskSDQ=Yes)
2. Child Not Selected for SDQ & Age 3-18 (PCGChildren.PCGChild[].AskSDQ=No & Age=3-18)
5. All Others
GO TO B48 RULE

PCGCHILDREN.PCGCHILD[1..15].SECTIONB.B43BLOCK [1..15]=Which CDS child

Age 3-18
B43. Page 39
Please give your answers to the next questions on the basis of [CHILD NAME’s] behavior over the last six months. Answer as best you can, even if you are not absolutely certain.
Now, thinking about [CHILD NAME], [CHILD NAME] is considerate of other people’s feelings. Is this not true, somewhat true, or certainly true?
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B44. Page 39
[CHILD NAME] shares readily with other children.
(Is this not true, somewhat true, or certainly true?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B45. Page 39
[CHILD NAME] is helpful if someone is hurt, upset, or feeling ill.
(Is this not true, somewhat true, or certainly true?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B46. Page 39
[CHILD NAME] is kind to younger children.
(Is this not true, somewhat true, or certainly true?)
1. Not true  2. Somewhat true  3. Certainly true

Age 3-18
B47. Page 39
[CHILD NAME] often volunteers to help others.
(Is this not true, somewhat true, or certainly true?)
1. Not true  2. Somewhat true  3. Certainly true
B48 Rule: Age of Child (PRELOAD.CHILD[].AGE); Whether Child Has Siblings in FU

<table>
<thead>
<tr>
<th>Age 3-11</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings in FU (PRELOAD.CHILD[].SIBSFU=1)</td>
<td>No Siblings in FU (PRELOAD.CHILD[].SIBSFU=0)</td>
</tr>
</tbody>
</table>

↓

GO TO PCGB_LANG

**Age 3-11**

**B48.** [F1]-Help

Next, I will read some things your child may do. Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month.

**Helped sibling(s)?**

Would you say never, once in a while, sometimes, most days, or every day?

1. Never  2. Once in a while  3. Sometimes  4. Most days  5. Every day

**Age 3-11**

**B49.** [F1]-Help

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

**Was kind toward sibling(s)?**

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never  2. Once in a while  3. Sometimes  4. Most days  5. Every day

**Age 3-11**

**B50.** [F1]-Help

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

**Cooperated with sibling(s)?**

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never  2. Once in a while  3. Sometimes  4. Most days  5. Every day

**Age 3-11**

**B51.** [F1]-Help

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

**Taken turns with play materials with sibling(s)?**

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never  2. Once in a while  3. Sometimes  4. Most days  5. Every day

**Age 3-11**

**B52.** [F1]-Help

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

**Listened to sibling(s)?**

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never  2. Once in a while  3. Sometimes  4. Most days  5. Every day

End B43BLOCK
PCGB_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. English</td>
<td>2. Spanish</td>
<td>7. Language other than English or Spanish</td>
</tr>
</tbody>
</table>

End SECTION_B
### Section C: Parenting and Family Interaction

**PCGCHILDREN.PCGCHILD[1..15].SECTION_C [1..15]=Which CDS Child**

#### Age 0-18

**C1. [F1]-Help**

In the past month, how often did a family member get to play [Age 0-2: puzzles or pretend games / Age 3-5: pretend games, board games, or puzzles / Age 6-18: board games, card games, or puzzles] with your child?

Never because child is too young, not in the past month, 1 or 2 times in the past month, about once a week, several times a week, or every day?

1. Never, child is too young
2. Not in the past month
3. 1 or 2 times in the past month
4. About once a week
5. Several times a week
6. Every day

**C2 Rule: Age of Child (PRELOAD.CHILD[].AGE)**

<table>
<thead>
<tr>
<th>Age 12-18</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ GO TO C5 RULE</td>
<td></td>
</tr>
</tbody>
</table>

#### Age 12-18

**C2. [F1]-Help**

How many of [CHILD NAME]’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?

1. None of them
2. Only a few
3. About half
4. Most of them
5. All of them
6. DK/RF
7. Doesn’t have any (Vol)

**Age 12-18**

**C2A. [F1]-Help**

How many of [CHILD NAME]’s close friends’ parents do you know by sight and by first and last name? (None of them, only a few, about half, most of them, or all of them?)

1. None of them
2. Only a few
3. About half
4. Most of them
5. All of them

**Age 12-18**

**C2B. [F1]-Help**

How many of [CHILD NAME]’s friends did you see last week? (None of them, only a few, about half, most of them, or all of them?)

1. None of them
2. Only a few
3. About half
4. Most of them
5. All of them

**Age 12-18**

**C2C. [F1]-Help**

About how often did [CHILD NAME] play or do things with [his/her] friends outside of school in the 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 every day?

1. Not in the past month
2. One or two times in the past month
3. About once a week
4. Several times a week
5. Every day
**Age 12-18**

C3. Page 44  [F1]-Help

About how often do you know who [CHILD NAME] 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?

1. Only rarely  2. Some of the time  3. Most of the time  4. All of the time  7. Never (Vol)

C5 Rule: Age of Child (PRELOAD.CHILD[].AGE)

```
Age 6-18  All Others  → GO TO C6 RULE
```

**Age 6-18**

C5. Page 45

What rules do you have about how late [CHILD NAME] can stay up at night? Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?

1. Yes, clear rules that are enforced  2. Yes, general rules that are monitored

3. Yes, rules but child makes own choices  5. No rules

6. Child is too young (Vol)  7. Child is too old (Vol)

C6 Rule: Child's Grade (CHGRADE)

```
Grade K-12  All Others  → GO TO C9 RULE
```

**Grade K-12**

C6. Page 45

What rules do you have about when [CHILD NAME] does [his/her] homework?

[C5 ASKED: ()] Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?[C5 ASKED: ]

01. Yes, clear rules that are enforced  02. Yes, general rules that are monitored

03. Yes, rules but child makes own choices  05. No rules

06. Child is too young (Vol)  07. Child is too old (Vol)  08. Does not get homework (Vol)  DK/RF

GO TO C9 RULE

**Grade K-12**

C7. Page 46  [F1]-Help

How often do you set a place where [he/she] does homework? Would you say never, less than half of the time, about half of the time, most of the time or all of the time?

1. Never  2. Less than half of the time  3. About half of the time

4. Most of the time  5. All of the time
Grade K-12
C8. Page 46
How often do you check [his/her] homework?
(Would you say never, less than half of the time, about half of the time, most of the time or all of the time?)

1. Never  2. Less than half of the time  3. About half of the time
4. Most of the time  5. All of the time

C9 Rule: Age of Child (PRELOAD.CHILD\[\].AGE)

Age 12-18 All Others → GO TO C14CKPT

Age 12-18
C9. Page 47
What rules do you have about how [CHILD NAME] spends time after school?
[\textcolor{Green}{C6=06-08:} () Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?\textcolor{Green}{[C6=06-08: ]}]}

1. Yes, clear rules that are enforced  2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices  5. No rules
6. Child is too young (Vol)  7. Child is too old (Vol)

Age 12-18
C10. Page 47
What rules do you have about who [CHILD NAME] can spend time with and where they can go?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced  2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices  5. No rules
6. Child is too young (Vol)  7. Child is too old (Vol)

Age 12-18
C11. Page 47
What rules do you have about [CHILD NAME]'s dating?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced  2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices  5. No rules
6. Child is too young (Vol)  7. Child is too old (Vol)
Age 12-18
C12. Page 47
(What rules do you have about...)
How late [CHILD NAME] can stay out on weeknights or weekends?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. No rules
5. Child is too young (Vol)
6. Child is too old (Vol)

Age 12-18
C13. Page 47
(What rules do you have about...)
The amount of time [CHILD NAME] can work at a job?
(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced
2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices
4. No rules
5. Child is too young (Vol)
6. Child is too old (Vol)

C14CKPT. CAI Checkpoint: Whether Spanking Reported Last Wave; Age of Child (PRELOAD.CHILD[].AGE)

1. Not Spanked Last Wave (PRELOAD.C14<>Yes & Age 3-18)
3. Spanked Last Wave (PRELOAD.C14=Yes & Age 3-18)
5. All Others (Age 0-2) → GO TO C17CKPT

GO TO C16

Age 3-18
C14. Parents sometimes use physical punishment to discipline their child. Have you ever spanked [CHILD NAME]?

1. Yes 5. No → GO TO C17CKPT

Age 3-11
C15A. [F1]-Help
How old was [CHILD NAME] when you first spanked [him/her]?
• Enter a number from 1 to 18 first, then enter unit of time at next screen (Weeks, Months, Years)

1 – 18 [DK/RF] → GO TO C16

Age 3-11
C15B. (Was that weeks, months, or years old?)
• ENTER unit of time


Age 3-18
C16. [C14CKPT=3]: Parents sometimes use physical punishment to discipline their child. How old was [CHILD NAME] the last time you spanked [him/her], if ever? / [C14CKPT=1]: How old was [CHILD NAME] when you last spanked [him/her]? 
• ENTER age here, then ENTER unit of time on next screen (Weeks, Months, Years)

1 – 18 [C14CKPT=3: 97. Never spanked] [DK/RF] → GO TO C17CKPT
Age 3-18
C16A. (Was that weeks, months, or years old?)

- ENTER unit of time

C17CKPT. CAI Checkpoint: Whether Spanking Reported This Wave or Last; Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 3-11</th>
<th>5. All Others (Age 0-2, 12-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Spanked</td>
<td>Spanked</td>
</tr>
<tr>
<td>ASSIGN C17=0</td>
<td>GO TO C18 RULE</td>
</tr>
</tbody>
</table>

Age 3-11
C17. How many times in the past week have you...
Spanked [CHILD NAME]?

- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week

0 – 40

C18 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 3-18  All Others  → GO TO PCGC_LANG

Age 3-18
C18. How many times in the past week have you grounded [CHILD NAME]?

- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week

0 – 40

Age 3-18
C19. (How many times in the past week have you...)
Taken away TV or other privileges?

- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week

0 – 40
Age 3-18
C20. (How many times in the past week have you...) Praised [CHILD NAME] for doing something worthwhile?
- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week
0 – 40

Age 3-18
C21. (How many times in the past week have you...) Had to scold or threaten your child for misbehavior?
- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week
0 – 40

Age 3-18
C22. (How many times in the past week have you...) Shown [CHILD NAME] physical affection (kiss, hug, stroke hair, etc.)?
- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week
0 – 40

Age 3-18
C23. (How many times in the past week have you...) Sent [CHILD NAME] to [his/her] room?
- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week
0 – 40

Age 3-18
C24. (How many times in the past week have you...) Told another adult (spouse, friend, co-worker, visitor, relative) something positive about [CHILD NAME]?
- ENTER a number from 0 to 40
- If R says “None”, ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R’s best estimate of the number of times in the past week
0 – 40
C25 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18 All Others → GO TO C27 RULE

Age 6-18
C25. [Page 48]

(About how often in the past month have you...) 
Talked with [CHILD NAME] about [his/her] relationships, like [his/her] relationships with friends?
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 every day?

1. Not in the past month 
2. 1 or 2 times in the past month 
3. About once a week 
4. Several times a week 
5. Every day

Age 6-18
C26. [Page 48]

(About how often in the past month have you...) 
Talked with [CHILD NAME] about current events, like things going on in the news?
(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 every day?)

1. Not in the past month 
2. 1 or 2 times in the past month 
3. About once a week 
4. Several times a week 
5. Every day

C27 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 3-18 All Others → GO TO PCGC_LANG

Age 3-18
C27. [Page 48]

[AGE 6-18: () About how often in the past month have you... [AGE 6-18: ]]
Talked with [CHILD NAME] about [his/her] day?
[AGE 6-18: () 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 every day? [AGE 6-18: ]]

1. Not in the past month 
2. 1 or 2 times in the past month 
3. About once a week 
4. Several times a week 
5. Every day

PCGC_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply
1. English  2. Spanish  7. Language other than English or Spanish

End SECTION_C
Section D: Non Co-Resident Parent

PCGCHILDREN.PCGCHILD[1..15].SECTION_D [1..15]=Which CDS Child

D1A Rule: Whether Both Biological/Adoptive Parents in the FU

\[
\text{Biological/Adoptive Mother and Biological/Adoptive Father in FU} \\
\left( \text{PRELOAD.CHILD[]}.MOMFU=1 \text{ or PRELOAD.CHILD[]}.ADPTMOMFU=1 \right) \\
\text{AND} \\
\left( \text{PRELOAD.CHILD[]}.DADFU=1 \text{ or PRELOAD.CHILD[]}.ADPTDADFU=1 \right) \\
\rightarrow \text{GO TO SECTION E} \\
\text{All Others} \\
\downarrow
\]

D1B Rule: Whether Biological/Adoptive Mother in the FU

\[
\text{Biological/Adoptive Mother in FU} \left( \text{PRELOAD.CHILD[]}.MOMFU=1 \text{ or PRELOAD.CHILD[]}.ADPTMOMFU=1 \right) \\
\rightarrow \text{GO TO D2 RULE} \\
\text{All Others} \\
\downarrow
\]

Age 0-18

D1. Does [CHILD NAME] have an adoptive mother?

1. Yes
5. No
7. Person is deceased (Vol)

D2 Rule: Whether Biological/Adoptive Father in the FU

\[
\text{Biological/Adoptive Father in FU} \left( \text{PRELOAD.CHILD[]}.DADFU=1 \text{ or PRELOAD.CHILD[]}.ADPTDADFU=1 \right) \\
\rightarrow \text{GO TO D3 RULE} \\
\text{All Others} \\
\downarrow
\]

Age 0-18

D2. Does [CHILD NAME] have an adoptive father?

1. Yes
5. No
7. Person is deceased (Vol)

D3 Rule: Whether Step-Mother in the FU

\[
\text{Step Mother in FU} \left( \text{PRELOAD.CHILD[]}.STEPMOMFU=1 \right) \\
\rightarrow \text{GO TO D4 RULE} \\
\text{All Others} \\
\downarrow
\]

Age 0-18

D3. Does [CHILD NAME] have a stepmother?

1. Yes
5. No
7. Person is deceased (Vol)
D4 Rule: Whether Step-Father in the FU

Step Father in FU (PRELOAD.CHILD[].STEPDADFU=1) → GO TO D5 All Others

Age 0-18
D4. Does [CHILD NAME] have a stepfather?
1. Yes  5. No  7. Person is deceased (Vol)

Age 0-18
D5. [F1]-Help
Does [CHILD NAME] have another father-figure?
- If R says “Yes”, PROBE: Does this person live with the child?
1. Yes, living with child  3. Yes, not living with child  5. No, does not have

Age 0-18
D6. [F1]-Help
Does [CHILD NAME] have another mother-figure?
- If R says “Yes”, PROBE: Does this person live with the child?
1. Yes, living with child  3. Yes, not living with child  5. No, does not have

Age 0-18
D7. Does [CHILD NAME] have a legal guardian/foster mother?
- If R says “Yes”, PROBE: Does this person live with the child?
1. Yes, living with child  3. Yes, not living with child  5. No, does not have

Age 0-18
D8. Does [CHILD NAME] have a legal guardian/foster father?
- If R says “Yes”, PROBE: Does this person live with the child?
1. Yes, living with child  3. Yes, not living with child  5. No, does not have

Absent Father
D9CKPT. CAI Checkpoint: Whether Biological/Adoptive Father in the FU

1. Biological/Adoptive Father in FU (PRELOAD.CHILD[].DADFU=1 or PRELOAD.CHILD[].ADPTDADFU=1) → GO TO D16CKPT 5. All Others

Age 0-18
D9_1 (ABP1). Is [CHILD NAME]’s biological or adoptive father still living?
- If R says “Never had contact”, PROBE: Do you know whether he is still living?
1. Yes  5. No → GO TO D9AM DK/RF → GO TO D10CKPT
Age 0-18

D9. Does [CHILD NAME] ever live with [his / her] biological or adoptive father?
   • If R says Yes, PROBE: Is that part-time during the year, part of the year, or part-time during the year and part of the year?
     1. Yes, part-time during the year  2. Yes, part of the year
     3. Yes, part time during the year AND part of the year  5. No
     GO TO D10CKPT

Age 0-18

D9AM. In what month and year did he die?
   • ENTER Month or Season (Enter Year at next screen)
   • If DK month, PROBE: Do you know what season it was?

Age 0-18

D9AY. (In what month and year did he die?)
   • ENTER year
     2002 – [CYEAR/CYEAR+1]

D10CKPT. CAI Checkpoint: Whether Biological/Adoptive Father Living; Whether Lived with Biological/Adoptive Father

<table>
<thead>
<tr>
<th>Father Deceased (D9_1=No)</th>
<th>Father Living (D9_1=Yes, DK/RF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. More Than 12 Months (D9AM/D9AY &gt;12 mos, DK/RF)</td>
<td>2. Within 12 Months (D9AM/D9AY &lt;=12 mos)</td>
</tr>
<tr>
<td>3. Never Lived With Father (D9=5, DK/RF or D9_1=DK/RF)</td>
<td>5. Lived With Father (D9=1-3)</td>
</tr>
</tbody>
</table>

GO TO D12M

↓

Age 0-18

D10. [DECEASED: Did [CHILD NAME] have / ALL OTHERS: Has [CHILD NAME] had] any contact with [his / her] father in the last 12 months?
   1. Yes  5. No  DK/RF → GO TO D16CKPT

↓

Age 0-18

D11M. In what month and year did [CHILD NAME] last see him?
   • ENTER Month or Season (Enter Year at next screen)
   • If R says “DK”, PROBE: Do you know what season it was?
   • If R says “Never ”, ENTER [97]

GO TO D13CKPT

↓

Age 0-18

D11Y. (In what month and year did [CHILD NAME] last see him?)
   • ENTER year
     2002 – [CYEAR/CYEAR+1]
Age 0-18
D12M. In what month and year did [CHILD NAME]'s father last live with [CHILD NAME] full time?
• ENTER Month or Season (Enter Year at next screen)
• If R says “DK”, PROBE: Do you know what season it was?
• If R says “Never lived with child”, ENTER [97]

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DK/RF</td>
<td></td>
<td></td>
<td>97. Never lived with child full time (Vol)</td>
</tr>
</tbody>
</table>

Age 0-18
D12Y. (In what month and year did [CHILD NAME]'s father last live with [CHILD NAME]?)
• ENTER year
  2002 – [CYEAR/CYEAR+1]

D13CKPT. CAI Checkpoint: Whether Child Has Had Contact with Biological/Adoptive Father

<table>
<thead>
<tr>
<th>1. Lives with Father (D9_1=Yes &amp; D9=1-3)</th>
<th>2. Had Contact with Father (D9_1=Yes &amp; D9=No, DK/RF &amp; D10=Yes)</th>
<th>5. All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO D15</td>
<td></td>
<td>GO TO D16CKPT</td>
</tr>
</tbody>
</table>

Age 0-18
D13. [F1]-Help
During the past 12 months, about how often did [CHILD NAME] and [his / her] father communicate by phone, internet, or mail? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

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

Age 0-18
D14. [F1]-Help
During the past 12 months, how often did [CHILD NAME] see [his / her] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

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

Age 0-18
D15. [F1]-Help
During the past 12 months, about how many days did [CHILD NAME] spend with [his / her] father either overnight or just for the day?
• ENTER a number from 1 to 365

1 – 365
D16CKPT. CAI Checkpoint: Whether Biological/Adoptive Mother in the FU

1. Biological/Adoptive Mother in FU (PRELOAD.CHILD[].MOMFU=1 or PRELOAD.CHILD[].ADPTMOMFU=1) → GO TO PCGD_LANG  5. All Others

Age 0-18
D16_1 (ABP1). Is [CHILD NAME]'s biological or adoptive mother still living?
- If R says "Never had contact", PROBE: Do you know whether he is still living?
  1. Yes  5. No → GO TO D16AM DK/RF → GO TO D17CKPT

↓

Age 0-18
D16. Does [CHILD NAME] ever live with [his / her] biological or adoptive mother?
- If R says Yes, PROBE: Is that part-time during the year, part of the year, or part-time during the year and part of the year?
  1. Yes, part-time during the year  2. Yes, part of the year  3. Yes, part time during the year AND part of the year  5. No

GO TO D17CKPT

Age 0-18
D16AM. In what month and year did she die?
- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

Age 0-18
D16AY. (In what month and year did she die?)
- ENTER year
  2002 – [CYEAR/CYEAR+1]

D17CKPT. CAI Checkpoint: Whether Biological/Adoptive Mother Living; Whether Lived with Biological/Adoptive Mother Living

<table>
<thead>
<tr>
<th>Mother Deceased (D16_1=No)</th>
<th>Mother Living (D16_1=Yes, DK/RF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Never Lived With Mother (D16=5, DK/RF or D16_1=DK/RF)</td>
<td>5. Lived With Mother (D16=1-3)</td>
</tr>
</tbody>
</table>

GO TO D20M  ↓  ↓  GO TO D20M

Age 0-18
D17. [DECEASED: Did [CHILD NAME] have / ALL OTHERS: Has [CHILD NAME] had] any contact with [his / her] mother in the last 12 months?
  1. Yes  5. No DK/RF → GO TO PCGD_LANG

↓
**Age 0-18**

**D19M.** In what month and year did [CHILD NAME] last see her?
- **ENTER Month or Season (Enter Year at next screen)**
- If R says “DK”, PROBE: Do you know what season it was?
- If R says “Never”, ENTER [97]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DK/RF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. Never (Vol)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GO TO D21CKPT**

**Age 0-18**

**D19Y.** (In what month and year did [CHILD NAME] last see her?)
- **ENTER year**

2002 – [CYEAR/CYEAR+1]

**Age 0-18**

**D20M.** In what month and year did [CHILD NAME]’s mother last live with [CHILD NAME] full time?
- **ENTER Month or Season (Enter Year at next screen)**
- If R says “DK”, PROBE: Do you know what season it was?
- If R says “Never lived with child”, ENTER [97]

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>DK/RF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. Never lived with child full time (Vol)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GO TO D21CKPT**

**Age 0-18**

**D20Y.** (In what month and year did [CHILD NAME]’s mother last live with [CHILD NAME]?)
- **ENTER year**

2002 – [CYEAR/CYEAR+1]

**D21CKPT. CSI Checkpoint: Whether Child Has Had Contact with Biological/Adoptive Mother**

1. Lives with Mother (D16_1=Yes & D16=1-3)
2. Had Contact with Mother (D16_1=Yes & D16=No, DK/RF & D17=Yes)
3. All Others

**GO TO D23**

**Age 0-18**

During the past 12 months, about how often did [CHILD NAME] and mother communicate by phone, internet, or mail? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. Not at all
2. About once a year
3. Several times a year
4. One to three times a month
5. About once a week
6. Several times a week
During the past 12 months, how often did [CHILD NAME] see [his/her] mother? (Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?)

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

During the past 12 months, about how many days did [CHILD NAME] spend with [his/her] mother either overnight or just for the day?
- ENTER a number from 1 to 365

1 – 365

Indicate language(s) used to conduct this section of the interview
- ENTER all that apply
1. English  2. Spanish  7. Language other than English or Spanish

End SECTION_D
Section E: Home Environment

Age 0-18
E1. [F1]-Help
Now I have some questions about things [CHILD NAME] does at home. Does [CHILD NAME] usually eat breakfast in the morning?
1. Yes 5. No

Age 0-18
E2. [F1]-Help
About how many books does [CHILD NAME] have?
• This includes ebooks
1. None 2. 1 or 2 3. 3 to 9 4. 10 to 19 5. 20 or more DK/RF → GO TO E4 RULE

Age 0-18
E3. What is your best estimate of the number of books [CHILD NAME] has?
• This includes ebooks
20 – 500

E4 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18 All Others → GO TO E7 RULE

Age 6-18
E4. [F1]-Help
About how often does [CHILD NAME] read for enjoyment?
Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?
1. Never 2. Several times a year 3. Several times a month
4. About once a week 5. A few times a week 6. Every day 7. Child cannot read (VOL)

Age 6-18
E5. Is there a musical instrument (for example, piano, drum, guitar, etc.) that [CHILD NAME] can use at home?
1. Yes 5. No → GO TO E7 RULE

Age 6-18
E6. [F1]-Help
About how often does [CHILD NAME] use these instruments?
Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?
1. Never 2. Several times a year 3. Several times a month
4. About once a week 5. A few times a week 6. Every day
E7 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 0-11
E7. Page 52
How often have you or another family member taken or arranged to take [CHILD NAME] to the library within the past year?
Would you say never, once or twice, several times, about once a month, or more than once a month?

E8 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 3-18
E8. Does [CHILD NAME] have a library card or [his/her] name on a library list?
1. Yes 5. No

E9 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18
E9A. Did [CHILD NAME] receive tutoring in the last 12 months?
• If [CHILD NAME] was the tutor, ENTER no
1. Yes 5. No → GO TO E15

Age 6-18
E10. What was the tutoring for?
• ENTER all that apply
• If necessary PROBE: Any others?
1. Math 2. Reading 7. Other-specify (E10SPEC. Specify (String 100))

Age 6-18
E11. Page 53
During the last year, how often did [CHILD NAME] spend time on tutoring programs?
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?
1. Less than once a month 2. At least once a month 3. Once a week 4. More than once a week 5. Usually every day 7. Every day while program lasted (Vol)
Age 6-18
E13. [F1]-Help
During the past 12 months, how much money did you or anyone else living with you spend on [CHILD NAME] to be in tutoring?

- If R says nothing or $0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0 → GO TO E15 1.00 – 9,996.00 9997 DK/RF

Age 6-18
E14. Who paid for [CHILD NAME]'s tutoring programs? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list
1. PCG and/or spouse/partner
2. Child's parent living elsewhere
3. Grandparent(s) through mother
4. Grandparent(s) through father
5. Other person in household
6. Other person living elsewhere
7. Other- specify (E14SPEC. Specify (String 100))

Age 6-18
E15. Did [CHILD NAME] take lessons, such as music, dance, or drama in the last 12 months?

1. Yes 5. No → GO TO E20

Age 6-18
E16. Which lessons was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?
1. Dance
2. Drama
3. Music
4. Other

Age 6-18
E17. [Page 53]
During the last 12 months, how often did [CHILD NAME] spend time on lessons?
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?

1. Less than once a month
2. At least once a month
3. Once a week
4. More than once a week
5. Usually every day
7. Every day while program lasted (Vol)
Age 6-18
E18. [F1]-Help
During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in the lessons?

- If R says nothing or $0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0 → GO TO E20  1.00 – 9,996.00 9997 DK/RF

Age 6-18
E19. Who paid for [CHILD NAME]’s lessons? Include contributions from family members or friends living elsewhere.
- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner  2. Child’s parent living elsewhere
3. Grandparent(s) through mother 4. Grandparent(s) through father
5. Other person in household  6. Other person living elsewhere
7. Other- specify (E19SPEC. Specify (String 100))

Age 6-18
E20. Was [CHILD NAME] a member of any athletic or sports teams in the last 12 months?
1. Yes  5. No → GO TO E25

Age 6-18
E21. In the last 12 months, which athletic or sports teams was [CHILD NAME] involved in?
- ENTER all that apply
- If necessary PROBE: Any others?

13. Volleyball 14. Wrestling  97. Other-specified (E21SPEC. Specify (String 100))

Age 6-18
E22. [F1]-Page 53
When [CHILD NAME] 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?

1. Less than once a month  2. At least once a month  3. Once a week  4. More than once a week
5. Usually every day  7. Every day while program lasted (Vol)
Age 6-18
E23. [F1]-Help
During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in athletic and sports teams and programs?

- If R says nothing or $0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0 → GO TO E25

1.00 – 9,996.00
9997
DK/RF
↓

Age 6-18
E24. Who paid for [CHILD NAME]’s athletic and sports teams? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner
2. Child’s parent living elsewhere
3. Grandparent(s) through mother
4. Grandparent(s) through father
5. Other person in household
6. Other person living elsewhere
7. Other- specify (E24SPEC. Specify (String 100))

Age 6-18
E25. Was [CHILD NAME] a member of any groups or programs in the community in the last 12 months?

- Groups or programs in the community includes scouts, service, or hobby clubs

1. Yes
5. No

GP TO E30
↓

Age 6-18
E26. Which community groups or programs was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Community service groups
2. Educational/school-based programs
3. Religious groups
4. Youth family groups/clubs
5. Art/music/dance/theater
6. Sports
7. Other-specify (E26SPEC. Specify (String 100))
8. Leadership (including 4H, sororities)

Age 6-18
E27. During the last 12 months, how often did [CHILD NAME] spend time on community groups or programs?

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?

1. Less than once a month
2. At least once a month
3. Once a week
4. More than once a week
5. Usually every day
7. Every day while program lasted (Vol)
Age 6-18

E28. [F1]-Help
During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in community groups or programs?
- If R says nothing or $0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER 0 if program was free of charge
- ENTER 9997 if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00
0.0 → GO TO E30  1.00 – 9,996.00  9997  DK/RF

Age 6-18

E29. Who paid for [CHILD NAME]'s involvement in community groups or programs? Include contributions from family members or friends living elsewhere.
- ENTER all that apply
- DO NOT READ list
1. PCG and/or spouse/partner
2. Child’s parent living elsewhere
3. Grandparent(s) through mother
4. Grandparent(s) through father
5. Other person in household
6. Other person living elsewhere
7. Other- specify (E29SPEC. Specify (String 100))

Age 6-18

E30. Did [CHILD NAME] attend religious services in the last 12 months?
1. Yes  5. No → GO TO E34A RULE

Age 6-18

E31. During the last 12 months, how often did [CHILD NAME] spend time on religious services or activities? Would you say not at all, a few times a year, about once a month, 2 or 3 times a month, about once a week, or more than once a week?
1. Not at all  2. A few times a year  3. About once a month  4. 2 or 3 times a month  5. About once a week  6. More than once a week

Age 6-18

E32. [F1]-Help
Did [CHILD NAME] participate in other religious activities in the last 12 months?
1. Yes  5. No → GO TO E34A RULE

Age 6-18

E33. Which religious activities was [CHILD NAME] involved in?
- ENTER all that apply
- If necessary PROBE: Any others?
1. Youth ministry and other church groups
2. Religious education
3. Religious services (attending or participating)
4. Summer camp/retreat
5. Social events
7. Other- specify (E33SPEC. Specify (String 100))
Age 6-18
E34. Page 55
During the last 12 months, how often did [CHILD NAME] spend time on these religious activities?
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?
- 1. Less than once a month
- 2. At least once a month
- 3. Once a week
- 4. More than once a week
- 5. Usually every day
- 7. Every day while program lasted (Vol)

E34A Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 12-18
E34A. Do you ever talk to [CHILD NAME] about giving some of [his/her] money—if only a few pennies—to a church, synagogue, or another charity?
- If “Yes”, PROBE: To a church or synagogue, or a charity or to both groups?
  - 1. Yes, to a church/synagogue/other religious group
  - 2. Yes, to another type of charity
  - 3. Yes, both to a church/synagogue/other religious group and to another type of charity
  - 5. No

E35 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 0-5
E35. Page 56
How often do you read to [CHILD NAME]?
Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?
- 1. Never
- 2. Several times a year
- 3. Several times a month
- 4. About once a week
- 5. A few times a week
- 6. Every day

E36 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 1-5
E36. Page 56
How often does [CHILD NAME] read or look at books 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, or every day?)
- 1. Never
- 2. Several times a year
- 3. Several times a month
- 4. About once a week
- 5. A few times a week
- 6. Every day
E38 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child’s Grade (CHGRADE)

Age 1-6 & Not Yet in School
All Others → GO TO E39 RULE

Age 1-6 & Not Yet in School
E38. Page 56
How often do you encourage [CHILD NAME] 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, or every day?)

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

E39 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-11
All Others → GO TO E40 RULE

Age 6-11
E39. Page 56
How often do you encourage [CHILD NAME] to read on [his/her] own?

[AGE=1-5:] Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day? [AGE=1-5:]

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

E40 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 0-5
All Others → GO TO E43 RULE

Age 0-5
E40. Page 57
How often does a family member take [CHILD NAME] away from home to a park, playground, or other type of outdoor space where there are trees and grass?

• If R asks which family member, PROBE: Any family member, including yourself
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?

1. A few times a year or less
2. About once a month
3. About 2 or 3 times a month
4. Several times a week
5. About once a day
**Age 0-5**

E41. Page 58

Which things have you (or another adult/or an older child) used to help [CHILD NAME] learn at home?

- ENTER all that apply


**Age 0-5**

E42. Page 59

How much choice is [CHILD NAME] 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?


---

**Age 6-18**

E43. How much choice do you give [CHILD NAME] in regard to room decorations? Would you say very little, some or a lot?

1. Very Little  2. Some  3. A lot

**Age 6-18**

E44. How much choice do you give [CHILD NAME] in regard to the type of clothes [he/she] buys or wears? Would you say very little, some or a lot?

1. Very Little  2. Some  3. A lot

**Age 9-18**

E45. How much choice do you give [CHILD NAME] in regard to hobbies or other leisure activities done for enjoyment? Would you say very little, some, or a lot?

1. Very Little  2. Some  3. A lot

**Age 9-18**

E46. How much choice do you give [CHILD NAME] in regard to managing their own homework?

1. Very Little  2. Some  3. A lot
E47ACKPT. CAI Checkpoint: Whether Cell Phone Status Already Reported in PCG-HH IW; Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 6-18</th>
<th>3. Age 0-5</th>
<th>→ GO TO E48ACKPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reported No Cell Phone (PCG-HH S14A=0)</td>
<td>2. All Others</td>
<td></td>
</tr>
</tbody>
</table>

Assign E47A=No; Then GO TO E48ACKPT

Age 6-18
E47A. Does [CHILD NAME] have [his/her] own cell phone that is used to make calls or text?
1. Yes 5. No → GO TO E48CKPT

↓
Age 6-18
E47B. [F1]-Help
Is that a smartphone like an iPhone or Android (that connects to the internet)?
1. Yes 5. No

E48ACKPT. CAI Checkpoint: Whether Tablet Status Already Reported in PCG-HH IW

<table>
<thead>
<tr>
<th>1. Reported No Tablet (PCG-HH S14D=0)</th>
<th>5. All Others</th>
</tr>
</thead>
</table>

Assign E48A=No; Then GO TO E49ACKPT

E48B Rule: Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 6-18</th>
<th>All Others</th>
<th>→ GO TO E49ACKPT</th>
</tr>
</thead>
</table>

Age 6-18
E48B. [F1]-Help
Does [CHILD NAME] use a tablet at home (like an Apple iPad, Samsung Galaxy Tab, Microsoft Surface, or Kindle Fire)?
1. Yes 5. No → GO TO E49ACKPT

↓
E49ACKPT. CAI Checkpoint: Whether Desktop/Laptop Status Already Reported in PCG-HH IW

<table>
<thead>
<tr>
<th>1. Reported No Desktop/Laptop (PCG-HH S14C=0)</th>
<th>5. All Others</th>
</tr>
</thead>
</table>

Assign E49=No; Then GO TO E50 RULE
Age 0-18
E49A. [F1]-Help
Does [CHILD NAME] use a desktop or laptop computer at home?
1. Yes 5. No → GO TO E50 RULE
↓
E49B Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18
All Others → GO TO E50 RULE
↓

Age 6-18
E49B. Does [CHILD NAME] have [his/her] own desktop or laptop computer?
1. Yes 5. No

E50 Rule: Whether Child Uses a Device at Home; Age of Child (PRELOAD.CHILD[].AGE)

Uses Device at Home (E47, E48, or E49 = YES) All Others → GO TO E57 RULE

Age 2-5
E51. [□] Page 60
In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) at home for learning? Would you say every day, a few times a week, once a week, less than once a week, or never?
1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never

E52 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18 All Others → GO TO E53
↓

Age 6-18
E52. [□] Page 60
In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) at home to do school work or other educational activities? Would you say every day, a few times a week, once a week, less than once a week, or never?
1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never

Age 2-18
E53. [□] Page 60
In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to watch movies or TV shows?
(Would you say every day, a few times a week, once a week, less than once a week, or never?)
1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never
In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to listen to music? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

(In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to...)

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

On an average day in the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive email? Would you say almost all of the time, several times a day, about once a day?

1. Almost all of the time  2. Several times a day  3. About once a day

On an average day in the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive text messages including in a group chat?

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

1. Almost all of the time  2. Several times a day  3. About once a day
E57 Rule: Age of Child (PRELOAD.CHILD[].AGE)

| Age 6-18 | All Others | → GO TO PCGE_LANG |

Age 6-18

E57. Page 64  [F1]-Help

How often in the past 30 days have you or another adult in your household helped [CHILD NAME] do something on the computer or other electronic device (such as a tablet or smartphone)? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

Age 6-18

E58. Page 64  [F1]-Help

(How often in the past 30 days...)

Has [CHILD NAME] helped you or another adult by doing something on the computer for you or the other adult?

(Would you say every day, a few times a week, once a week, less than once a week, or never?)

1. Every day  2. A few times a week  3. Once a week  4. Less than once a week  5. Never

PCGE_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

End SECTION_E
Section F: Child Education

F2 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18

F2. [F1]-Help

Now I have some questions about [CHILD NAME]'s school experiences. In the best of all worlds, how much schooling would you like [CHILD NAME] to complete?

- Do not read responses

1. Grade 11 or less
2. Graduate from high school or receive GED
3. Post-high school vocational training
4. Some college
5. Graduate from 2 year college (Associate's degree)
6. Graduate from 4 year college (Bachelor's degree)
7. Master’s (MA, MS, MBA) degree
8. Medicine (MD), law (JD), doctorate (PhD) degree

Age 6-18

F3. [F1]-Help

Sometimes children do not get as much education as we would like. How much schooling do you expect that [CHILD NAME] will really complete?

- Do not read responses

1. Grade 11 or less
2. Graduate from high school or receive GED
3. Post-high school vocational training
4. Some college
5. Graduate from 2 year college (Associate's degree)
6. Graduate from 4 year college (Bachelor's degree)
7. Master’s (MA, MS, MBA) degree
8. Medicine (MD), law (JD), doctorate (PhD) degree

Age 6-18

F4. Did [CHILD NAME] ever participate in any early intervention program such as Head Start, Even Start, or Fair Start?

1. Yes 5. No → GO TO F9

Age 6-18

F5. How old was [CHILD NAME] at the time [he/she] started the program?

- ENTER number first; ENTER unit of time on next screen (Years, Months, Weeks)

0.0 – 17.0  DK/RF → GO TO F7

Age 6-18

F6. (How old was [CHILD NAME] at the time [he/she] started the program?)

- ENTER unit of time

Age 6-18
F7. How long was [CHILD NAME] in the program?
   • ENTER number first; ENTER unit of time on next screen (Years, Months, Weeks)

01 – 52 DK/RF → GO TO F9
↓

Age 6-18
F8. (How long was [CHILD NAME] in the program?)
   • ENTER unit of time

Age 6-18
F9. Did [CHILD NAME] attend kindergarten?
   1. Yes 5. No → GO TO F14 RULE
   ↓

Age 6-18
F10. Most school districts have guidelines about when a child can start school based upon his or her birth date.
Did you enroll [CHILD NAME] in kindergarten early, when [he/she] was old enough based on [his/her] birth date, or did you wait until [he/she] was older?
   1. Early 2. When eligible 3. Waited DK → GO TO F11 RULE
   RF → GO TO F14 RULE
   GO TO F11 RULE
   ↓

Age 6-18
F10A. Why did you wait?

String 100

F11 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-11 | All Others → GO TO F14 RULE
↓

Age 6-11
F11M. In what month and year, or at what age, did [CHILD NAME] start kindergarten?
   • ENTER Month or Season (Enter Year at next screen)
   • Or PRESS [Enter] to record Age
   • PROBE DK month: Do you know what season it was?

GO TO F11
↓

Age 6-11
F11Y. (In what year did [CHILD NAME] start kindergarten?)
[F11M], ______
   • ENTER Year
   • If R reports an age, GO BACK to F11M and PRESS [Delete] - then PRESS [Enter] to record Age

2006 – [CYEAR/CYEAR+1] → GO TO F14 RULE DK/RF
↓
Age 6-11
F11. How old was [CHILD NAME] in years and months when [he/she] started kindergarten?
• ENTER age in years
1 – 6

Age 6-11
F12. (How old was [CHILD NAME] in years and months when [he/she] started kindergarten?)
• ENTER age in months
1 – 11

F14 Rule: Child’s Grade (CHGRADE)

<table>
<thead>
<tr>
<th>K-12, Graduated/GED, College, Dropped Out</th>
<th>PreK, Not In School Yet</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO TO F16 RULE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grade K-12, Grad/GED, College, Dropped Out
F14. [F1]-Help
For the previous school year, was [CHILD NAME] attending a public school, a private school, or was [he/she] attending school at home?
• ENTER all that apply
DK/RF
GO TO F16 RULE

Grade K-12, Grad/GED, College, Dropped Out
F15A. [F1]-Help
How much did you pay for private school last school year?
• ENTER a number from 0.0 to 99,997.00; ENTER unit of time on next screen (Hour, Day, Week, 2 Weeks, Month, Year)

$ 0.00 → GO TO F16 RULE
$ 1.00 – 99997.00 DK/RF → GO TO F16 RULE

Grade K-12, Grad/GED, College, Dropped Out
F15B. [F1]-Help
Was that per hour, per day, per week, every two weeks, every month or for the year?
• Enter unit of time
1. Per hour 2. Per day 3. Per week 4. Every two weeks 5. Every month 6. For the year 7. Other -specify (F15BSPEC. Specify (String 100))

Grade K-12, Grad/GED, College, Dropped Out
F15C. Who paid for [CHILD NAME]’s private school expenses? Include contributions from family members or friends living elsewhere.
• ENTER all that apply
• DO NOT READ list
1. PCG and/or spouse/partner 2. Child’s parent living elsewhere
3. Grandparent(s) through mother 4. Grandparent(s) through father
5. Other person in household 6. Other person living elsewhere
7. Other- specify (F15CSPEC Specify (String 100))
F16 Rule: Whether Child Attended Private School; Age of Child (PRELOAD.CHILD[].AGE)

<table>
<thead>
<tr>
<th>Age 12-18</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did Not Attend Private School (F14&lt;&gt;2)</td>
<td>Attended Private School (F14=2)</td>
</tr>
<tr>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>GO TO F21</td>
<td>GO TO F17</td>
</tr>
</tbody>
</table>

Age 12-18
F16. Between starting kindergarten and now, did [CHILD NAME] ever attend a religious or other private school (instead of public school)?

1. Yes 5. No → GO TO F20

↓

Age 12-18
F17. [F1]-Help
Between starting kindergarten and now, what type of private school has [CHILD NAME] attended: a private religious school, a private non-religious school or both?


7. Other -specify (F17SPEC. Specify. String 200)) DK/RF ↓

GO TO F19

Age 12-18
F18. Was most of the time spent in a religious private school or a non-religious private school?


Age 12-18
F19. In which grade or grades did [CHILD NAME] attend a private school?

- ENTER all that apply
- Do not read responses
- INCLUDE both religious and non-religious private schools

1. Grade 1 2. Grade 2 3. Grade 3 4. Grade 4 5. Grade 5 6. Grade 6
13. Kindergarten 95. Pre-kindergarten 96. Pre-first grade (after kindergarten)

Age 12-18
F20. [F1]-Help
Has [CHILD NAME] ever attended a special class or school for gifted students or done advanced work in any subjects?

1. Yes 5. No

F21 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child’s Grade (CHGRADE)

<table>
<thead>
<tr>
<th>Age 6-18</th>
<th>Grade 1-12, Graduated/GED, College, Dropped Out</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td>↓</td>
<td>→ GO TO F23</td>
</tr>
</tbody>
</table>
Age 6-18 or Grade 1-12, Grad/GED, College, Dropped Out
F21. [F1]-Help
Has [he/she] ever been classified by the school as needing an Individualized Education Plan or IEP?
  1. Yes  5. No → GO TO F23
↓
F22 Rule: Child’s Grade (CHGRADE)

<table>
<thead>
<tr>
<th>Grade 1-12</th>
<th>Graduated/GED, College, Dropped Out</th>
<th>→ GO TO F23</th>
</tr>
</thead>
</table>

Age 6-18 or Grade 1-12
F22. Does [CHILD NAME] currently have an Individualized Education Plan or IEP?
  1. Yes  5. No

Age 6-18
F23. Has [CHILD NAME] ever been suspended or expelled from school?
  1. Yes  5. No

Age 6-18
F24. Since starting kindergarten, has [CHILD NAME] ever repeated a grade or been held back?
  1. Yes  5. No → GO TO F25 RULE
↓
Age 6-18
F24A. Which grades did [CHILD NAME] repeat?
  - ENTER all that apply
  - Do not read responses
  1. Grade 1  2. Grade 2  3. Grade 3  4. Grade 4  5. Grade 5  6. Grade 6
  13. Kindergarten  96. Pre-first grade (after kindergarten)

F25 Rule: Child’s Grade (CHGRADE)

<table>
<thead>
<tr>
<th>Grade 6-12, Graduated/GED, College</th>
<th>Grade K-5, PreK, Not In School Yet</th>
<th>Dropped Out</th>
<th>→ GO TO F33 RULE</th>
<th>GO TO F26</th>
</tr>
</thead>
</table>

Grade 6-12, Grad/GED, College
F25. Did [CHILD NAME] ever drop out of school?
  1. Yes  5. No → GO TO F33 RULE
↓
Grade 6-12, Grad/GED, College
F26. What was the last grade [CHILD NAME] completed in school before dropping out?
  - If child has dropped out of school more than once, ASK “What grade was completed most recently”
  6. Sixth grade  7. Seventh grade  8. Eighth grade
F33 Rule: Child’s Grade (CHGRADE)

Grade K-12
F33. Is [CHILD NAME] home schooled?
   1. Yes → GO TO F39
   5. No  DK/RF → GO TO F39

Grade K-12
F27. Does [CHILD NAME] usually eat breakfast at school under the School Breakfast Program?
   1. Yes → GO TO F29
   5. No  7. School does not have program (Vol)  DK/RF → GO TO F29

Grade K-12
F28. Are the breakfasts full-price, reduced-price or free?
   1. Full-priced
   2. Reduced-price
   3. Free  7. Part of fee or tuition (Vol)  DK/RF
   ↓  GO TO F30

Grade K-12
F29. [F1]-Help
Did you (or another person) apply for [CHILD NAME] to receive free or reduced-price breakfasts under the School Breakfast Program during this school year?
   1. Yes  5. No

Grade K-12
F30. [F1]-Help
Does [CHILD NAME] usually eat a complete hot lunch offered at school 3 or more days a week?
   1. Yes  5. No  7. School does not have program (Vol)  DK/RF
   ↓  GO TO F32

Grade K-12
F31. Are the lunches full-price, reduced-price or free?
   1. Full-priced
   2. Reduced-price
   3. Free  7. Part of fee or tuition (Vol)  DK/RF
   ↓  GO TO F34

Grade K-12
F32. [F1]-Help
Did you (or another person) apply for [CHILD NAME] to receive free or reduced-price lunches under the National School Lunch Program during this school year?
   1. Yes  5. No
Grade K-12
F34. In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]’s school?
   Had a conference with any of [CHILD NAME]’s teachers?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]

0 – 365

Grade K-12
F35. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]’s school?)
   Had a conference with [CHILD NAME]’s school principal about [CHILD NAME]?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]

0 – 365

Grade K-12
F36. [F1]-Help
   (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]’s school?)
   Had an informal conversation with [CHILD NAME]’s teacher?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]

0 – 365

Grade K-12
F37. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]’s school?)
   Attended a school event in which [CHILD NAME] participated such as a play, sporting event or concert?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]

0 – 365

Grade K-12
F38. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]’s school?)
   Met with a school counselor at [CHILD NAME]’s school about [CHILD NAME]?
   • ENTER a number from 0 to 365
   • If R says “None”, ENTER [0]

0 – 365
F39. In the last 12 months, please tell me how often you discussed the following with [CHILD NAME]. School activities or events of particular interest to [CHILD NAME]? Would you say never, once or twice in the past 12 months, about once a week, more than once a week, or every day?

1. Never  
2. Once or twice in the past 12 months  
3. A few times in the past 12 months  
4. About once a week  
5. More than once a week  
6. Every day

F40. (In the last 12 months, please tell me how often you discussed the following with [CHILD NAME].) Things [CHILD NAME] has studied in class?

(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?)

1. Never  
2. Once or twice in the past 12 months  
3. A few times in the past 12 months  
4. About once a week  
5. More than once a week  
6. Every day

F41. (In the last 12 months, please tell me how often you discussed the following with [CHILD NAME].) [CHILD NAME]’s experiences in school?

(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?)

1. Never  
2. Once or twice in the past 12 months  
3. A few times in the past 12 months  
4. About once a week  
5. More than once a week  
6. Every day

PCGF_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English  
2. Spanish  
7. Language other than English or Spanish

End SECTION_F
Section G: Expenditures and Savings

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_G [1..15]=Which CDS Child

G1 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18
All Others → GO TO G7
↓

Age 6-18
G1. [F1]-Help
Does [CHILD NAME] receive an allowance?
1. Yes 5. No → GO TO G7
↓

Age 6-18
G2. [F1]-Help
How much allowance does [CHILD NAME] receive?
- ENTER a number from 1.0 to 997.00
- ENTER unit of time at next screen (Day, Week, Two Weeks, Month, Chore)

1.00 – 997.00 DK/RF → GO TO G3
↓

Age 6-18
G2A. [F1]-Help
Is that per day, per week, per chore, or what?
- Enter unit of time

1. Per day 2. Per week 3. Per two weeks 4. Per month 5. Per chore

Age 6-18
G3. Does the allowance depend on [CHILD NAME] completing [his/her] chores?
1. Yes 5. No

Age 6-18
G4. Does the allowance depend on [CHILD NAME] following the family rules?
1. Yes 5. No

Age 6-18
G5. Does the allowance depend on [CHILD NAME] doing [his/her] school work?
1. Yes 5. No
**Age 6-18**

**G6.** Who pays [CHILD NAME]’s allowance? Include contributions from family members or friends living elsewhere.

- **ENTER all that apply**
- **DO NOT READ list**
  1. PCG and/or spouse/partner
  2. Child’s parent living elsewhere
  3. Grandparent(s) through mother
  4. Grandparent(s) through father
  5. Other person in household
  6. Other person living elsewhere
  7. Other- specify (G6SPEC. Specify (String 100))

**Age 0-18**

**G7.** [F1]-Help

Do you [PCG HAS SPOUSE/PARTNER IN FU: and SPOUSE/PARTNER NAME]] have any shares of stock in publicly held corporations, mutual funds, or investment trusts for [CHILD NAME]?

1. Yes 5. No → GO TO G9

**Age 0-18**

**G8.** [F1]-Help

How much would they be worth?

- **ENTER a number from 1.0 to 99,997.00**

$1.0 – 99,997.00

**Age 0-18**

**G9.** Do you [PCG HAS SPOUSE/PARTNER IN FU: and SPOUSE/PARTNER NAME]] have any money in checking or savings accounts, money market funds, certificates of deposit, government savings bonds, or treasury bills for [CHILD NAME]?

1. Yes 5. No → GO TO G11

**Age 0-18**

**G10.** [F1]-Help

If you added up all such accounts for [CHILD NAME], about how much would they amount to right now?

- **ENTER a number from 1.0 to 99,997.00**

$1.0 – 99,997.00

**Age 0-18**

**G11.** Do you [PCG HAS SPOUSE/PARTNER IN FU: and SPOUSE/PARTNER NAME]] 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 NAME] that you haven’t already told us about?

1. Yes 5. No → GO TO G12

**Age 0-18**

**G11A.** [F1]-Help

If you sold that and paid off any debts on it, how much would you have for [CHILD NAME]?

- **ENTER a number from 0.0 to 99,997.00**
- **If R says “None”, ENTER [0]**

$0.0 – 99,997.00
Age 0-18
G12. [F1]-Help
Do you [PCG HAS SPOUSE/PARTNER IN FU: and [SPOUSE/PARTNER NAME]] have money or assets set aside for [CHILD NAME] to attend college or other future schooling?
- Includes all expenses/costs related to school and living at school

1. Yes 5. No \[\rightarrow\] GO TO G14 RULE

↓
Age 0-18
G12A. [F1]-Help
About how much does it amount to right now?
- ENTER a number from 1.0 to 999,997.00

$1.0 – 999,997.00

Age 0-18
G13. Who else is saving money for [CHILD NAME]’s college, if anyone?
- ENTER all that apply
- DO NOT READ list

2. Child’s parent living elsewhere
3. Grandparent(s) through mother
4. Grandparent(s) through father
5. No one [Vol]
7. Other -specify [G13SPEC. Please specify (String 100)]

G14 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 12-18 \[\rightarrow\] All Others \[\rightarrow\] GO TO G20

↓
Age 12-18
G14. [F1]-Help
Will [CHILD NAME] need student loans or scholarships to help pay for college?
1. Yes 5. No, no need for student loan 7. No, Child not going to college [Vol] DK/RF

\[\rightarrow\] GO TO G20

↓
Age 12-18
G15. [F1]-Help
Will [CHILD NAME] need to choose a college based on how much expenses, such as tuition, will be?
1. Yes 5. No

Age 12-18
G16. Will [CHILD NAME] consider private or out-of-state colleges to attend?
1. Yes \[\rightarrow\] GO TO G18 5. No DK/RF \[\rightarrow\] GO TO G18

↓
Age 12-18
G17. Will private or out-of-state colleges not be considered because of the amount it costs to attend them?
1. Yes 5. No
Age 12-18
G18. [F1]-Help
Which college expenses are you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER] / NAME=DK/RF: your spouse or partner] planning to cover?
- DO NOT READ list
- ENTER all that apply
- If R says "Tuition", PROBE: Would that be full or partial tuition?
- If R says "Room and board", PROBE: Would that be full or partial room and board?
- If R says "Expenses", PROBE: Would that be living expenses or other expenses?
- If necessary, PROBE: Any others?

1. Full tuition  2. Partial tuition  3. Full room and board  4. Partial room and board
9. None

Age 12-18
G19. [F1]-Help
How much money will you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER NAME] / NAME=DK/RF: your spouse or partner] be able to give to [CHILD NAME] each year while [he/she] attends college?
- ENTER a number from 0.0 to 99,997.00
- If R says "None", ENTER [0]

$ 0.0 – 99,997.00

Age 12-18
G20. Do you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER NAME] / NAME=DK/RF: your spouse or partner] have any other money or assets set aside for [CHILD NAME] that you haven’t already told me about?

1. Yes  5. No

→ GO TO PCGG_LANG

↓

Age 12-18
G20A. [F1]-Help
About how much does it amount to right now?
- ENTER a number from 1.0 to 999,997.00

$ 1.0 – 999,997.00

PCGG_LANG. Indicate language(s) used to conduct this section of the interview
- ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

End SECTION_G
PCGCHILDREN.PCGCHILD[1..15].PCGCHOBS [1..15]=Which CDS Child

PCGCHOB1. [F1]-Help

PCG Child Interview Observation
Is there anything potentially confusing or unusual about this interview that you need to provide to project staff?

1. Yes  5. No  → GO TO  PCGCHOBS_END

↓

PCGCHOB1A.  PCG Child Interview Observation
Please provide a few words to help project staff understand confusing or unusual situations.

•  Press INSERT to edit existing text
•  To SAVE your entry, use Alt-S
•  Ctrl-D and Ctrl-R not allowed

Open end

PCGCHOB_LANG.  PCG Child Interview Observation
Indicate language(s) used to conduct this interview

•  ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

PCGCHOBS_END.  You have reached the end of the PCG Child Interview observations.

•  ENTER [1] to continue

1. Continue

End PCGCHOBS
Interview End

TOC

PCGCHCOMPLETE. Interviewer Checkpoint:
Thank you that completes the questions I have about [CHILD NAME].

1. Continue

CHILDIWSEC_END. Interview checkpoint:
End of child parallel block

1. Continue

End PCGCHILD

PCGCIWEND. End Date of PCG Child Interview (assigned)

MM/DD/YYYY

End PCGCHILDREN

CHILDRENPARALLELSTATUS. Status of Parallel Block – PCG-Child Interviews

3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer All PCGCHINTRO[]>=2
15. Done Parallel block completed
17. Refused All PCGCHINTRO[]>=5

CHILDPARALLELSTATUS[1..15]. Child Individual Status – PCG-Child Interview

3. Not Started Interview not started
4. Started Interview in progress
9. Unable to Administer PCGCHINTRO[]>=2
15. Done Interview completed
17. PCG Refused PCGCHINTRO[]>=5
Address Update and Interview Payment
CDS19 Fall 2020 Follow-Up: Not asked

This section is allowed once the Household Interview has been completed and all Child Interviews have been finalized.

RPAY

WTRPREPAID. Whether interview was prepaid (prefilled with PRELOAD.WTRPREPAIDLOAD)
   1. Interview was prepaid
   5. Interview was not prepaid

AMTPREPAID. Prepayment Amount (prefilled with PRELOAD.AMTPREPAIDLOAD)
   0.00 – 999.00

PAYMENT. Standard Payment Amount (prefilled with PRELOAD.PAYMENTLOAD)
   0.00 – 999.00

RPSEC_START. Interviewer checkpoint:
   Start of RPAY Block
   • ENTER [1] to continue
     1. Continue

RPSTART. Start Date of Section (assigned)
   MM/DD/YYYY
Mailing Address, Phones, Emails
TOC

RP2A. [F1]-Help

[PREPAID: This interview was PREPAID]

[PREPAID:] In order for the University to keep in touch with you, I must make sure that I have your contact information. / NOT PREPAID: Before we go on to the next part of the interview, I'd like to make sure we have contact information for you so that we can send you a check for $[PAYMENT] in appreciation of your help. In order for the University of Michigan to send you a check or other correspondence, I must make sure that I have your correct name and address.

- VERIFY/UPDATE R's mailing address
- ENTER [1] to continue

1. Continue

RPAY.RMAILADDR

ADDRTYPE. Which Address (assigned)

2. RMailAddr

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”
- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Title of Respondent: [PCG NAME] ([RTH])

String 6

NAMF. First Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY First Name of Respondent: [PCG NAME] ([RTH])

String 20

NAMM. Middle Name
- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Middle Name of Respondent: [PCG NAME] ([RTH])

String 20

NAML. Last Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY Last Name of Respondent: [PCG NAME] ([RTH])

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Suffix of Respondent: [PCG NAME] ([RTH])

String 20
INCO. [F1]-Help

In Care Of

Now for your complete mailing address, as you would like it to appear on all correspondence from us. First, is there an "in care of" for your address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”

String 30

ZIP. Zip Code

- If foreign country, ENTER all 0’s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all 0’s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RMAILADDR

RPAY.RPHONE

ADDRTYPE. Which Address (assigned)

2. RMailAddr

WTRCELL. Do you have a cell phone?

- Do NOT ask but ENTER [1] if you know R is using a cell phone
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

CELLPH. Cell Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

\[\text{[ENTER]} (_ _) (_ _) - ()_ \rightarrow \text{GO TO WTRHOME}\]

\[\downarrow\]

CELLFOR. Cell Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Do you a home phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes   5. No  \rightarrow \text{GO TO RP2G}

\[\downarrow\]

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

\[\text{[ENTER]} (_ _) (_ _) - ()_ \rightarrow \text{GO TO RP2G}\]

\[\downarrow\]

HOMEOFOR. Home Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End RPHONE

RPAY.RP2G_H

RP2G. Is there an email address where we can contact you?

1. Yes   5. No  \rightarrow \text{GO TO RP3A}

\[\downarrow\]

RP2H. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RP2I. Is there another email address where we can contact you?

1. Yes   5. No  \rightarrow \text{GO TO RP3A}

\[\downarrow\]

RP2J. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

End RP2G_H
Physical/Street Address

TOC

RP3A. [F1]-Help

Is your street address where you actually live different from your mailing address?
- STREET ADDRESS is the address where R ACTUALLY LIVES, which is sometimes different from R's mailing address
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
- If R cannot report the full street address, ENTER [5]

1. Yes 5. No ※ GO TO RP4PPCKPT

RPAY.RP3B

INCO. [F1]-Help

In Care Of

Please tell me that address.
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- DO NOT enter PO Box here, since we are asking for a street address. ※ GO BACK to R's mailing address to enter PO Box
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10
COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP3B
Prepayment/Who Receives Payment/Other Payee

RP4PPCKPT. CAI Checkpoint: Whether Interview Incentive Was Prepaid

1. Prepaid (WTRPREPAID=1)
5. Not Prepaid (WTRPREPAID=5) → GO TO RP4A

RP4PP. Interviewer Checkpoint

• This interview was prepaid $[AMTPREPAID] - was the prepayment received? ASK R if needed.
  – The standard payment amount for this interview is $[PAYMENT]
  – Non-standard payment amounts can be $[PAYMENT] to $[PAYMENT*2]
  – Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENT*2]
• Ctrl-D and Ctrl-R not allowed; For DK/RF, ENTER [1]

1. Yes, prepayment received and accepted → Assign RP4A=1; Then GO TO RP7A
2. Yes, prepayment received but a different payment is needed
5. No, prepayment was not received

RP4A. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed.]
You may accept the [PREPAID: payment / NOT PREPAID: $[PAYMENT]] or have it sent to someone else of your choosing. Which would you prefer?
• [AGE 8-11: Confirm with R or PCG whether Child or someone else should receive incentive]
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [1]

GO TO RP7A  ↓  GO TO RP7A

RPAY.RP4B

ADDRTYPE. Which Address (assigned)

3. Other Payee

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”
Who would you like to receive the check? To what address should we send the check?
• If no title, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name
• Ask for Middle Name but do not probe DK or RF
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20
NAML. Last Name
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 20

INCO. [F1]-Help
  In Care Of
  Is there an “in care of” for this address?
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 40

ADDR1. Address 1
  • IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 40

APTSTE. Apt/Suite
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 10

ADDR2. Address 2
  • IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 40

CITY. City
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 40

STATE. State
  • Start typing the name of the State to bring up the look-up list
  • If foreign country, ENTER [FOR] to select “Foreign Country”
  String 30

ZIP. Zip Code
  • If foreign country, ENTER all [0]’s
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s
  String 10

COUNTRY (STATE=Foreign Country). Country
  • Start typing the name of the Foreign Country to bring up the look-up list
  String 30

End RP4B
RPAY.OPPHONE

ADDRTYPE. Which Address (assigned)

3. Other Payee

WTRCELL. Does [RP4B.NAMF RP4B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] ( _ _ _ ) _ _ _ - _ _ _ _ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP4B.NAMF RP4B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP5A

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] ( _ _ _ ) _ _ _ - _ _ _ _ → GO TO RP5A

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End OPPHONE
Contact Person 1

TOC

RP5A. An interviewer for the F.E.S. Child Development Supplement may telephone you again in the future. You will receive a token of our appreciation for that interview, too. Just in case you should move before then, we would like the name of someone, such as a close friend or relative not living with you, who will know where we can reach you. Is there someone you could list as a contact person?

1. Yes 5. No → GO TO RP7A

↓

RPAY.RP5D

ADDRTYPE. Which Address; Assigned

4. Contact Person 1

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”

• If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you

• If no title, PRESS [Enter] to continue

• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

• Ask for Middle Name but do not probe DK or RF

• If none, PRESS [Enter] to continue

• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”

• If none, PRESS [Enter] to continue

• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an “in care of” for this address?

• If none, PRESS [Enter] to continue

• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

• IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2

• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40
APTSTE. Apt/Suite
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

ADDR2. Address 2
• If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
• Start typing the name of the State to bring up the look-up list
• If foreign country, ENTER [FOR] to select “Foreign Country”

ZIP. Zip Code
• If foreign country, ENTER all [0]’s
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

COUNTRY (STATE=Foreign Country). Country
• Country if different from USA
• Start typing the name of the Foreign Country to bring up the look-up list

End RP5D

RPAY.C1PHONE

ADDRTYPE. Which Phone; Assigned
4. Contact Person 1

WTRCELL. Does [RP5D.NAMF RP5D.NAML] have a cell phone?
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

CELLPH. Cell Phone - Area Code and Telephone Number
What is the area code and phone number?
• If foreign phone, PRESS [ENTER] to go to foreign phone field
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] [(_ _ _)_ _ _-_ _ _ _] → GO TO WTRHOME

CELLFOR. Cell Phone - Foreign Number
(What is the area code and phone number?)
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20
WTRHOME. Does [RP5D.NAMF RP5D.NAML] have a home phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [S]

1. Yes 5. No → GO TO RPSJ

↓

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

[ENTER] (___)___-___ → GO TO RPSJ

↓

HOMEFOR. Home Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

String 20

End C1PHONE

RPSJ. [F1]-Help
What is (his / her) relationship to you?

|------------|-----------|--------|-------------|-----------|------------|

RPSK. Is there an email address where we can contact [RP5D.NAMF RP5D.NAML]?

1. Yes 5. No → GO TO RP6C

↓

RPSL. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RPSM. Is there another email address where we can contact [RP5D.NAMF RP5D.NAML]?

1. Yes 5. No → GO TO RP6C

↓

RP5N. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50
Contact Person 2

TOC

RP6C. [F1]-Help

We would like to have the name of a second contact person, someone who will know where we can reach you, if the first contact is not able to help us. Is there a second contact person who can help us reach you?

- If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you

1. Yes 5. No → GO TO RP7A

↓

RPAY.RP6D

ADDRTYPE. Which Address; Assigned

5. Contact Person 2

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”

- If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you
- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an “in care of” for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40
APTSTE. Apt/Suite
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2
• If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State
• Start typing the name of the State to bring up the look-up list
• If foreign country, ENTER [FOR] to select “Foreign Country”

String 40

ZIP. Zip Code
• If foreign country, ENTER all [0]’s
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

String 10

COUNTRY (STATE=Foreign Country). Country
• Country if different from USA
• Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP6D

RPAY.C2PHONE

ADDRTYPE. Which Phone; Assigned
5. Contact Person 2

WTRCELL. Does [RP6D.NAMF RP6D.NAML] have a cell phone?
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

CELLPH. Cell Phone - Area Code and Telephone Number
What is the area code and phone number?
• If foreign phone, PRESS [ENTER] to go to foreign phone field
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] ( _ _ _ ) _ _ _ - _ _ _ _ → GO TO WTRHOME

CELLFOR. Cell Phone - Foreign Number
(What is the area code and phone number?)
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20
WTRHOME. Does [RP6D.NAMF RP6D.NAML] have a home phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [S]

1. Yes 5. No → GO TO RP6J

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

[ENTER] (_ _ _)_ _ _-_ _ _ _ → GO TO RP6J

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

End C2PHONE

RP6J. [F1]-Help

What is (his / her) relationship to you?

|-----------|-----------|-------|-------------|----------|-----------|

RPAY6K. Is there an email address where we can contact [RP6D.NAMF RP6D.NAML]?

1. Yes 5. No → GO TO RP7A

↓

RP6L. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RP6M. Is there another email address where we can contact [RP6D.NAMF RP6D.NAML]?

1. Yes 5. No → GO TO RP7A

↓

RP6N. (What is that e-mail address?)
- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50
Payment

TOC

RP7A. Interviewer Checkpoint
- Did Respondent use a cell phone to complete this interview?
- If this IW was conducted FTF, ENTER [5]

1. Yes 5. No → GO TO RP9ACKPT

↓

RP7B. Interviewer Checkpoint
- Was a cell phone payment offered by you or anyone else?

1. Yes 5. No

RP9ACKPT. CAI Checkpoint: Whether Payment Accepted or Declined

<table>
<thead>
<tr>
<th>Not Prepaid (WTRPREPAID=5)</th>
<th>Prepaid (WTRPREPAID=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepted (RP4A=1-3)</td>
<td></td>
</tr>
<tr>
<td>2. Declined (RP4A=4)</td>
<td></td>
</tr>
<tr>
<td>3. Prepay OK (RP4PP=1)</td>
<td></td>
</tr>
<tr>
<td>4. Prepay Not OK: Accepted (RP4PP=2, 5 &amp; RP4A=1-3)</td>
<td></td>
</tr>
<tr>
<td>5. Prepay Not OK: Declined (RP4PP=2, 5 &amp; RP4A=4)</td>
<td></td>
</tr>
</tbody>
</table>

↓

GO TO RP8 GO TO RP8 ↓

GO TO RP8

RP9A. [F1]-Help

Interviewer Checkpoint

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed
- The standard payment amount for this interview is $[PAYMENT]
- Non-standard payment amounts can be $[PAYMENT] to $[PAYMENTx2]
- Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]
- ENTER [5] if a cash payment was made or ENTER [7] to request a check payment, or special handling
- Ctrl-D and Ctrl-R not allowed

/ NOT PREPAID: Tell us the type of Respondent payment to make
- The standard payment amount for this interview is $[PAYMENT]
- Non-standard payment amounts can be $[PAYMENT] to $[PAYMENTx2]
- ENTER [1, 7] or [2, 7] to record a cell phone payment and/or temporary mailing address in addition to a standard check/money order
- Ctrl-D and Ctrl-R not allowed

NOT PREPAID: 1. Pay by check in standard amount of $[PAYMENT] Exclusive of 2, 5
NOT PREPAID: 2. Pay by money order in standard amount of $[PAYMENT] Exclusive of 1, 5
5. Cash payment made
7. Special handling: [PREPAID: Payment / NOT PREPAID: Non-standard payment] amount, cell phone payment, temporary address

SIGNAL for RP9A=Money Order: You have selected money order as method of payment. READ TO R: A money order would delay payment by 1-2 weeks, and if it is lost cannot be replaced for 6-8 weeks. Is that okay or should we issue a check instead? Change your selection to [1. Check] if necessary.

RP9B Rule. Type of Payment Selected

<table>
<thead>
<tr>
<th>Check or Money Order Only (RP9A=1, 2)</th>
<th>Cash (RP9A=5)</th>
<th>Special Handling (RP9A=(1, 2) &amp; 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO RP8</td>
<td>↓</td>
<td>GO TO RP9D</td>
</tr>
</tbody>
</table>

Cash Payment

RP9B. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

When did you make the [PREPAID: different /additional] cash payment?

- ENTER MM/DD/[(CYEAR/CYEARPLUS1), with or without slashes
- Ctrl-D and Ctrl-R not allowed

_ _ /_ _ / _ _ _ _

RP9C. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much was the Respondent payment for this interview?

- The standard payment amount for this interview is $[PAYMENT]
- Non-standard payment amounts can be $[PAYMENT] to $[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is $40.00
- DO NOT INCLUDE amount for cell phone payment here - record this separately at the next screen
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[PREPAID: $1.00 – [PAYMENTx2] / NOT PREPAID: $[PAYMENT] – [PAYMENTx2]

Launch cash receipt: EDU form CDS19_PCGiwCPR_190829.rtf

RP9C2. How much, if any, was the cash Respondent payment for cell phone use?

- ENTER either $0.00 or $10.00
- Standard payment for cell phone use is $10.00
- Ctrl-D and Ctrl-R not allowed

$ 0.00; 10.00 → GO TO RP8

SIGNAL for RP7B=Yes & RP9C2=0: Interview was completed using cell phone and CELL PHONE PAYMENT HAS BEEN OFFERED. Cash payments: RECORD amount paid for cell phone use.
Special Handling

RP9D. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

Please indicate the type(s) of [PREPAID: payment/] special handling needed.

• ENTER all that apply
• Ctrl-D and Ctrl-R not allowed

NOT PREPAID & RP9A<>CHECK, MO: 1. Non-standard IW payment–check
2. Temporary mailing address

PREPAID: 4. Additional or new payment–check

7. Other-specify (RP9DSPEC. Please specify other special handling needed. But, go back to temporary address to record address where payment should be sent. (String 500))


RP9DAMT Rule. Type of Special Handling

<table>
<thead>
<tr>
<th>Non-Standard Payment Amount; Additional/New Payment Needed (RP9D=1, 4, 5)</th>
<th>Cell Payment Only (RP9D=3)</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO RP8</td>
<td>GO TO RP9DADDR RULE</td>
<td></td>
</tr>
</tbody>
</table>

Special Handling - Non-Standard Amount or Additional/New Payment

RP9DAMT. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much is the Respondent payment for this interview?

• The standard payment amount for this interview is $[PAYMENT]
• Non-standard payment amounts can be $[PAYMENT] to $[PAYMENTx2]
• The maximum amount for the child care OR meal reimbursement payment is $40.00
• DO NOT INCLUDE amount for cell phone payment here - a separate check must be issued for cell phone payment. Go back to RP9d and select “3 - Cell phone payment”
• [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]]
• Ctrl-D and Ctrl-R not allowed

[PREPAID: $1.00 – [PAYMENTx2] / NOT PREPAID: $[PAYMENT] – [PAYMENTx2]]

RP9DADDR Rule. Whether Temporary Mailing Address Selected

Temp Address (RP9D=2) All Others → GO TO RP8
Special Handling - Temporary Mailing Address

RPAY.RP9DADDR

ADDTYP. Which Address (assigned)
  8. Temporary Mailing

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”
  What is that name and address?
  • If no title, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 6

NAMF. First Name
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 20

NAMM. Middle Name
  • Ask for Middle Name but do not probe DK or RF
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 20

NAML. Last Name
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 20

INCO. [F1]-Help
  In Care Of
  Is there an “in care of” for this address?
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 40

ADDR1. Address 1
  • IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 40

APTSTE. Apt/Suite
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 10
ADDR2. Address 2
- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”

ZIP. Zip Code
- If foreign country, ENTER all [0]’s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

COUNTRY (STATE=Foreign Country). Country
- Start typing the name of the Foreign Country to bring up the look-up list

End RP9DADDR

CHECK for no payment selected (RP4A<>Declined & RP9A<>Check, MO, Cash & RP9D<>Non-standard, Additional/New Payment): You must select an interview payment type at RP9A or RP9D.
Thank You

TOC

RP8. As part of our quality control procedures, another interviewer from The University of Michigan may call you back to ask a few questions about this interview and to answer any questions you may have about the interview process.

- ENTER [1] to continue

1. Continue
Locator 1

**RP10A. [F1]-Help**

Interviewer Checkpoint

- Did you or any other interviewer offer a Locator Fee to get this interview?
  
  1. Yes  5. No  → GO TO RP12

↓

**RPAY.RP10B**

**ADDRTYPE. Which Address (assigned)**

- 6. Locator 1

**TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”**

Enter name and mailing address for Locator #1

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

**NAMF. First Name**

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

**NAMM. Middle Name**

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

**NAML. Last Name**

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

**SUFFIX. Suffix -- e.g. “Sr”, “Jr”**

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

**INCO. [F1]-Help**

In Care Of

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

**ADDR1. Address 1**

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

**APTSTE. Apt/Suite**

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10
ADDR2. Address 2
- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”

ZIP. Zip Code
- If foreign country, ENTER all [0]’s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

COUNTRY (STATE=Foreign Country). Country
- Start typing the name of the Foreign Country to bring up the look-up list

SIGNAL for Locator 1: IWER: Make sure that Helper/Locator’s name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP10B

RPAY.L1PHONE

ADDRTYPE. Which Address; Assigned
6. Locator 1

WTRCELL. Does [RP10B.NAMF RP10B.NAML] have a cell phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [S]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] ( _ _ _ ) _ _ _ _ _ _ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20
WTRHOME. Does [RP10B.NAMF RP10B.NAML] have a home phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [S]

1. Yes  5. No → GO TO RP10GG

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

[ENTER] (_ _ _) _ _ - _ _ _ _ → GO TO RP10GG

HOMEOF. Home Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [S] at WtrHome

String 20
End LIPHONE

RP10G. [F1]-Help
What is (his/her) relationship to Respondent?


RP10H. [F1]-Help
How much did you offer Locator #1?

10. Ten dollars ($10)  15. Fifteen dollars ($15)  20. Twenty dollars ($20) - with TL approval

RP10I. [F1]-Help
Can Locator #1 be paid by check or did (he/she) request a money order?


GO TO RP11A

RP10J. When was Locator #1 paid?
- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

_ _ / _ _ / [CYEAR/CYEAR+1]
Locator 2
TOC

RP11A. [F1]-Help
Interviewer Checkpoint
• Was there a second Locator Fee offered for this interview?
  1. Yes  5. No → GO TO RP12
↓

RPAY.RP11B

ADDRTYPE. Which Address; Assigned
  7. Locator 2

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”
Enter name and mailing address for Locator #2
• If no title, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name
• Ask for Middle Name but do not probe DK or RF
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help
In Care Of
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1
• IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10
ADDR2. Address 2
  • IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
  • Start typing the name of the State to bring up the look-up list
  • If foreign country, ENTER [FOR] to select “Foreign Country”

ZIP. Zip Code
  • If foreign country, ENTER all [0]’s
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

COUNTRY (STATE=Foreign Country). Country
  • Start typing the name of the Foreign Country to bring up the look-up list

SIGNAL for Locator 2: IWER: Make sure that Helper/Locator’s name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP11B

RPAY.L2PHONE

ADDRTYPE. Which Address; Assigned
  7. Locator 2

WTRCELL. Does [RP11B.NAMF RP11B.NAML] have a cell phone?
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
  1. Yes  5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number
  What is the area code and phone number?
  • If foreign phone, PRESS [ENTER] to go to foreign phone field
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

  [ENTER] (_ _ _)_ _ _-_ _ _ _ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number
  (What is the area code and phone number?)
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

  String 20

WTRHOME. Does [RP11B.NAMF RP11B.NAML] have a home phone?
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
1. Yes 5. No → GO TO RP11G

↓

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
• If foreign phone, PRESS [ENTER] to go to foreign phone field
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (_ _ _) _ _ _ _ _ _ → GO TO RP11G

↓

HOMEFOR. Home Phone - Foreign Number
(What is the area code and phone number?)
• Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End L2PHONE

RP11G. [F1]-Help
What is (his/her) relationship to Respondent?


RP11H. [F1]-Help
How much did you offer Locator #2?

10. Ten dollars ($10) 15. Fifteen dollars ($15) 20. Twenty dollars ($20) - with TL approval

RP11I. [F1]-Help
Can Locator #2 be paid by check or did (he/she) request a money order?


GO TO RP12 ↓ GO TO RP12

RP11J. When was Locator #2 paid?
• ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

_ _ / _ _ / [CYEAR/CYEAR+1]
Payment Problems

TOC

RP12. [F1]-Help

Were there any Respondent or Locator payment problems reported by this Respondent?
1. Yes 5. No → GO TO RPEND

↓

RP12SPEC. [F1]-Help

Please provide details of payment issue.
String 500

RPEND. End Date of Section (assigned)
MM/DD/YYYY

RPSEC_END. You have reached the end of the Rpay section.
• Enter [1] to continue
1. Continue → RETURN TO BLOCKSTATUS

IWPAYWHO. Who Receives Interview Payment (assigned)
1. PCG / R 2. Other payee 3. Declined 4. Prepaid

IWPAYAMT. Amount of Interview Payment (assigned)
0.00
PAYMENT (+10.00)
RP9A=1, 2 (WTRPREPAID=5)
RP9A=5 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)
RP9A=7 & RP9D=1, 4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

IWPAYMODE. Mode of Interview Payment (assigned)
RP9A=1 OR RP9D=1, 4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)
RP9A=2 (WTRPREPAID=5)
RP4A=4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)
RP9A=5 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)
RP4PP=1 (WTRPREPAID=1)

End RPAY

RPAYPARALLELSTATUS. Status of Parallel Block – Address Update & Payment
3. Not Started RPay not started
4. Started RPay in progress
14. IW not Complete PCG-HH &/or PCG-Child interviews in progress
15. Done RPay completed
Parallel Block Components

Consent for Interview, Recording & Time Diary

TOC
CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 12-18 (Birth Year 2002-2007).
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

CONSENTCHILDREN

CONSENTCHILDSEC_START. Interviewer checkpoint:
Start of Consent (Child) parallel block
• ENTER [1] to continue
  1. Continue

CONSENTF2F_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.
  1. Face to face   2. Telephone

Repeat CONSENT12_17IW[1..15] for each CDS Child age 12-18; [1..15]=Which CDS Child

CONSENT12_17IW[1..15]. As a part of the F.E.S. - Child Development Supplement, I would like to ask your children who are between ages 12 and 17 years questions about their experiences in school, at home, and with friends. Some questions asked confidentially are about sensitive topics including sexual behavior and drug and alcohol use. Your child(ren) will also be asked to complete a time use diary for a weekday and a weekend day. The interview is completely voluntary and confidential. Even after you agree, your child(ren) may decide not to participate or to stop the interview at any time. The interview for each child is designed to take between 20 and 30 minutes, depending on your child(ren)’s age, but may be shorter or longer. We will provide each child with $[PRELOAD.PAYMENT12_17LOAD] as a token of our appreciation for his/her participation. The child(ren) eligible for this part of the study [is/are]:
• Enter the consent status for each child listed below.
• Only ENTER [2] if approved by the Project Team in Ann Arbor
[*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent for this child. Consent will be obtained later from this child at the time of his/her interview. ENTER [6] to continue.]
• Inform PCG that the questions which are regarding sensitive topics like sexual behavior and drug and alcohol use will not be asked by a live person, but by an automated system over the phone. Their interviewer will not be the one asking these questions.

AGE 12-18/NOT AGE OF MAJORITY: 1. Yes, consent given
  2. Unable to Administer (approved partials only)
AGE 12-18/NOT AGE OF MAJORITY: 5. No, consent not given
AGE 18/AGE OF MAJORITY: 6. Child has reached age of majority
CONSENT12_17IW END Rule: Whether Consent for Interview Received for At Least One CDS Child

Consent Received (CONSENT12_17IW=1, 6) All Others → GO TO CONSENTCHILDSEC_END

RECORDEDIW Rule: Whether IW Flagged For Recording

Flagged For Recording (RECORDEDIW=1) All Others → GO TO CONSENTCHILDSEC_END

Repeat RECORDEDIWCONSENT12_17IW[1..15] for each CDS Child [1..15]=Which CDS Child

RECORDEDIWCONSENT12_17[1..15]. [1st CHILD: We sometimes record interviews to help us maintain quality. Your child’s interview may be recorded for quality control purposes. Your child may still participate if you do not agree to the interview being recorded.] Do you agree for [CHILD]’s interview to be recorded for quality control? Your child will also be asked if they agree to be recorded and will still be able to participate if he or she does not agree.
• If R agrees to the RECORDING of this interview, ENTER [1]
• If R does not agree to the RECORDING of this interview, ENTER [5]
[*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent for this child. Consent will be obtained later from this child at the time of his/her interview. ENTER [6] to continue.]

AGE 12-18/NOT AGE OF MAJORITY: 1. Yes
AGE 12-18/NOT AGE OF MAJORITY: 5. No
AGE 18/AGE OF MAJORITY: 6. Child has reached age of majority

CONSENTCHILDSEC_END. Interviewer checkpoint:
End of Consent (Child) parallel block
• ENTER [1] to continue
1. Continue → RETURN TO BLOCKSTATUS

End CONSENTCHILDREN

CONSENT12_17PSTATUS. Status of Parallel Block – Children Age 12-18 Consent for Interviews & Recording

3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer All children CONSENT12_17IW[]=2
15. Done Parallel block completed
17. Refused All children CONSENT12_17IW[]=5
Consent for In-Home Components

TOC
CDS19 Fall 2020 Follow-Up: Not asked

For PCG & CDS Children Age 2-18 (Birth Year 2002-2017).
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

CONSENT Rule: Whether CurrPrefMode is Face to Face or Telephone

| Face to Face (CURRPREFMODE=FTF) | Telephone (CURRPREFMODE=TEL) | → RETURN TO BLOCKSTATUS |

CONSENT

CONSENTIWSEC_START. Interviewer checkpoint:
Start of Consent parallel block
• ENTER [1] to continue
  1. Continue

CONSENTVOL. PCG: [PCG NAME]
IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.
(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. All of your answers will be kept confidential.
The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child’s / >1 CDS CHILD: your children’s] activities during one weekday and one weekend day. We are offering you $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child’s set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children].
Do you have any questions for me?)
• ENTER [1] to continue
• Only ENTER [2] if approved by the Project Team in Ann Arbor
• If PCG refuses to continue, ENTER [5]
  1. Continue   2. Unable to Administer (approved partials only)   5. If Vol: PCG refuses to continue
  ↓ RETURN TO BLOCKSTATUS

CONSENTINHOMEFTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.

| 1. Face to face | 2. Telephone | → GO TO CONSENTIWSEC_END |

SIGNAL for CONSENTINHOMEFTF_TEL=TEL: THIS BLOCK CAN ONLY BE DONE IN PERSON. If this block is done by TELEPHONE then you WILL NOT BE ABLE to collect signed consents to conduct PCG WJ Assessment, Children age 8-11 Interviews, and Children age 3-17 WJ Assessments. If you entered Telephone by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face and continue with this block. If this really is Telephone, use the SUPPRESS button to END this block.
CONSENT_PCGINHOME_INTRO. Before we continue, we need to get your permission for some in-home study components.

1. Continue

CONSENT_PCGINHOME. Launch electronic consent for PCG’s consent to his/her own in-home assessments and measurements.

- Leave copy of in-home consent with PCG

1. Continue (launch electronic consent form)

EDU form B11_PCG_190829.rtf

5. If Vol: PCG refused to sign consent

Repeat CONSENT_CHILDINHOME[1..15] for each CDS Child; [1..15]=Which CDS Child

CONSENT_CHILDINHOME[]. [AGE 2-18/NOT AGE OF MAJORITY: Launch electronic consent for PCG’s consent for child. / AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent. Ask to speak with this child and ask child for consent.]


[*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: Ask to speak with this child - ask child to sign his/her consent (child has reached the age of majority (age 18)).]

1. Continue (launch electronic consent form)

EDU form B12_Child_190829.rtf (AGE 2-18/NOT AGE OF MAJORITY)
EDU form B12_18Child_190829.rtf (AGE 18/AGE OF MAJORITY)

AGE 2-18/NOT AGE OF MAJORITY: 5. If Vol: PCG refused to sign child’s consent

AGE 18/AGE OF MAJORITY: 7. If Vol: Child age 18 refused to sign his/her consent

CONSENTIWSEC_END. Interviewer checkpoint:
End of Consent parallel block

• ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End CONSENT

CONSENTPARALLELSTATUS. Status of Parallel Block – PCG & Children Consent for In-Home Components

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
7. Mode Invalid-Design	CURRPREFMODE=TEL
8. Mode Invalid-R	CONSENTINHOMEF2F_TEL=TEL
9. Unable to Administer	CONSENTVOL=2
15. Done	Parallel block completed
17. Refused	CONSENTVOL=5
Schools Attended
TOC
CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 5-18 (Birth Year 2002-2014) and Grade PreK-12.
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

SH

SHSEC_START. Interviewer checkpoint:
Start of school block
• ENTER [1] to continue
  1. Continue

SHSTART. Start Date of Section (assigned)
MM/DD/YYYY

SCHINTRO. PCG: [PCG NAME]
IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.
(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.
The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [1 CDS CHILD: your child’s / >1 CDS CHILD: your children’s] activities during one weekday and one weekend day.] We are offering you [PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional [PRELOAD.TDPAYMENTLOAD] [1 CDS CHILD: for your child’s set of completed time diaries / >1 CDS CHILD: for each set of time diaries completed for your children]. Do you have any questions for me?)
We would like to know about [1 CDS CHILD: the school [CHILD NAME] currently attends / >1 CDS CHILD: the schools your children currently attend].
• ENTER [1] to continue
• Only ENTER [2] if approved by the Project Team in Ann Arbor
• If PCG refuses to continue, ENTER [5]
  1. Continue  2. Unable to Administer (approved partials only)  5. If Vol: PCG refuses to continue
↓
  RETURN TO BLOCKSTATUS

SCHFTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.
  1. Face to face  2. Telephone

SCHWHICHKID. Interviewer Checkpoint:
Child [CHILD NAME]: [SCHOOLPARALLELSTATUS[1..15]] → GO TO NUMSCH
• [Not all children are complete. Please select a child by clicking on the status. / All children are complete.
  ENTER [1] to continue.]
  1. Continue
↓
SCHCOMPLETE. Thank you, that completes the questions I have about \[1 CDS CHILD: the school [CHILD NAME] attends \] / \[>1 CDS CHILD: the schools your children attend\].
   • ENTER [1] to continue
   1. Continue

SCHOOL LANG. Indicate language(s) used to conduct this section of the interview
   • ENTER all that apply
      1. English  2. Spanish  7. Language other than English or Spanish

SHEND. End Date of Section (assigned)
   MM/DD/YYYY

SHSEC_END. Interviewer checkpoint:
End of School parallel block
   • ENTER [1] to continue
   1. Continue
       → RETURN TO BLOCKSTATUS

SH.SCHOOL.SCHCHLP[1..15] [1..15]=Which CDS Child

NUMSCH. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Starting with kindergarten, how many different schools has [CHILD NAME] ever attended?
   • If needed: This includes home schooling
      1 - 13 DK/RF   → RETURN TO SCHWHICHKID
      ↓


SCHID. [F1]-Help
CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
[LOOP 1: Which school does [CHILD NAME] currently attend? (In what city and state is it located?) / LOOP 2-6: What did [CHILD NAME] attend before [[SCHOOL NAME] / being home schooled / that last school]? What is the name of the school? (In what city and state is it located?)]
   • Type the following separated with commas: State abbreviation, City name, School name
   • For example, “mi, ann arbor, pioneer” will list all schools in Ann Arbor Michigan that have Pioneer in the name
   • If R doesn’t know State and City, type the name of the school to list all of the schools in the country with that name
   • If the school cannot be found on the list, ENTER [not found] to select “School not found”
   • If R is home schooled: first search for school if applicable, if school is not listed, ENTER [Home schooled] to select “Home schooled, school not found”

String 50; NCES School look-up list 99999999995. Home schooled 99999999997. School not found
DK RF   → GO TO SCHOOL END RULE
GO TO SCHGRADE RULE  GO TO SCHDK

SIGNAL for SCHID selected from NCES database but grades offered by school (NCESPK-NCESG12) <> CHGRADE: The selected school ([SCHOOL NAME]) does not offer the grade level that [CHILD NAME] currently attends ([CHILD GRADE]). VERIFY school name with Respondent and GO BACK to re-select school name.
SCHDK. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
• Ask R for school name, address where it is located, mailing address, school district, and any other information R can give you to help us identify the school, such as:
  Type of school (elementary, junior high/middle, high school)
  Public or private school
  Charter or magnet school
  Open End

SCHGRADE Rule: Whether Child Attended More Schools

| LOOP 1 (Current School) → GO TO SCHOOL END RULE | LOOP 2-6 (Previous Schools) |

SCHGRADE. What grade or grades did [CHILD NAME] attend at this school?

11. Eleventh grade 12. Twelfth grade, High school, GED

SCHOOL END Rule: Whether Child Attended More Schools

Attended More Schools (NUMSCH=2-13) All Others → RETURN TO SCHWHICHKID
GO TO SCHID for Next School, MAX=6;
Then RETURN TO SCHWHICHKID

End SCHATTEND

End SCHCHLP

End SH

SHPARALLELSTATUS. Status of Parallel Block – Schools Attended

1. N/A No CDS children age 5-18
3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer SCHINTRO=2
15. Done Parallel block completed
17. Refused SCHINTRO=5

SCHOOLPARALLELSTATUS[1..15]. Child Individual Status – Schools Attended

3. Not Started Interview not started
4. Started Interview in progress
15. Done Interview completed
Child Care
TOC
CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Grade 6 or Less.

CC

CCSEC.START. Interviewer checkpoint:
  Start of child care block
  • ENTER [1] to continue

  1. Continue

CCSTART. Start Date of Section (assigned)

  MM/DD/YYYY

CCINTRO. PCG: [PCG NAME]

  IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this
  statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read
  the 1st paragraph.
  (Before I begin, I want you to know that this interview is completely voluntary. If we should come to any
  questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will
  be kept confidential.
  The interview will take about 75 minutes, depending on the number of eligible children in your family. In
  addition, we mailed time diaries for you to record [1 CDS CHILD: your child’s / >1 CDS CHILD: your
  children’s] activities during one weekday and one weekend day.] We are offering you
  $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional
  $[PRELOAD.TDPAYMENTLOAD] [1 CDS CHILD: for your child’s set of completed time diaries / >1 CDS CHILD: for
  each set of time diaries completed for your children]. Do you have any questions for me?)

  Now I would like to talk about child care for your children who haven’t begun school yet or are in grade 6 or
  below.
  Children grade 6 or younger:
  [CHILD NAME] List of CDS children in grade 6 or less, from youngest to oldest
  • ENTER [1] to continue
  • Only ENTER [2] if approved by the Project Team in Ann Arbor
  • If PCG refuses to continue, ENTER [5]

  1. Continue  2. Unable to Administer (approved partials only)  5. If Vol: PCG refuses to continue

  ↓

RETURN TO BLOCKSTATUS

CCFTF_TEL. Interviewer checkpoint:

  Indicate whether this interview is being conducted face to face or on the telephone.

  1. Face to face  2. Telephone
CC.CHILDCARE.CHCHLP[1..15] [1..15]=Which CDS Child

CC1CKPT. CAI Checkpoint: Which CDS Child; Whether Programs Already Assigned to this Child

<table>
<thead>
<tr>
<th>1. Child 1 (Youngest)</th>
<th>All Other Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>2. No Programs Assigned</td>
<td>3. 1 Program Assigned</td>
</tr>
<tr>
<td>4. 2 Programs Assigned</td>
<td>5. 3 Programs Assigned</td>
</tr>
<tr>
<td>↓</td>
<td>Assign CC1=Yes &amp; CC2=[1 / 2 / 3]; Then GO TO CC2</td>
</tr>
</tbody>
</table>

CC1. [F1]-Help

CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Was [CHILD NAME] cared for by someone other than you [PCG HAS SPOUSE/PARTNER IN FU: and [PARTNAME=RESPONSE: [SPOUSE/PARTNER] / PARTNAME<>RESPONSE: your spouse or partner] in the past 4 weeks? [CHGRADE=1-6: Please be sure to include any before school or after school care for [CHILD NAME].]

- IF No, PROBE: So that means that nobody else cared for your child in the past 4 weeks other than you [PCG HAS SPOUSE/PARTNER IN FU: and [SPOUSE/PARTNER] / your spouse or partner]?

[1. Yes 5. No] → GO TO CC1CKPT for Next Child

↓

CC.CHILDCARE.CHCHLP[1..15].PROGRAMTAB [1..15]=Which CDS Child

CC2. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

[PROGRAMS ALREADY ASSIGNED: Child Care Arrangements Used:

Most hours of care: [CC3]
2nd Most hours of care: [CC3]
3rd Most hours of care: [CC3]

[CC1CKPT=1, 2: How many different regular child care [CHGRADE=1-6: and before or after school care] arrangements did you have for [CHILD NAME] in the past 4 weeks? / CC1CKPT=3: Next, let’s talk about [CHILD NAME]. Including the [2] child care [arrangement / arrangements] you already reported for [CHILD NAME] [READ list above if needed], how many total arrangements did you have for [CHILD NAME] in the past 4 weeks?]

- ENTER a number from [1 / 2 / 3] to 7

[1 / 2 / 3] – 7

↓

CC3CKPT. CAI Checkpoint: Whether Programs Already Assigned to this Child

<table>
<thead>
<tr>
<th>1. No Programs Assigned</th>
<th>2. 3 Programs Assigned</th>
<th>3. Child has 2 Programs (CC2=2)</th>
<th>4. Child has &gt;2 Programs (CC2=3-7, DK/RF)</th>
<th>5. Child has 1 Program (CC2=1)</th>
<th>6. Child has &gt;1 Program (CC2=2-7, DK/RF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO TO CC1CKPT for Next Child</td>
<td>GO TO CC3 LOOP 1, 2 or 3 (depends on programs already reported as 1st, 2nd or 3rd)</td>
<td>GO TO CC1CKPT for Next Child</td>
<td>GO TO CC3 LOOP 2/3, 1/3, 1/2 (depends on programs already reported as 1st, 2nd &amp;/or 3rd)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CC.CHILDCARE.CHCHLP[1..15].PROGRAMTAB.PROGRAMLP[1..3] [1..15]=Which CDS Child; [1..3]=Which program

CC3. [F1]-Help
CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

PROGRAMS ALREADY ASSIGNED: Child Care Arrangements Used:
Most hours of care: [CC3]
2nd Most hours of care: [CC3]
3rd Most hours of care: [CC3]

[CC2=1 & PROGRAM LOOP 1]: What type of program or arrangement provided the most hours of care
during the past 4 weeks for [CHILD NAME]? / CC2 >1 & PROGRAM LOOP 1: [CHILD LOOPS 2-15]: ( ) I would like to know about the types of programs or arrangements that provided care during the past 4
weeks for [CHILD NAME], [CHILD LOOPS 2-15]: ] (First) What type of program or arrangement provided the most hours of care (for [CHILD NAME] during the past 4 weeks)? / CC2 >1 & PROGRAM LOOP 2: (Next) What type of program or arrangement provided the second most hours of care (for [CHILD NAME] during the past 4 weeks)? Do not include programs or arrangements you already told
me about (READ list above). / CC2 >1 & PROGRAM LOOP 3: What type of program or arrangement provided the third most hours of care (for [CHILD NAME] during the past 4 weeks)? Do not include programs or arrangements you already told me about (READ list above).]

1. Relative in the child's home
2. Non-relative in the child's home (sitter/nanny/au pair)
6. Prekindergarten program, nursery school, preschool, or child care center
3. Care in a relative’s home
4. Care in a non-relative’s home (family day care provider)

CC4. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
How is this person related to [CHILD NAME]?

CC4[1, 2]<1: 1. Maternal grandmother
CC4[1, 2]<2: 2. Maternal grandfather
CC4[1, 2]<3: 3. Paternal grandmother
CC4[1, 2]<4: 4. Paternal grandfather
5. Brother
6. Sister
7. Other relative-specify (CC4SPEC. Specify, String 100)
8. Child cares for self alone
9. Other type of child care
95. None/No more arrangements

GO TO CC5

CC3A. [F1]-Help
CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
Is this a Head Start Program, or something else?

1. Head Start Program
2. Something else

SIGNAL for CC4=5, 6 and 5, 6 already selected for previous program: IWER: READ QUESTION: Is this the
same relative you just told me about? IF "YES", PRESS [Enter] or SELECT [Go To], to go to CC3 to make
a different child care program or arrangement selection. IF "NO", ENTER [Close] to make relative
selection.
CC5. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
In the past 4 weeks, how many **days** per week, on average, was [CHILD NAME] cared for in this program or arrangement?
- ENTER number of days per week from 1 to 7

\[1 – 7\]

CC6. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
In the past 4 weeks, how many total **hours** per week, on average, was [CHILD NAME] cared for in this program or arrangement?
- ENTER number of hours per week from 1 to 112

\[1 – 112\]

**SIGNAL for CC6 <12:** IWER: READ QUESTION: Is that [CC6] hours per week? If this is not correct, go back to CC6 and enter correct hours. If this is correct, click [SUPPRESS] to continue.

CC8 Rule: Whether There are More CDS Children Who Need Program(s) Assigned

<table>
<thead>
<tr>
<th>More CDS Children</th>
<th>No More CDS Children</th>
<th>GO TO CC12</th>
</tr>
</thead>
</table>

CC8. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3 for this loop]
Were any of your other children who have not started school yet or who are in grade 6 or lower cared for in this program or arrangement? (Which children?)
- READ LIST of children if necessary
- ENTER all that apply
- ENTER [95] if none of the children listed were in this program or arrangement

\[1 – 15. [CHILD NAME], Age: [CHILD AGE] \quad List of CDS Children not already assigned 3 programs \quad 95. None \quad DK/RF \quad GO TO CC12\]

CC9. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
Was this program or arrangement one in which [CHILD NAME] spent the most time, the second most time, or the third most time (in the past 4 weeks)?

\[1. Most time \quad 2. Second most time \quad 3. Third most time\]

CC10. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
Child Care Arrangement: [CC3]
In the past 4 weeks, how many **days** per week, on average, was [CHILD NAME] care for in this program or arrangement?
- ENTER number of days per week from 1 to 7

\[1 – 7\]
CC11. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]  
Child Care Arrangement: [CC3]  
In the past 4 weeks, how many hours per week, on average, was [CHILD NAME] care for in this program or arrangement?  
- ENTER number of hours per week from 1 to 112  
1 – 112  

SIGNAL FOR CC11 <12: IWER: READ QUESTION: Is that [CC11] hours per week? If this is not correct, go back to CC6 and enter correct hours. If this is correct, click [SUPPRESS] to continue.

CC12 Rule: Whether More CDS Children Selected at CC8  

More Children Selected → GO TO CC8 for Next Child  No More Children  

End OTHERCHILDDATA

CC12. [F1]-Help  
CDS Children: [CHILD NAME], Age: [CHILD AGE] All List of all children for this program  
Child Care Arrangement: [CC3]  
Including all of your children who were cared for in this arrangement in the last 4 weeks, what was the total amount your household paid out of pocket (for the last 4 weeks)?  
- ENTER a number from 1.00 to 9,997.00  
- ENTER unit of time on next screen (Hour, Day, Week, 2 Weeks, Month, Year)  
- If R says “Nothing”, ENTER [0]  
$ 0.00 → GO TO CC END RULE $ 1.00 – 9,997.00 DK/RF → GO TO CC END RULE  

CC12PER. CDS Children: [CHILD NAME], Age: [CHILD AGE] All List of all children for this program  
Child Care Arrangement: [CC3]  
- If needed, ASK: Was that $[CC12] total for the last 4 weeks?  
  If Yes, ENTER [5]  
  If No: Was that $[CC12] per hour, per day, per week, or what?  
- Enter unit of time  
  1. Per hour  2. Per day  3. Per week  4. Every two weeks  5. Every month  
  6. For the year  7. Other-specify (CC12PERSPEC. Specify. (String 100))  

End PROGRAMLP

CC END Rule: Which Child; Which Program  

<table>
<thead>
<tr>
<th>1 Program (CC2=1)</th>
<th>2 Programs (CC2=2)</th>
<th>3 or More Programs (CC2=3-7, DK/RF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO CC1CKPT for Next Child</td>
<td>Program Loop 2</td>
<td>Program Loop 3</td>
</tr>
<tr>
<td>GO TO CC1CKPT for Next Child</td>
<td>Program Loop 1</td>
<td>Program Loop 1, 2</td>
</tr>
<tr>
<td>GO TO CC3CKPT for Next Program</td>
<td></td>
<td>GO TO CC3CKPT for Next Program</td>
</tr>
</tbody>
</table>
CCCOMPLETE Rule: Whether Child Care Completed for All Children

Completed for All Children  All Others → GO TO CC1CKPT for Next Child

CCCOMPLETE. Thank you, that completes the questions I have about child care.

• ENTER [1] to continue

1. Continue

CCC_LANG. Indicate language(s) used to conduct this section of the interview

• ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

CCEND. End Date of Section (assigned)

MM/DD/YYYY

CCSEC_END. Interviewer checkpoint:

End of Child Care parallel block

• ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End CC

CCPARALLELSTATUS. Status of Parallel Block – Child Care

1. N/A No CDS children grade 6 or less
3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer CCINTRO=2
15. Done Parallel block completed
17. Refused CCINTRO=5
Non Co-Resident Parent

TOC
CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 0-18 (Birth Year 2002-2018) With One or More Non-Coresident Parent.
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

AP


| 1. Father ([ADPT]DADFU=0; [ADPT]MOMFU=1) | 2. Mother ([ADPT]MOMFU=0; [ADPT]DADFU=1) |
| 3. Both ([ADPT]MOMFU=0; [ADPT]DADFU=0) | 5. Neither ([ADPT]MOMFU=1; [ADPT]DADFU=1) |

ABPCKPT2. CAI Checkpoint: Whether Any CDS Child Has a Non Co-Resident Parent

1. 1+ Child With Non Co-Resident Parent (ABPCKPT1[]]=1, 2, 3) 5. All Others \rightarrow RETURN TO BLOCKSTATUS

APIWSEC_START. Interviewer checkpoint:
Start of AP parallel block
• ENTER [1] to continue
1. Continue

APSTART. Start Date of Section (assigned)

MM/DD/YYYY

ABPFTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone
IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [1 CDS CHILD: your child’s / >1 CDS CHILD: your children’s] activities during one weekday and one weekend day. We are offering you $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] [1 CDS CHILD: for your child’s set of completed time diaries / >1 CDS CHILD: for each set of time diaries completed for your children]. Do you have any questions for me?)

We would like to know about [1 CDS CHILD W/NONCORESIDENT PARENT: [CHILD NAME]’s / >1 CDS CHILD W/NONCORESIDENT PARENT: any children’s] biological or adoptive parents who are not living here.

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

**1. Continue**
**2. Unable to Administer (approved partials only)**
**5. If Vol: PCG refuses to continue**

RETURN TO BLOCKSTATUS

### ABP1 Rule: Starting With the Youngest CDS Child - Whether Child Has a Non Co-Resident Father; Whether Father Reported as Deceased/No Contact in PCG Child Interview

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child has Non Co-Resident Father (ABPCKPT1[]=1, 3)</td>
<td>All Others</td>
</tr>
<tr>
<td>Father Deceased (PCG CH D9_1=No, DK/RF)</td>
<td>Father Living (PCG CH D9_1=Yes)</td>
</tr>
<tr>
<td><strong>Assign ABP1=No</strong></td>
<td>REPEAT ABP1 RULE for Next Child; Then GO TO ABP16 RULE</td>
</tr>
<tr>
<td>GO TO ABP16 RULE</td>
<td>GO TO ABPDADOTHKIDS RULE</td>
</tr>
</tbody>
</table>

### AP.APF[1..15] [1..15]=Which CDS Child

**ABP1. [F1]-Help**

Is [CHILD NAME]’s biological or adoptive father still living?
- If R says "Never had contact", PROBE: Do you know whether he is still living?
  - **1. Yes** → GO TO ABP1A
  - **5. No** → GO TO ABP16 RULE

**ABP1_M. 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>Month</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**ABP1_Y. (In what month and year did he die?)**
- ENTER year

1997 – [CYEAR / CYEAR+1] → GO TO ABPDADOTHKIDS RULE
ABP1A. Is [CHILD NAME]'s biological or adoptive father currently in jail or prison?
   1. Yes  5. No

ABPDADOTHKIDS Rule: Whether More CDS Children Have a Non Co-Resident Father

More Children With Non Co-Resident Father  All Others  → GO TO ABPDAD

ABPDADOTHKIDS. Non co-resident father for: [CHILD NAME], Age: [CHILD AGE]
   Is [CHILD NAME]'s biological or adoptive father also the biological or adoptive father of any of the other children living here? (Which ones?)
   • READ LIST of children if necessary
   • ENTER all that apply
   • ENTER [95] for No or None

1 – 15. [CHILD NAME], Age: [CHILD AGE]  
Assign ABP1 & ABP1_(Y/M) For Each Child Selected

95. No/None

ABPDAD. Indicator-Which Non Co-Resident Father (assigned)

1. 1st absent father – 15. 15th absent father

ABP2 Rule: Whether Non Co-Resident Father is Living or Deceased

Father Living (ABP1=Yes)  Father Deceased (ABP1=No)  → RETURN TO ABP1 RULE for Next Child

ABP2. [Page 66]
   Children for this non co-resident father: [CHILD NAME]  List of all CDS Children for this person
   Does he [ABP1A=YES: usually] live in the same neighborhood, same city, a city nearby, the same state, another state, or another country?

1. Same neighborhood  2. Same city  3. A city nearby
4. Same state  5. Another state  7. Jail (Vol)
6. Another country  DK/RF  

GO TO ABP4

ABP3. Children for this non co-resident father: [CHILD NAME]  List of all CDS Children for this person
   About how far away from here (in miles) does he live?
   • ENTER a number from 1 to 12,000

1 – 12,000

ABP4. Children for this non co-resident father: [CHILD NAME]  List of all CDS Children for this person
   Is he currently married?

1. Yes  5. No
ABP5. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

Has he had any other children since those he had with [R= BIO/ADPT MOTHER OF ANY CDS CHILDREN: you / ALL OTHERS: [1 CDS CHILD: [CHILD NAME]’s / >1 CDS CHILD: the children’s] biological or adoptive mother(s)]]?

1. Yes  5. No → GO TO ABP6

↓

ABP5A. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

How many?

• ENTER a number from 1 to 10

1 – 10

ABP6. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

How often do you talk about [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children] with [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week or several times a week?

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

GO TO DAD

5. About once a week  6. Several times a week  DK/RF

END RULE

↓

ABP7. Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

How much influence does [1 CDS CHILD: [CHILD NAME]’s / >1 CDS CHILD: the children’s] father have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. None  2. Some  3. A great deal

ABP8. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

How often do you and [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children] have conflict over each of the following issues? Where [1 CDS CHILD: [CHILD NAME] lives / >1 CDS CHILD: the children live]. Would you say often, sometimes, hardly ever, or never?


ABP9. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

How [1 CDS CHILD: [he / she] is / >1 CDS CHILD: they are] raised.

(Would you say often, sometimes, hardly ever, or never?)


ABP10. [F1]-Help

Children for this non co-resident father: [CHILD NAME] List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

How you spend money on [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children].

(Would you say often, sometimes, hardly ever, or never?)

ABP11. Page 68

**Children for this non co-resident father: [CHILD NAME]** List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

The amount of time he spends with the [1 CDS CHILD: child / >1 CDS CHILD: children]

(Would you say often, sometimes, hardly ever, or never?)


ABP12. Page 68

**Children for this non co-resident father: [CHILD NAME]** List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His visits with [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children]

(Would you say often, sometimes, hardly ever, or never?)


ABP13. Page 68

**Children for this non co-resident father: [CHILD NAME]** List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His contribution to [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] support.

(Would you say often, sometimes, hardly ever, or never?)


ABP14. Page 68

**Children for this non co-resident father: [CHILD NAME]** List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father’s) use of alcohol or drugs.

(Would you say often, sometimes, hardly ever, or never?)


ABP15. Page 68

**Children for this non co-resident father: [CHILD NAME]** List of all CDS Children for this person

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

The friends he ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father) spends time with.

(Would you say often, sometimes, hardly ever, or never?)


ABP15A. Page 69

In general, would you say that your relationship with [CHILD NAME]'s biological or adoptive father is excellent, very good, good, fair, or poor?

DAD END Rule: Whether More CDS Children Have a Non Co-Resident Father, and Not Selected at ABPDADOTHKIDS

| More CDS Children | RETURN TO ABP1 RULE for Next Child | No More CDS Children |

End APF

ABP16 Rule: Starting With the Youngest CDS Child - Whether Child Has a Non Co-Resident Mother; Whether Mother Reported as Deceased in PCG Child Interview

<table>
<thead>
<tr>
<th>Child has Non Co-Resident Mother (ABPCKPT1] =2, 3)</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Deceased (PCG Child D16_1 = No, DK/RF)</td>
<td>Mother Living (D16_1 = Yes)</td>
</tr>
<tr>
<td>Assign ABP17 = No Assign ABP18_(M/Y) = PCG Child D16A(M/Y)</td>
<td>Non Co-Resident Mother Only or Mother &amp; Father (ABPCKPT1] )=2, 3)</td>
</tr>
<tr>
<td>Only 1 CDS Child w/ Non Co-Resident Mother</td>
<td>&gt;1 CDS Child w/ Non Co-Resident Mother</td>
</tr>
<tr>
<td>GO TO ABPCOMPLETE</td>
<td>GO TO ABPMOMOTHKIDS RULE</td>
</tr>
<tr>
<td>GO TO ABP17</td>
<td>GO TO ABPCOMPLETE</td>
</tr>
</tbody>
</table>

ABP16INTRO. We would like to know about [1 CDS CHILD W/NONCORESIDENT MOTHER: [CHILD NAME]’s / >1 CDS CHILD W/NONCORESIDENT MOTHER: any children]’s biological or adoptive mother(s) who (is/are) not living here.

- ENTER [1] to continue
  1. Continue

AP.APM[1..15] [1..15]=Which CDS Child

ABP17. [F1]-Help

Is [CHILD NAME]’s biological or adoptive mother still living?

- If R says “Never had contact”, PROBE: Do you know whether she is still living?
  1. Yes → GO TO ABP17A

ABP18_M. In what month and year did she die?

- ENTER month first
  - If DK month, PROBE: Can you remember the season of the year?
    1. January
    2. February
    3. March
    4. April
    5. May
    6. June
    7. July
    8. August
    9. September
    10. October
    11. November
    12. December
    21. Winter
    22. Spring
    23. Summer
    24. Fall

ABP18_Y. (In what month and year did she die?)

- ENTER year
  1997 – [CYEAR / CYEAR+1] → GO TO ABMOMOTHKIDS RULE

ABP17A. Is [CHILD NAME]’s biological or adoptive mother currently in jail or prison?

1. Yes
5. No
ABPMOMOTHKIDS Rule: Whether More CDS Children Have a Non Co-Resident Mother

More Children With Non Co-Resident Mother | All Others → GO TO ABPMOM
↓

ABMOMOTHKIDS. Non co-resident mother for: [CHILD NAME], Age: [CHILD AGE]
Is [CHILD NAME]’s biological or adoptive mother also the biological or adoptive mother of any of the other children living here? (Which ones?)
- READ LIST of children if necessary
- ENTER all that apply
- ENTER [95] for No or None
1 – 15. [CHILD NAME], Age: [CHILD AGE] List of CDS Children not already assigned to a non co-resident mother
95. No/None
Assign ABP17 & ABP18 (M/Y) For Each Child Selected

ABPMOM. Indicator-Which Non Co-Resident Mother (assigned)
1. 1st absent mother – 15. 15th absent mother

ABP19 Rule: Whether Non Co-Resident Mother Living or Deceased

Mother Living (ABP17=Yes) | Mother Deceased (ABP17=No) → RETURN TO ABP16
↓
RULE for Next Child

ABP19. Page 70
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
Does she [ABP17A=YES: usually] live in the same neighborhood, same city, a city nearby, the same state, another state, or another country?
1. Same neighborhood 2. Same city 3. A city nearby
4. Same state 5. Another state 7. Jail (Vol) 6. Another country DK/RF
↓
GO TO ABP21
ABP20. Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
About how far away from here (in miles) does she live?
- ENTER a number from 1 to 12,000
1 – 12,000

ABP21. Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
Is she currently married?
1. Yes 5. No
ABP22. [F1]-Help
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
Has she had any other children since those she had with [R=BIO/ADPT FATHER OF ANY CDS CHILDREN: you / ALL OTHERS: [1 CDS CHILD: [CHILD NAME]’s / >1 CDS CHILD: the children’s] biological or adoptive father(s)]]?

1. Yes 5. No  → GO TO ABP23
↓

ABP22A. [F1]-Help
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
How many?
• ENTER a number from 1 to 10

1 – 10

ABP23. Page 71 [F1]-Help
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
How often do you talk about [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children] with [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week or several times a week?

1. Not at all 2. About once a year 3. Several times a year 4. One to three times a month
GO TO MOM END RULE

5. About once a week 6. Several times a week DK/RF
↓

ABP24. Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
How much influence does [1 CDS CHILD: [CHILD NAME]’s / >1 CDS CHILD: the children’s] mother have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. None 2. Some 3. A great deal

ABP25. Page 72
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?
Where [1 CDS CHILD: [CHILD NAME] lives / >1 CDS CHILD: the children live]. Would you say often, sometimes, hardly ever, or never?


ABP26. Page 72
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
How [1 CDS CHILD: [he / she] is / >1 CDS CHILD: they are] raised. (Would you say often, sometimes, hardly ever, or never?)


ABP27. Page 72
Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
How you spend money on [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children]. (Would you say often, sometimes, hardly ever, or never?)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
The amount of time she spends with the [1 CDS CHILD: child / >1 CDS CHILD: children]
(Would you say often, sometimes, hardly ever, or never?)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
Her visits with [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children]
(Would you say often, sometimes, hardly ever, or never?)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
Her contribution to [1 CDS CHILD: [CHILD NAME]’s / >1 CDS CHILD: the children’s] support.
(Would you say often, sometimes, hardly ever, or never?)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
Her ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother’s) use of alcohol or drugs.
(Would you say often, sometimes, hardly ever, or never?)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person
(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)
The friends she ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother) spends time with.
(Would you say often, sometimes, hardly ever, or never?)

In general, would you say that your relationship with [CHILD NAME]’s biological or adoptive mother is excellent, very good, good, fair, or poor?
MOM END Rule: Whether More CDS Children Have a Non Co-Resident Mother, and Not Selected at ABPMOMOTHKIDS

More CDS Children → RETURN TO ABP16 RULE for Next Child  No More CDS Children

End APM

ABPCOMPLETE. Thank you.
• ENTER [1] to continue
1. Continue

ABP_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply
1. English  2. Spanish  7. Language other than English or Spanish

APEND. End Date of Section (assigned)

MM/DD/YYYY

APIWSEC_END. Interviewer checkpoint:
End of AP parallel block
• ENTER [1] to continue
1. Continue → RETURN TO BLOCKSTATUS

End AP

APPARALLELSTATUS. Status of Parallel Block – Non Coresident Parents
1. N/A No CDS children with non coresident parent
3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer ABPINTRO=2
15. Done Parallel block completed
17. Refused ABPINTRO=5
Measurements

TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 2-18 (Birth Year 2002-2017).
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

HW RULE: Preferred Mode of Interview; Whether In-Home Consent for Measurements Obtained

<table>
<thead>
<tr>
<th>Preferred Mode = Face to Face (CURRPREFMODE=1)</th>
<th>Preferred Mode = Telephone (CURRPREFMODE=2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Consent Mode = Face to Face (CONSENTINHOMEF2F_TEL=1)</td>
<td>In-Home Consent Mode = Telephone (CONSENTINHOMEF2F_TEL =2)</td>
</tr>
<tr>
<td>Consent Obtained (HWECCKPT[ ]=1)</td>
<td>Consent Not Obtained</td>
</tr>
</tbody>
</table>
> RETURN TO BLOCKSTATUS

HW

HWSEC_START. Interviewer checkpoint:

- ENTER [1] to continue

1. Continue

HWSTART. Start Date of Section (assigned)

MM/DD/YYYY

BLOCKSTATUSHW. Height, Weight, & Waist Measurements Block Status

- [CHILD NAME], Age [AGE]: [MEASUREMENTPARALLELSTATUS[1..15]] → GO TO HWFTF_TEL
- [PCG NAME], PCG [PCGMEASUREMENTPARALLELSTATUS] → GO TO HWFTF_TEL

- [Not all sections are complete. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]
- If PCG refuses measurements for everyone, select first child listed and then ENTER [7] at HWVOL screen

1. Continue

HWCOMPLETE. Thank you, that completes the measurements.

- ENTER [1] to complete

1. Complete

HW_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish
HWEND. End Date of Section (assigned)

MM/DD/YYYY

HWSEC_END. Interviewer checkpoint:
End of Measurement parallel block
• ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

HW.HW3.HW1_2 (PCG) / HW.MEASUREMENTS[1..15] (CHILD) [1..15]=Which CDS Child

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select HWFTF_TEL=2 (Telephone).

HWFTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face  2. Telephone

CDS19 Fall 2020 Follow-Up: Face to face wording not used.

HWVOL. ([PCG NAME] ([RTH]) / [CHILD NAME] ([RTH]), Age [AGE]
PCG: [PCG NAME] ([RTH])

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [1 CHILD: your child’s / >1 CHILD: your children’s] activities during one weekday and one weekend day.] We are offering you $[ORIGINAL CDS19: [PRELOAD.PAYMENTLOAD] / 2020 FOLLOWUP: [COVID19.PAYMENTLOAD]] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] [1 CHILD: for your child’s set of completed time diaries / >1 CHILD: for each set of time diaries completed for your children].)

(Do you have any questions for me?)

I’d like to record [PCG: your height, weight, and waist measurements / CHILD: [CHILD NAME]’s height and weight].

[HWFTF_TEL=FTF & AGE 5-7: READ TO CHILD: (Your family is part of a study about how children grow.) I would like to see how tall you are and how much you weigh. [PCGRTC=PARENT, GRANDPARENT: Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / PCGRTC ALL OTHERS: [PCG NAME]]] has said it’s okay for you to do this, but you can say “no” if you don’t want to. / [HWFTF_TEL=FTF & AGE 8-11: READ TO CHILD: (Your family is part of a study to help scientists learn about children as they grow.) As part of this study of children’s growth, I would like to measure your height and weight. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has said it’s okay for you to do this, but you can say “no” if you don’t want to. / [HWFTF_TEL=FTF & AGE 12-18/NOT AGE OF MAJORITY: READ TO CHILD: (Your family is part of a study that is helping researchers to learn about children and teenagers as they grow.) Our research team would like to measure your height and weight as part of the study. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has agreed for you to participate, but you can say “no” if you don’t want to. / [HWFTF_TEL=FTF & AGE 18/AGE OF MAJORITY: READ TO CHILD (This CDS child has reached the age of majority (age 18): Your family is part of a study that is helping researchers to learn about children and teenagers as they grow. Our research team would like to measure your height and weight as part of the study.)

• ENTER [1] to continue
• Only ENTER [2] if approved by the Project Team in Ann Arbor
• If PCG refuses to continue, ENTER [5]
• If PCG says they have not received the materials or they haven’t taken measurements, we will accept self-reports.
Height (PCG & CDS Children)

**HW1START. Start Date of Height Section (assigned)**

**MM/DD/YYYY**

**HW1. [F1]-Help**

**[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]**

**[HWFTF_TEL=TEL]**: How tall [PCG: are you / CHILD: is [CHILD NAME]]?

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

**[HWFTF_TEL=FTF]**: Now I need to see how tall you are and how much you weigh. First you need to take your shoes off. Let’s see how tall you are. Can you stand up against the (wall/door)? Make sure R is standing up straight with his/her heels and shoulders against the wall/door. Measure R.

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

**[Enter]** 0.0 – 84.0 → GO TO HW1END  DK/RF → GO TO HW1A

↓

**HW1A.**

**[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]**

What was [PCG: your / CHILD: [CHILD NAME]’s] height at [PCG: your / CHILD: [his / her]] last doctor visit?

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

**[Enter]** 0.0 – 84.0 → GO TO HW1B  DK/RF → GO TO HW1C

↓

**HW1A_CM.**

**[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]**

(What was [PCG: your / CHILD: [CHILD NAME]’s] height at [PCG: your / CHILD: [his / her]] last doctor visit?)

- Record height in centimeters to the nearest decimal point
- ENTER a number from 0.00 to 214 centimeters

0.0 – 214.0 → GO TO HW1C

DK/RF
HW1b_MO. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]
In what month and year was that visit to the doctor?
• SELECT Month and [Enter] to go to next screen for year
• PROBE DK month: Do you know what season it was?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>January</td>
<td>2.</td>
<td>February</td>
</tr>
<tr>
<td>5.</td>
<td>May</td>
<td>6.</td>
<td>June</td>
</tr>
<tr>
<td>9.</td>
<td>September</td>
<td>10.</td>
<td>October</td>
</tr>
<tr>
<td>21.</td>
<td>Winter</td>
<td>22.</td>
<td>Spring</td>
</tr>
<tr>
<td>23.</td>
<td>Summer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HW1b_YR. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]
(In what month and year was that visit to the doctor?)
[HW1b_Mo], ______
• ENTER Year: [BYEAR] – [CYEAR / CYEAR+1]

[BYEAR] – [CYEAR/CYEAR+1] → GO TO HW1END

HW1c. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]
Can you give me your best estimate of [PCG: your / CHILD: his / her] height?
• Record height in inches to the nearest decimal point
• ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

[Enter] 0.0 – 84.0 DK/RF
↓ GO TO HW1END

HW1c_CM. [PCG: [[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]
(Can you give me your best estimate of [PCG: your / CHILD: his / her] height?)
• Record height in centimeters to the nearest decimal point
• ENTER a number from 0.00 to 214 centimeters

0.0 – 214.0 SIGNAL for PCG <157.7cm or >194.0cm, or CHILD <MIN cm or >MAX cm (according to gender and age) (cm=in×2.54): [PCG: [PCG NAME], PCG, [HEIGHT] / CHILD: [CHILD NAME], Age [AGE], [HEIGHT]]. The height entered for [PCG/CHILD NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.

HW1END. End Date of Height Section (assigned)

MM/DD/YYYY

Weight (PCG & CDS Children)

HW2START. Start Date of Weight Section (assigned)

MM/DD/YYYY
HW2. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL] How much [PCG: do you / CHILD: does [CHILD NAME]] weigh?
- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

[HWFTF_TEL=FTF] Now, let’s see how much you weigh.
Make sure R removes any heavy items from his/her pockets. Set the scale to 0.0. Please stand in the center of the scale.
Make sure R is standing still.
- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

• Enter 0.0 – 350.0 → GO TO HW2END  DK/RF → GO TO HW2A

↓
HW2_KG. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL] (How much [PCG: do you / CHILD: does [CHILD NAME]] weigh?)
- Record weight in kilograms to the nearest decimal point
- ENTER a number from 0.0 to 159 kilograms

0.0 – 159.0 → GO TO HW2END  DK/RF

↓
HW2A. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

What was [PCG: your / CHILD: [CHILD NAME]’s] weight at [PCG: your / CHILD: [his / her]] last doctor visit?
- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

[Enter] 0.0 – 350.0 → GO TO HW2B  DK/RF → GO TO HW2C

↓
HW2A_KG. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(What was [PCG: your / CHILD: [CHILD NAME]’s] weight at [PCG: your / CHILD: [his / her]] last doctor visit?)
- Record weight in kilograms to the nearest decimal point
- ENTER a number from 0.00 to 159 kilograms

0.0 – 159.0 DK/RF → GO TO HW2C

↓
HW2B_MO. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

In what month and year was that visit to the doctor?
- SELECT Month and [Enter] to go to next screen for year
- PROBE DK month: Do you know what season it was?


HW2B_YR. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(In what month and year was that visit to the doctor?)
[HW2B_Mo], ____
- ENTER Year: [BYEAR] – [CYEAR / CYEAR+1]

[BYEAR] – [CYEAR/CYEAR+1] → GO TO HW2END
HW2C. \([\text{PCG: [PCG NAME]}, \text{PCG / CHILD: [CHILD NAME], Age [CHILD AGE]}]\)

Can you give me your best estimate of \([\text{PCG: your / CHILD: [his / her]}]\) weight?

- Record weight IN POUNDS TO THE NEAREST DECIMAL POINT
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

\[
\begin{array}{c|c}
\text{[Enter]} & 0.0 – 350.0 \\
\hline
\text{DK/RF} & \text{GO TO HW2END}
\end{array}
\]

HW2C_KG. \([\text{PCG: [PCG NAME]}, \text{PCG / CHILD: [CHILD NAME], Age [CHILD AGE]}]\)

(Can you give me your best estimate of \([\text{PCG: your / CHILD: [his / her]}]\) weight?)

- Record weight IN KILOGRAMS TO THE NEAREST DECIMAL POINT
- ENTER a number from 0.00 to 159 kilograms

\[
\begin{array}{c|c}
\text{[Enter]} & 0.0 – 159.0 \\
\hline
\text{SIGNAL for PCG <52.5kg or >150.1kg, or CHILD <MIN kg or >MAX kg (according to gender and age) (kg=lbs \times 0.453592)}: & \text{[PCG: [PCG NAME]}, \text{PCG, [WEIGHT] / CHILD: [CHILD NAME], Age [AGE], [WEIGHT]]. The weight entered for [PCG/CHILD NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.}
\end{array}
\]

HW2END. End Date of Weight Section (assigned)

\[
\text{MM/DD/YYYY}
\]

End HW1_2 (PCG) / MEASUREMENTS (CHILD)

Waist (PCG Only)

HW.HW3

HW3START. Start Date of Waist Section (assigned)

\[
\text{MM/DD/YYYY}
\]

HW3. \([\text{PCG NAME}, \text{PCG}]\)

\([\text{HWFTF_TEL=TEL:}]\) What is your waist measurement in centimeters?

- Record waist measurement in centimeters to the nearest decimal point
- ENTER a number from 50 to 190 centimeters, or PRESS [Enter] for inches

\([\text{HWFTF_TEL=FTF:}]\) Now, I would like to measure your waist.

Instruct the respondent to remove any bulky clothing.
Hand the flexible measuring tape to the respondent. The respondent should be in the standing position
Hold one end of the tape measure at your navel.
Now wrap the tape measure all the way around your waist, bringing the tape measure back to your navel.
If the respondent is not able to wrap the tape measure around his or her waist, you may assist. To do this, ask
the respondent to hold the end of the measuring tape while you walk around him or her with the other end.
You will then hand that end of the measuring tape to the respondent and continue with the measurement. Do
not reach around the respondent to place the tape in the proper position, and avoid touching the respondent.
Check that the tape is horizontal all the way around the respondent.
Please take a normal breath and exhale holding your breath at the end of the exhale.
Your waist circumference is measured at the point where the length of tape measure around your waist meets
the end held at your navel.
Read the measurement on the tape measure after the respondent exhales or ask the respondent to read it to you,
and then record the measurement to the NEAREST CENTIMETER.

- Record waist measurement in centimeters to the nearest decimal point
- ENTER a number from 50 to 190 centimeters, or PRESS [Enter] for inches

\[
\begin{array}{c|c}
\text{[Enter]} & 50.0 – 190.0 \\
\hline
\text{DK/RF} & \text{GO TO HW3END}
\end{array}
\]

\[
\downarrow
\]
HW3_IN. [PCG NAME], PCG
[HWFTF_TEL=TEL: (What is your waist circumference in inches?)]

- Record waist measurement in inches to the nearest decimal point
- ENTER a number from 20.0 to 75 inches

20.0 – 75.0

SIGNAL for male PCG <70.7cm or >144.8cm, or female PCG <65.7cm or >136.8cm: [PCG NAME], PCG,
[[HW3] centimeters / [HW3_IN] inches]. The waist measurement entered for [PCG NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.

HW3END. End Date of Waist Section (assigned)
MM/DD/YYYY

HWCP. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]
Interviewer checkpoint:
- ENTER [1] to complete Height, Weight, & Waist for [PCG/CHILD NAME]

1. Continue → RETURN TO BLOCKSTATUSHW

End HW3

End HW

HWPARALLELSTATUS. Status of Parallel Block – PCG & Children Age 2-18 Measurements

3. Not Started Parallel block not started
4. Started Parallel block in progress
9. Unable to Administer CONSENTVOL=2 (PCG In-Home Consents)
15. Done Parallel block completed
17. Refused CONSENTVOL=5 or PCGINHOME=5 (PCG In-Home Consents)

PCGMEASUREMENTPARALLELSTATUS. PCG Individual Status – Measurements

3. Not Started Measurements not started
4. Started Measurements in progress
9. Unable to Administer CONSENTVOL=2 (PCG In-Home Consents), or HW1_2.HWVOL=2
10. PCG REF HW1_2.HWVOL=7
15. Done Measurements completed
17. PCG Refused CONSENTVOL=5 or PCGINHOME=5 (PCG In-Home Consents)
18. R REF HW1_2.HWVOL=5
19. PCG Consent Empty PCG In-Home Consent block not complete/in progress

MEASUREMENTPARALLELSTATUS[1..15]. Child Individual Status – Measurements

3. Not Started Measurements not started
4. Started Measurements in progress
9. Unable to Administer CONSENTVOL=2 (PCG In-Home Consents), or MEASUREMENTS.HWVOL=2
15. Done Measurements completed
16. Child REF MEASUREMENTS.HWVOL=5
17. PCG Refused CONSENTVOL=5 or CHILDINHOME[]]=5 (PCG In-Home Consents), or MEASUREMENTS.HWVOL=3, 7
19. PCG Consent Empty PCG In-Home Consent block not complete/in progress
Time Diary Collection
TOC
CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For CDS Children Age 0-18 (Birth Year 2002-2018). The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

TD

TDSEC_START. Interviewer checkpoint:
Start of Time Diary parallel block
• ENTER [1] to continue
  1. Continue

TDSTART. Start Date of Section (assigned)
MM/DD/YYYY

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select FTF_TEL=2 (Telephone).

FTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.
  1. Face to face  2. Telephone

TDINTRO. Time Diary Block Status
Child [CHILD NAME]: [TDCHILDRENPARALLELSTATUS[1..15]] → GO TO TDSTATUS
• [Not all sections are completed. Please select a section by clicking on the status / All sections are complete, ENTER [1] to continue.]
  1. Continue

TD_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply
  1. English  2. Spanish  7. Language other than English or Spanish

TDEND. End Date of Section (assigned)
MM/DD/YYYY

TDSEC_END. Interviewer checkpoint:
End of Time Diary parallel block
• ENTER [1] to continue
  1. Continue → RETURN TO BLOCKSTATUS
TD.TDDETAIL[1..15] [1..15]=Which CDS Child

TDSTATUS. CHILD: [CHILD NAME]
- If the time diary was finished by the PCG or Child and collected, then ENTER [1]
- If the time diary was finished with interviewer help at visit and collected, then ENTER [2]
- If the time diary was left behind for the PCG to mail back, then ENTER [4]
- If the time diary was completed with an interviewer on the telephone, then ENTER [3]
- Only ENTER [8] if approved by the Project Team in Ann Arbor

<table>
<thead>
<tr>
<th>1. Time diary already finished upon arrival &amp; collected</th>
<th>4. Time diary left behind</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Time diary finished during visit &amp; collected</td>
<td>AGE 0-18/NOT AGE OF MAJORITY:</td>
</tr>
<tr>
<td></td>
<td>5. PCG refuses for this child</td>
</tr>
<tr>
<td></td>
<td>AGE 0-18/NOT AGE OF MAJORITY:</td>
</tr>
<tr>
<td></td>
<td>6. PCG refuses for all children</td>
</tr>
<tr>
<td></td>
<td>7. CHILD refuses for self</td>
</tr>
<tr>
<td></td>
<td>8. Unable to Administer (approved partials only)</td>
</tr>
</tbody>
</table>

RETURN TO TDINTRO

CDS19 Fall 2020 Follow-Up: Not asked.

TDWHICH. CHILD: [CHILD NAME]
- If only the weekday time diary was finished and collected, then ENTER [1]
- If only the weekend time diary was finished and collected, then ENTER [2]
- If both the weekday and weekend time diaries were finished and collected, then ENTER [3]

<table>
<thead>
<tr>
<th>1. Only weekend time diary</th>
<th>2. Only weekday time diary</th>
<th>3. Both time diaries</th>
</tr>
</thead>
</table>

RETURN TO TDINTRO

CDS19 Fall 2020 Follow-Up: Not asked.

CASHPAID. Interviewer Checkpoint
- Did you pay cash for the time diary?

<table>
<thead>
<tr>
<th>1. Yes (launch cash receipt)</th>
<th>5. No</th>
</tr>
</thead>
</table>

RETURN TO TDINTRO

End TDDetail

End TD

TDPARALLELSTATUS. Status of Parallel Block – Children Age 0-18 Time Diary Collection

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parallel block not started</td>
<td>Parallel block in progress</td>
<td>All children TDSTATUS=8</td>
<td>Parallel block completed</td>
<td>All children TDSTATUS=5, 6, 7</td>
</tr>
<tr>
<td>Status Code</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Not Started</td>
<td>Collection not started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Started</td>
<td>Collection in progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Unable to Administer</td>
<td>TDSTATUS=8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Done</td>
<td>Collection completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Child REF</td>
<td>TDSTATUS=7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. PCG Refused</td>
<td>TDSTATUS=5, 6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Linkage Form Collection

TOC
CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 0-18 (Birth Year 2002-2018). The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

LINKAGE

LINKIWSEC_START. Interviewer checkpoint:
Start of Linkage parallel block
• ENTER [1] to continue
1. Continue

LINKSTART. Start Date of Section (assigned)
MM/DD/YYYY

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select FTF_TEL=2 (Telephone) and suppress the signal.

FTF_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.
1. Face to face 2. Telephone → RETURN TO BLOCKSTATUS
↓
SIGNAL for FTF_TEL=TEL: THIS BLOCK CAN ONLY BE DONE IN PERSON THIS WAVE. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to close this message and continue to Linkage Intro, where you will introduce each form and request permission to mail it to the PCG

LINKINTRO. Birth and School Record Linkage Block Status
Child [CHILD NAME]: [LINKCHILDRENPARALLELSTATUS[1..15]] → Birth Record [AGE <5: Linkage only / AGE 5-18: & School Linkages] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign these forms. Ask to speak with this child and ask child to sign forms.] → GO TO SCHOOLLINK/CHBIRTHLINK

PCG [PCG NAME]: [LINKPCGPARALLELSTATUS] → GO TO PCGLINKCKPT
• [Not all sections are complete. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]
• If PCG refuses all linkage consents for all children, SELECT the first child listed w/“Birth Record & School Linkages” and then ENTER [6] at both the SchoolLink and CHBirthLink screens
1. Continue
↓
LINK_LANG. Indicate language(s) used to conduct this section of the interview
• ENTER all that apply
  1. English  2. Spanish  7. Language other than English or Spanish
Children Age 8-18

SCHOOLINK. Child: [CHILD NAME]

- **[AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign the form. Ask to speak with this child and ask child to sign form.]**
- **[FTF_TEL=FTF: IWER: Pull out and show the [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] the school linkage consent form. / FTF_TEL=TEL: IWER: Inform the PCG that a school linkage consent form for this Child will be mailed to the PCG; if PCG agrees to have the form mailed to (her/him), then ENTER [3]]**
  - Explain the school linkage consent form to **[AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child]**
  - Indicate whether or not **[AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child]** signed the consent
  - Only ENTER [2] if approved by the Project Team in Ann Arbor

| 1. School linkage consent signed and collected (Done) |
| 2. Unable to Administer (approved partials only) |
| 3. School linkage consent will be mailed (Done) |

**AGE 8-18/NOT AGE OF MAJORITY: 6. PCG refuses school linkage consent for all children**

| 7. School linkage consent left behind |
Children Age 0-18

CHBIRTHLINK. Child: [CHILD NAME]

[AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign the form. Ask to speak with this child and ask child to sign form.]

[FTF_TEL=FTF: IWER: Pull out and show the [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] the Child birth record linkage consent form. / FTF_TEL=TEL: IWER: Inform the PCG that a birth record linkage consent form for this Child will be mailed to the PCG; if PCG agrees to have the form mailed to (her/him), then ENTER [3]]

• Explain the Child birth linkage consent form to [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child]

• Indicate whether or not [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] signed the consent

• Only ENTER [2] if approved by the Project Team in Ann Arbor

1. Child birth record linkage consent signed and collected (Done)
2. Unable to Administer (approved partials only)
3. Child birth record linkage consent will be mailed (Done)

AGE 8-18/NOT AGE OF MAJORITY: 6. PCG refuses birth record linkage consent for all children

7. Child birth record linkage consent left behind

RETURN TO LINKINTRO

End LINKDETAIL

PCGLINKDETAIL

PCGLINKCKPT. CAI Checkpoint: Whether Birth Record Linkage Consent Already Collected for PCG

1. Already Collected (PRELOAD.PCGPREV=1 & PRELOAD.PCGBLINK=1)
2. Not Collected (PRELOAD.PCGPREV=1 & PRELOAD.PCGBLINK=0)
5. Not Same PCG (PRELOAD.PCGPREV=0)

RETURN TO LINKINTRO

PCGBIRTHLINK. PCG: [PCG NAME]

[FTF_TEL=FTF: IWER: Pull out and show the PCG the PCG birth linkage consent form. / FTF_TEL=TEL: Inform the PCG that a birth record linkage consent form will be mailed to (her/him); if PCG agrees to have the form mailed to (her/him), then ENTER [3]]

• Explain the PCG birth linkage consent form to PCG

• Indicate whether or not PCG signed the consent

• Only ENTER [2] if approved by the Project Team in Ann Arbor

1. PCG birth record linkage consent signed and collected (Done)
2. Unable to Administer (approved partials only)
3. PCG birth record linkage consent will be mailed (Done)
5. PCG birth record linkage consent refused (R REF)

7. PCG birth record linkage consent left behind (Done)

RETURN TO LINKINTRO

End PCGLINKDETAIL

End LINKAGE
<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Not Started</td>
<td>Parallel block not started</td>
</tr>
<tr>
<td>4. Started</td>
<td>Parallel block in progress</td>
</tr>
<tr>
<td>9. Unable to Administer</td>
<td>PCGBIRTHLINK=2 &amp; all children SCHOOLLINK=2 &amp; all children CHBIRTHLINK=2</td>
</tr>
<tr>
<td>15. Done</td>
<td>Parallel block completed</td>
</tr>
<tr>
<td>17. Refused</td>
<td>PCGBIRTHLINK &amp; all children SCHOOLLINK=5, 6 &amp; all children CHBIRTHLINK=5, 6</td>
</tr>
</tbody>
</table>

**LINKPCGPARALLELSTATUS. PCG Individual Status – Linkage Form Collection**

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Not Started</td>
<td>Collection not started</td>
</tr>
<tr>
<td>4. Started</td>
<td>Collection in progress</td>
</tr>
<tr>
<td>9. Unable to Administer</td>
<td>PCGBIRTHLINK=2</td>
</tr>
<tr>
<td>15. Done</td>
<td>Collection completed; or PRELOAD.PCGLINK=Yes</td>
</tr>
<tr>
<td>17. PCG Refused</td>
<td>PCGBIRTHLINK=5</td>
</tr>
</tbody>
</table>

**LINKCHILDRENPARALLELSTATUS[1..15]. Child Individual Status – Linkage Form Collection**

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Not Started</td>
<td>Collection not started</td>
</tr>
<tr>
<td>4. Started</td>
<td>Collection in progress</td>
</tr>
<tr>
<td>9. Unable to Administer</td>
<td>SCHOOLLINK=2 &amp; CHBIRTHLINK=2</td>
</tr>
<tr>
<td>15. Done</td>
<td>Collection completed</td>
</tr>
<tr>
<td>17. PCG Refused</td>
<td>SCHOOLLINK=5, 6 &amp; CHBIRTHLINK=5, 6</td>
</tr>
</tbody>
</table>
Saliva Consent & Collection: PCG & CDS Children Age 5-18/Not Age of Majority

TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 5-18/Not Age of Majority (Birth Year 2002-2014).
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

SALIVA

SALIVAWSEC_START. Interviewer checkpoint:

Start of Saliva parallel block
• ENTER [1] to continue

1. Continue

SALIVASTART. Start Date of Section (assigned)

MM/DD/YYYY

SALIVAVOL. PCG: [PCG NAME]

Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. Enter 1 and continue.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. We are offering you $$[(ORIGINAL CDS19: PRELOAD.PAYMENTLOAD) / 2020 FOLLOWUP: [COVID19.PAYMENTLOAD]] in appreciation for your time and effort answering our questions. Do you have any questions for me?)

• ENTER [1] to continue
• Only ENTER [2] if approved by the Project Team in Ann Arbor
• If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. IF Vol: PCG refuses to continue

RETURN TO BLOCKSTATUS

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select HWFTF_TEL=2 (Telephone).

SALIVAF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

SALIVAINTRO. [F1]-Help

To help us better understand the many factors that contribute to children’s well-being, we are collecting samples of saliva from you, other adults in your household, and your children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your and your children’s participation in this component of the study is voluntary.

1. Continue
FTF_TEL Rule: Whether This Component Conducted Face to Face or By Telephone

173

Telephone(SALIVAFTF_TEL=2) → Face to Face (SALIVAFTF_TEL=1) → GO TO SALIVA_FTF

CDS19 Fall 2020 Follow-Up: Response option [4] and “If needed” instructions added

SALIVA_TEL. In the next week, you will receive a saliva collection kit in the mail. The kit will include materials and instructions for providing a small sample of saliva. The package will also include a form where you and the other adults in your household may indicate agreement to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail.

- Refer to Saliva Collection Information sheet to address any respondent questions posed.
- If needed - if PCG refuses: PROBE for whether PCG is refusing for
  - PCG only - ENTER [5]
  - CDS children & other adults only - ENTER [4]
  - PCG and CDS children only - ENTER [6]
  - PCG, CDS children and other adults - ENTER [7]

1. Continue (Saliva package will include PCG, children & other adults)

4. PCG refused to have saliva package mailed to household for children and other adults (VOL) (Saliva package will include PCG only)

5. PCG refused to have saliva package mailed to household for self (VOL) (Saliva package will include children & other adults only)

6. PCG refused to have saliva package mailed to household for self and children (VOL) (Saliva package will include other adults only)

7. PCG refused to have saliva package mailed to household for self, children and other adults (VOL) (Saliva package will not be mailed)

RETURN TO BLOCKSTATUS

CDS19 Fall 2020 Follow-Up: All questions after this point not asked

-- SALIVACHILDPARALLELSTATUS[1..15]: Not coded for individual children, since component done by telephone

-- SALIVAPARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL.

SALIVA_FTF: Pull out and show the respondent the Saliva Collection Information Sheet.

Please read this information about the saliva collection. (IWER: Offer to read it to the PCG if appropriate.)

We’d like you to sign this form indicating that you have read the information and that you agree to participate for yourself and your children, ages 5 to 17, in this part of the study. [OTHER ADULT &/or CHILD AGE 18/AGE OF MAJORITY: For other adults in your household, including your children age 18 or older, we will ask them to sign their own forms.]

- You will use the Fujitsu laptop to collect the PCG’s signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself and his/her child(ren).

1. Continue (launch electronic consent form)

5. PCG refused to sign saliva consent for PCG and all CDS children (VOL) → RETURN TO BLOCKSTATUS

↓
PCG

SALIVA.PCGCONSENT

PCGIDCONFIRM. Put on gloves. Locate the saliva collection kit labeled with the PCG’s Case ID: [PCASEID], and PCG’s first name: [PCG NAME].
IWER: Enter PCG Case ID on saliva tube.

SIGNAL for PCGIDCONFIRM<>PCASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_ADMIN_PCG. Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min. Show the PCG the collection kit and the instruction sheet.
This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)
When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddresed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.
Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.
Hold the tube upright and unscrew the funnel from the tube.
Use the small cap to close the tube tightly.
Shake the capped tube for 5 seconds. Discard or recycle the funnel.
Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. PCG Saliva Obtained 5. PCG Attempted Saliva but unable to fill line 9. Left saliva collection kit with PCG for collection and to mail back to Ann Arbor

GO TO SALIVA_IWERCHECK

PCG_CASHPAI.D. Interviewer Checkpoint
• Did you pay cash for the saliva?

1. Yes (launch cash receipt) 5. No

End PCGCONSENT

SALIVA_IWERCHECK. Interviewer Checkpoint:
• ENTER [1] to continue to the rest of this section

1. Continue
CDS Children Age 5-18/Not Age of Majority

SALIVA_CHILDINTRO. Now I’d like to help your child(ren) collect their saliva.

Child ([CHILD NAME]): [SALIVACHILDPARALLELSTATUS[1..15]] → GO TO SALIVA_CHILDCONSENT[

- [Not all children are completed. Please select a child by clicking on the status / All children are complete, ENTER [1] to continue.]

You may use paper version of child assent(s) to administer away from computer. Be sure to read the correct assent for the child’s age level.

1. Continue

↓

SALIVA_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

SALIVAEND. End Date of Section (assigned)

[MM/DD/YYYY]

SALIVA_IWSEC_END. Interviewer checkpoint:

End of Saliva parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

SALIVA_SALIVACONSENTS[1..15] [1..15]=Which CDS Child

AQSN. AQSN of Child

Children Age 5-7

SALIVA_CHILDCONSENTS. 7. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Your family is part of a project to help people learn about children as they grow up. The people doing the project have asked children to spit into a tube. They will use the spit in the tube to study your health. Will you spit into the tube? [PCGRTC=Parent, Grandparent: Your [mother / stepmother / grandmother / father / stepfather / grandfather] / PCGRTC ALL OTHERS: [PCG NAME]] has said it’s okay for you to do this. But you can still say no if you don’t want to.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child’s Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue 5. Child refused to give saliva sample (Vol)

GO TO CHIDCONFIRM

9. Left saliva collection kit with PCG to administer to child and mail back to AA

RETURN TO SALIVA_CHILDINTRO
Children Age 8-11
SALIVA_CHILDCONSENT8_11. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Your family is part of a study to help scientists learn about children as they grow up. As part of this study, scientists are collecting samples of saliva. Saliva is the liquid in your mouth that helps you to chew and swallow. Scientists study your saliva to learn about your health.

By spitting into a tube, your saliva will be included in the study. The tube will be sealed. Then it will be mailed to a research center where it will be kept safe. We will share your research information with other researchers, but we won’t share anything that could identify you. Will you provide a sample of your saliva? You can spit into the tube yourself or you can ask [PCGRTC=PARENT, GRANDPARENT: your [mother / stepmother / grandmother / father / stepfather / grandfather / PCGRTC ALL OTHERS: [PCG NAME]]] to help you. You can say no if you don’t want to, even if [your [mother / stepmother / grandmother / father / stepfather / grandfather / [PCG NAME]]] has already agreed.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child’s Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue                        5. Child refused to give saliva sample (Vol)                        9. Left saliva collection kit with PCG to administer to child and mail back to AA

GO TO CHIDCONFIRM

RETURN TO SALIVA_CHILDINTRO

Children Age 12-18/Not Age of Majority
SALIVA_CHILDCONSENT12_17. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

(Your family is part of a study that is helping researchers to learn about children and teenagers as they grow up.) As part of this study, our research team is collecting samples of saliva. The saliva sample you provide will allow researchers to study the connections between genetics and young people’s health and growth.

By spitting into a tube, your saliva will be included in the study. The container will be sealed. Then it will be mailed to a research center where it will be kept safe. We will share your research information with other researchers for future research, including a national repository. We won’t share any information that could directly identify you. Do you agree to provide a sample of your saliva? You will be able to spit into the tube yourself. You may say “no,” even if [PCGRTC=PARENT, GRANDPARENT: your [mother / stepmother / grandmother / father / stepfather / grandfather / PCGRTC ALL OTHERS: [PCG NAME]]] has already agreed.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child’s Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue                        5. Child refused to give saliva sample (Vol)                        9. Left saliva collection kit with PCG to administer to child and mail back to AA

↓

RETURN TO SALIVA_CHILDINTRO
CHIDCONFIRM. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Put on gloves. Locate the saliva collection kit labeled with the Child’s Case ID: [CHCASEID], and Child’s first name: [CHILD NAME].
IWER: Enter Child’s Case ID on saliva tube.

SIGNAL for CHIDCONFIRM<>CHCASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_ADMIN. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]
IWER: Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min.
This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)
When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed. Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.
Hold the tube upright and unscrew the funnel form the tube.
Use the small cap to close the tube tightly.
Shake the capped tube for 5 seconds. Discard or recycle the funnel.)
Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.


SALIVA_CASHPAID. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]
Interviewer Checkpoint
• Did you pay cash for the saliva?

| 1. Yes (launch cash receipt) | 5. No |

End SALIVACONSENTS

End SALIVA

SALIVAPARALLELSTATUS. Status of Parallel Block – PCG & Children Age 5-17 Saliva Collection

| 3. Not Started | Parallel block not started |
| 4. Started | Parallel block in progress |
| 9. Unable to Administer | SALIVAVOL=2 |
| 15. Done | Parallel block completed |
| 17. Refused | SALIVAVOL=5, or SALIVA_FTF=5, or SALIVA_TEL=5, 6, 7 |
**SALIVACHILDPARALLELSTATUS[1..15]. Child Individual Status – Age 5-17 Saliva Collection**

- **3. Not Started**
  - Collection not started

- **4. Started**
  - Collection in progress

- **7. Mode Invalid-Design**
  - Age <5

- **15. Done**
  - Collection completed

- **17. PCG Refused**
  - \[\text{SALIVA}_\text{CHILDCONSENT}] = 5\]
Saliva Consent & Collection: CDS Children Age 18/Age of Majority

TOC

CDS19 Fall 2020 Follow-Up: Not asked.

-- SALIVACH18PARALLELSTATUS[1..15]: Not coded for individual children, since Saliva component done by telephone
-- SALIVACHILDREN18PARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL

For CDS Children Age 18/Age of Majority (Birth Year 2002).
The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

BLOCKSTATUSSALIVACH18

CH18SALIVA_IWSEC_START. Interviewer checkpoint:
Start of Child Age of Majority (18) Saliva parallel block
• ENTER [1] to continue

1. Continue

SALIVAF2F_TEL. Interviewer checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

SALIVA_CH18INTRO. Now I’d like to help your other children collect their saliva.
Child Age of Majority (18): [CHILD NAME]: [SALIVACH18PARALLELSTATUS[1..15]] → GO TO CH18HOME
• [Not all adult children are completed. Please select an adult child by clicking on the status. / All adult children are complete. ENTER [1] to continue.]

1. Continue

↓

CH18SALIVA_LANG. Interviewer checkpoint:
Indicate language(s) used to conduct this section of the interview
• ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

OASALIVAIWSEC_END. Interviewer checkpoint:
End of Child Age of Majority (18) Saliva parallel block
• ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End BLOCKSTATUSSALIVACH18

SALIVA.CH18CONSENTS[1..15][1..15]=Which CDS Child

AQS. AQS of Child

CH18HOME. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]
Is [CHILD NAME] available?
• Only ENTER [2] if approved by the Project Team in Ann Arbor

1. Yes → GO TO SALIVA_CH18CONSENT 2. Unable to Administer (approved partials only) 5. No

RETURN TO SALIVA_CH18INTRO
I would like to leave behind a saliva kit for [CHILD NAME]. The kit will include materials and instructions for them to provide a small sample of saliva. The package will also include a form where they may indicate that they agree to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail. I would like to collect some contact information for [CHILD NAME].

- ENTER [1] to continue

1. Continue → GO TO CH18IDCONFIRM

To help us better understand the many factors that contribute to children’s well-being, we are collecting samples of saliva from all adults and children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your participation is completely voluntary.

Please read this information about the saliva collection.

- (Offer to read it to [CHILD NAME] if appropriate.)

We’d like you to sign this form indicating that you have read the information and that you agree to participate in this study.

- You will use the Fujitsu laptop to collect [CHILD NAME]'s signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself.

1. Continue (launch electronic consent form)

EDU form B9_Adult_190829.rtf

5. Refused to sign saliva consent → RETURN TO SALIVA_CH18INTRO

Put on gloves. Locate the saliva collection kit labeled with this Child’s Case ID: [CH18CASEID], and first name: [CHILD NAME].

ENTER this Child’s Case ID on saliva tube.

=SIGNAL for CH18IDCONFIRM<>CH18CASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.
SALIVA_CH18ADMIN. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min.
This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line
with liquid – not bubbles. (Show the fill line.)

- When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the
  small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the
  preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope.
  You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by
firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix
with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube.
Use the small cap to close the tube tightly.
Shake the capped tube for 5 seconds. Discard or recycle the funnel.

- Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be
  sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

SALIVA_CH18CASHPAID. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

- Did you pay cash for the saliva?

1. Yes (launch cash receipt )
5. No

EDU form CDS19_AdultSalivaCPR_190829.rtf

RETURN TO SALIVA_CH18INTRO

End CH18CONSENTS

SALIVACHILDREN18PARALLELSTATUS. Status of Parallel Block – Children Age of Majority (18) Saliva Collection

1. N/A
3. Not Started
4. Started
15. Done
17. Refused

No CDS children Age 18/Age of Majority
Parallel block not started
Parallel block in progress
Parallel block completed

SALIVA_FTFS=5, or SALIVA_TEL=6, 7, or all children SALIVA_CH18CONSENT=5

SALIVACH18PARALLELSTATUS[1..15]. Child Individual Status – Age 18 Saliva Collection

3. Not Started
4. Started
15. Done
17. Refused

Collection not started
Collection in progress
Collection completed
SALIVA_CH18CONSENT=5
Saliva Consent & Collection: Other Adults

TOC

CDS19 Fall 2020 Follow-Up: Not asked.

-- SALIVAOADULTSPARALLELSTATUS[1..15]: Not coded for individual other adults, since Saliva component done by telephone
-- SALIVAOAPARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL

For Other Adults Living in the FU, Age 18 or Older.

**BLOCKSTATUSSALIVAOA**

OASALIVAIWSEC_START. Interviewer checkpoint:

Start of Other Adult Saliva parallel block
- ENTER [1] to continue

1. Continue

OASALIVAF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face  2. Telephone

**SIGNAL for OASALIVAF2F_TEL=TEL:** THIS BLOCK CAN ONLY BE DONE IN PERSON THIS WAVE. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to SUSPEND this block.

SALIVA_OAINTRO. Other Adult Parallel Block Status

Now I’d like to help the other adults in your household collect their saliva.

Other Adult [OTHER ADULT NAME]: [OAPARALLELSTATUS[1..15]] → GO TO OAHOME
- [Not all adults are completed. Please select an adult by clicking on the status. / All adults are complete. ENTER [1] to continue.]

1. Continue

OASALIVA_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English  2. Spanish  7. Language other than English or Spanish

OASALIVAIWSEC_END. Interviewer checkpoint:

End of Other Adult Saliva parallel block
- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End BLOCKSTATUSSALIVAOA
SALIVA_OAACCEPTS[1..15] [1..15]=Which Other Adult

AQSNO.AQSNO of FU Member

OAHOMINO. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]
Is [OTHER ADULT NAME] available?
• Only ENTER [2] if approved by the Project Team in Ann Arbor
  1. Yes → GO TO SALIVA_OAACCEPT 2. Unable to Administer (approved partials only) 5. No
  ↓
RETURN TO SALIVA_OAINTR

OANOHOME. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]
I would like to leave behind a saliva kit for [OTHER ADULT NAME]. The kit will include materials and instructions for them to provide a small sample of saliva. The package will also include a form where they may indicate that they agree to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail. I would like to collect some contact information for [OTHER ADULT NAME].
• ENTER [1] to continue
  1. Continue → GO TO OAIDCONFIRM

SALIVA_OAACCEPT. F1-[Help]
[OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]
• Pull out and show the respondent the Saliva Collection Information Sheet.
To help us better understand the many factors that contribute to children’s well-being, we are collecting samples of saliva from all adults and children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your participation is completely voluntary.
Please read this information about the saliva collection.
• (Offer to read it to the adult relative if appropriate.)
We’d like you to sign this form indicating that you have read the information and that you agree to participate in this study.
• You will use the Fujitsu laptop to collect the adult relative’s signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself.
  1. Continue (launch electronic consent form) 5. Refused to sign saliva consent → RETURN TO SALIVA_OAINTR

OAIDCONFIRM. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]
Put on gloves. Locate the saliva collection kit labeled with the relative’s Case ID: [OACASEID], and first name: [OTHER ADULT NAME].
ENTER the other adult’s Case ID on saliva tube.

SIGNAL for OAIDCONFIRM<>OACASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.
Confirm that other adult did not eat, drink, chew gum, or smoke in last 30 min. Show the adult a saliva collection kit and the instruction sheet.

This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)

- When the tube is full explain to the other adult how to close funnel, unscrew it, and screw on the small cap. Ask other adult to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube. Use the small cap to close the tube tightly.

Shake the capped tube for 5 seconds. Discard or recycle the funnel.

- Take the tube from the other adult or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. Other adult’s ([OTHER ADULT NAME]) saliva obtained
5. Other adult ([OTHER ADULT NAME]) attempted saliva but unable to fill to line
9. Left saliva collection kit for other adult ([OTHER ADULT NAME]) to mail back to Ann Arbor

RETURN TO SALIVA_OAINTRO

Did you pay cash for the saliva?

1. Yes (launch cash receipt )
5. No

RETURN TO SALIVA_OAINTRO

End OACONSENTS

Status of Parallel Block – Other Adults Saliva Collection

1. N/A No other adults in the FU
3. Not Started Parallel block not started
4. Started Parallel block in progress
15. Done Parallel block completed
17. Refused SALIVA_TEL=7, or all other adults SALIVA_OACONSENT=5

Adult Individual Status – Saliva Collection

3. Not Started Collection not started
4. Started Collection in progress
15. Done Collection completed
17. Refused SALIVA_OACONSENT=5
PCG Woodcock-Johnson Assessment
CDS19 Fall 2020 Follow-Up: Not asked

The following assessments are taken from the Woodcock–Johnson Tests of Achievement (Version IV).
For PCG.

Assessment Start

TOC

PCGWJ Rule: Whether PCG’s Assessment Already Completed in Previous CDS Wave

<table>
<thead>
<tr>
<th>Assessment Already Completed (PRELOAD.PCGPREVPCG=1)</th>
<th>RETURN TO BLOCKSTATUS</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WCJ
PCECKPT. CAI Checkpoint: Whether PCG Signed Consent for Own Assessment

<table>
<thead>
<tr>
<th>1. Consent Signed (CONSENT_PCGINHOME=1)</th>
<th>5. Consent Not Signed (CONSENT_PCGINHOME=0)</th>
<th>GO TO IN-HOME OBS (PCGOB6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WCJSEC_START. Start of WCJ parallel block
- Enter [1] to continue

1. Continue

PCFTF_TEL. Interviewer Checkpoint:
Indicate whether this interview is being conducted face to face or on the telephone.

<table>
<thead>
<tr>
<th>1. Face to face</th>
<th>2. Telephone</th>
<th>RETURN TO BLOCKSTATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNAL for PCFTF_TEL=TEL:** The assessment component can only be done in person. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to SUSPEND this assessment.
ASSESSVOL. PCG: [PCG NAME]
IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. Enter [1] to continue. If you are resuming a suspended iw, only read the 1st paragraph.
(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.
The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] activities during one weekday and one weekend day. We are offering you $[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child’s set of completed time diaries / >1CDS CDS CHILD: each set of time diaries completed for your children. Do you have any questions for me?)
Now, we’ll do the reading assessment.
- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue  2. Unable to Administer (approved partials only)  5. If Vol: PCG refuses to continue
↓  RETURN TO BLOCKSTATUS  GO TO IN-HOME OBS (PCGOB6)
Passage Comprehension Assessment

TOC

WCJ.PCSECTION

PCSTART. Passage Comprehension (Comprehensión de Textos)
Read the text in blue (in the WCJ) to the Respondent.
Text passages are intended to be read silently by the subject.
• ENTER [1] to start test and be shown the starting page/item for this child

1. Start test

PC_LANG. Indicate whether R does assessment in English or Spanish
• IWER: R must finish the whole assessment in language specified here

1. Eng 2. Spa

PCSTARTDATE. Start Date of Assessment (assigned)
MM/DD/YYYY

PCSTARTTIME. Start Time of Assessment in Seconds (assigned)
1 – 99999999

WCJ.PCSECTION.PCASK

Passage Comprehension Assessment (Once ceiling reached, go to PCEND; Page #s displayed in Blaise, not Questionnaire)
PCSAMPLEA. Sample Item A PC1. Item 1 PC2. Item 2 PC3. Item 3 PC4. Item 4
PC33. Item 33 PC34. Item 34 PC35. Item 35 PC36. Item 36 PC37. Item 37 PC38. Item 38
PC39. Item 39 PC40. Item 40 PC41. Item 41 PC42. Item 42 PC43. Item 43 PC44. Item 44
PC45. Item 45 PC46. Item 46 PC47. Item 47 PC48. Item 48 PC49. Item 49 PC50. Item 50
PC51. Item 51 PC52. Item 52

1. Correct 5. Incorrect

End PCASK

PCENDTIME. End Time of Assessment in Seconds (assigned)
1 – 99999999

PCENDDATE. End Date of Assessment (assigned)
MM/DD/YYYY

PCEND. Thank you. That is the end of this exercise.
• ENTER [1] to continue

1. Continue

End PCSECTION
Assessment Observations

TOC

WCJ.PCSECOBS

ASOB1. [F1]-Help

PCG Assessment Observation

These next few questions are the Assessment Observations and should be completed immediately after the completed assessments.
Was anyone else present in the room at any time during the administration of the assessments?

1. Yes  5. No → GO TO ASOB2

↓

ASOB1A. PCG Assessment Observation

How much did the presence of this person distract the PCG or interfere with the assessments?

1. A great deal  2. Somewhat  3. Not at all

ASOB2. PCG Assessment Observation

Was the Passage Comprehension assessments completed?

1. Yes → GO TO ASOB4A  5. No

↓

ASOB3. PCG Assessment Observation

What were the reasons for not completing it?

- ENTER all that apply

<table>
<thead>
<tr>
<th>1. Parent/PCG terminated/refused</th>
<th>2. PCG would not respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Major interruption caused termination</td>
<td>4. PCG could not understand task</td>
</tr>
<tr>
<td>5. PCG had language problem</td>
<td>6. PCG emotional condition</td>
</tr>
<tr>
<td>7. PCG’s physical condition</td>
<td>8. PCG tired</td>
</tr>
</tbody>
</table>
| 97. Other-specify (ASOB3SPEC. Specify. String 100)

ASOB4A. PCG Assessment Observation

How much difficulty did the respondent have completing the Passage Comprehension assessment?

1. No difficulty  2. Some difficulty  3. A lot of difficulty

ASOB5. PCG Assessment Observation

Briefly provide a description of the interview situation that would help the project staff understand ambiguous, confusing, or conflicting information from the assessment data. Include information about the interview setting, distractions during the interview, the respondent’s level of cooperation, etc.

- Press INSERT to edit existing text
- To SAVE your entry, use Alt-S
- Ctrl-D and Ctrl-R not allowed

Open End

End PCSECOBS

PCSEC_END. This is the end of the PCG Assessment Observations.

- ENTER [1] to continue to In-Home Observations
- If you are unable to complete the In-Home Observations at this time, click on the CDS2019Child tab to return to the Block Status screen. Finish the observations as soon as possible.

1. Continue
In-Home Observations

TOC

WCJ.PCOBS

PCGOB6. PCG In-Home Observation
Did you observe the inside of the home?
1. Yes  5. No  → GO TO PCGOB16

PCGOB7. [F1]-Help
PCG In-Home Observation
How dark or perceptually monotonous was the interior of the home?

PCGOB8. [F1]-Help
PCG In-Home Observation
How cluttered were the visible rooms in the home?

PCGOB9. [F1]-Help
PCG In-Home Observation
How clean were the visible rooms in the home?

PCGOB10. PCG In-Home Observation
Is there evidence of falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames and heat, or frayed electrical wires?
1. Yes  5. No

PCGOB10A. PCG In-Home Observation
Did you see childproofing in the home (e.g. pads on sharp furniture edges, gates on stairs, covers on electrical sockets)?
1. Yes  5. No

PCGOB11. [F1]-Help
PCG In-Home Observation
Did the home have at least 100 square feet of living space per resident?
1. Yes  5. No

PCGOB12. [F1]-Help
PCG In-Home Observation
In terms of available floor space, how overcrowded with furniture were the rooms?

PCGOB13. [F1]-Help
PCG In-Home Observation
How noisy was it in the home from inside noises (e.g., from television, shouts of children, radio)?
PCGOB14. [F1]-Help
PCG In-Home Observation
How noisy was it in the home from outside noises (e.g., from a train, cars, people, music)?

PCGOB15. PCG In-Home Observation
Are there any obvious signs of recent alcohol or non-prescription drug consumption in the home (e.g., drug paraphernalia, beer cans, liquor bottles)?

PCGOB16. [F1]-Help
PCG In-Home Observation
Overall, how would you rate the general condition of housing units or other buildings in the face-block?
   1. Well kept, good repair  2. Fair condition  3. Poor condition (peeling paint, broken windows)
   4. Badly deteriorated  5. Not observed

PCGOB17. [F1]-Help
PCG In-Home Observation
How would you rate the condition of the street surface in the face-block?
   3. Fair - minor repairs needed, but not rough surface  4. Poor – potholes and other evidence of neglect
   5. Not observed

PCGOB19. PCG In-Home Observation
Were there drug-related paraphernalia, condoms, beer, or liquor containers or packaging, cigarette butts, or discarded cigarette packages in the street or on the sidewalk?
   1. None, or almost none  2. Not a lot  3. Quite a bit  4. Just about everywhere  5. Not observed

PCGOB18. [F1]-Help
PCG In-Home Observation
How much garbage, litter, or broken glass (except beer/liquor bottles) was in the street or on the sidewalk (including around the dwelling unit and neighboring houses)?
   1. None, or almost none  2. Not a lot  3. Quite a bit  4. Just about everywhere  5. Not observed

End PCOBS

PCOBS_END. You have reached the end of PCG WCJ assessment and in-home observations.
   • ENTER [1] to continue
      1. Continue
Assessment End

TOC

WCJSEC_END. Interviewer checkpoint:
End of PCG WCJ parallel block

• ENTER [1] to continue

1. Continue \rightarrow RETURN TO BLOCKSTATUS

End WCJ

WCJPARALLELSTATUS. Status of Parallel Block – PCG WJ Assessment

3. Not Started
   Parallel block not started

4. Started
   Parallel block in progress

5. Done (Finish Obs)
   Assess & Obs complete; In-Home Obs in progress

6. Obs Done
   In-Home Obs complete

7. Mode Invalid-Design
   CURRPREFMODE=TEL

8. Mode Invalid-R
   CONSENTINHOMEF2F_TEL=TEL; or WCJ.PCFTF_TEL=TEL

9. Unable to Administer
   CONSENTVOL=2; or ASSESSVOL=2

11. PCG REF-Obs Only
    ASSESSVOL=5; In-Home Obs in progress

13. R REF-Obs Only
    CONSENTVOL=5; In-Home Obs in progress

15. Done
    PRELOAD.PCGWCJ=Yes
Fall 2020 COVID-19 Interview

Interview Start

TOC

COVID19

SEC_START. Interviewer checkpoint:
Start of COVID-19 interview
• ENTER [1] to continue
1. Continue

IW_START. Start Date of Interview (assigned)

MM/DD/YYYY

F2F_TEL. Interviewer checkpoint:
• Indicate whether this interview is being conducted face to face or on the telephone.
1. Face to face 2. Telephone

PCGCONFIRM. Interviewer checkpoint:
• This interview may only be conducted with the CDS 2019 PCG.
Confirm PCG’s info
Name: [PCGFNAME] [PCGLNAME]
Age: [PCGAGE]
Birthday: [PCGB_MONTH]/[PCGB_DAY]/[PCGB_YEAR]
• ENTER [1] to continue
1. Continue

INTRO. PCG: [PCGFNAME] [PCGLNAME]
(Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.)
You have been selected to be part of an important study called the F.E.S. (Family Economics Study) Child Development Supplement.
The purpose of this study is to understand how families, schools, and neighborhoods affect children’s and adolescents’ growth and development.
• ENTER [1] to continue
1. Continue

RECORD Rule: Whether Interview Selected for Recording (CDS19 Fall Follow-Up 2020 - 100%)

Selected for Recording (RECORDIW=Yes)  All Others  → GO TO VOLSTMT
↓
RECORDEDIW_CONSENT. PCG: [PCGFNAME] [PCGLNAME]

We sometimes record interviews to help us maintain quality. Your interview may be recorded for quality control purposes. Do you agree for this interview to be recorded for quality control? You can still participate if you do not agree to the interview being recorded.

- If R agrees to the RECORDING of this interview, ENTER [1]
- If R does not agree to the RECORDING of this interview, ENTER [5]
- If resuming a suspended interview, RE-READ the consent and ENTER [1] if R agrees to recording or [5] if R does not agree to recording

1. Yes 2. Unable to Administer (approved partials only)  → RETURN TO BLOCKSTATUSOVERALL (COVID19ParallelStatus=9)  5. No

↓

VOLSTMT. PCG: [PCGFNAME] [PCGLNAME]

Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 30 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] activities during one weekday and one weekend day.

We are offering you $[COVID19.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional $[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child’s set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children].

Do you have any questions for me?

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only)  5. If Vol: PCG refuses to continue

↓

(COVID19ParallelStatus=9) (COVID19ParallelStatus=17)

RETURN TO BLOCKSTATUSOVERALL
Confirmation of CDS Children and Other Adults

Repeat CHFUHU[1..15] for each CDS Child preloaded; [1..15]=Which CDS Child

CHFUHU[1..15].  [F1]-Help

PCG: [PCGFNAME] [PCGLNAME]
CDS Child: [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[LOOP 1: Before getting started, I’d like to confirm who is living (here / there). / LOOPS 2-15: (Before getting started, I’d like to confirm who is living (here / there).)]

[LOOP 1: Is [CHFNAME] [CHLNAME] still living (here / there) as part of the family? / LOOPS 2-15: How about [CHFNAME] [CHLNAME]? (Is [CHFNAME] [CHLNAME] still living (here / there) as part of the family?)]

• If Yes, ENTER [1] FU Member
• If No, ENTER as follows:
  [5] Child is no longer living with PCG: has moved out to live with someone else or another family member
  [6] Child is no longer living with PCG: has moved out on (his/her) own, to set up (his/her) own household
  [7] Child has died
  [8] Child is in jail or prison
  [9] Child is away in the military
  [10] Child is away at school
  [11] Child is in a health facility
  [12] Child is in some other institution

• If R says “moved out”, PROBE: Is [he / she] living with someone else, did [he / she] move out on [his / her] own, is [he / she] away at school, or what?

  1. FU member 5. Living with someone else 6. Moved out 7. Died

SIGNAL for CHFUHU=6: Are you sure this CDS child has moved out on their own, independently, such as an emancipated minor? If not, go back and change to 5. Living with someone else.

Repeat OAFUHU[1..15] for each Other Adult preloaded; [1..15]=Which Other Adult

OAFUHU[1..15].  [F1]-Help

PCG: [PCGFNAME] [PCGLNAME]
Other adult: [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

[LOOP 1: Is [OAFNAME] [OALNAME] still living (here / there) as part of the family? / LOOPS 2-15: How about [OAFNAME] [OALNAME]? (Is [OAFNAME] [OALNAME] still living (here / there) as part of the family?)]

• If Yes, ENTER [1] FU Member
• If No, ENTER as follows:
  [6] No longer living with PCG: has moved out on (his/her) own, to set up (his/her) own household
  [7] Died
  [8] In jail or prison
  [9] Away in the military
  [10] Away at school
  [11] In a health facility
  [12] In some other institution

• If R says “moved out”, PROBE: Has [he / she] moved out on [his / her] own, is [he / she] away at school, or what?

CURRCDSKIDS. Number of CDS19 Children Living with the PCG or in an Institution (Assigned)

0 - 15

CURROTHADLT. Number of CDS19 Other Adults Living with the PCG or in an Institution (Assigned)

0 - 15

FUCONfirm. Interviewer checkpoint:

- Review with Respondent. If necessary, go back to make changes.

List of PCG, CDS Children and Other Adults Currently in the FU or Institutional

PCG: [PCGFNAME] [PCGLNAME], Birthday [MM/DD/YYYY]

CDS Children: [CURRCDSKIDS=0: None] / ALL OTHERS: [CHFNAME] [CHLNAME], Birthday [MM/DD/YYYY]

Other Adults: [CURROTHADLT=0: None] / ALL OTHERS: [OAFNAME] [OALNAME], Birthday [MM/DD/YYYY]

- ENTER [1] to confirm family listing and continue

IHC Rule: Assignment of in-Home Component Block Status

| Child is Living with Someone Else, Moved Out or Died (CHFUHU[ ] = 5, 6, 7) |
| Assign Individual Child Status Codes MeasurementParallelStatus[ ],TDChildrenParallelStatus[ ] and LinkChildrenParallelStatus[ ] = 9 (Unable to Administer) |
PCG COVID-19 Health Series

CVH1. [F1]-Help

The next few questions are about the COVID-19 pandemic that started in March 2020. Has anyone now living with you, including yourself, had COVID-19? Please include those diagnosed with COVID-19 and those who you believe have had COVID-19.

1. Yes  5. No

→ GO TO CVF1

↓

CVH2. [F1]-Help

Have you been tested for the COVID-19?

1. Yes  5. No

CVH3. [F1]-Help

Have you talked to a doctor or other health care professional about whether you may have had COVID-19?

1. Yes  5. No

→ GO TO CVH6

↓

CVH4. [F1]-Help

Did they say that you definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID-19?

1. Definitely had COVID-19  3. May have had COVID-19  4. Probably did not have COVID-19
2. Probably had COVID-19  5. Definitely did not have COVID-19

DK/RF

↓

GO TO CVH6

CVH5MO. In what month and year was that?

• ENTER Month or Season (Enter Year at next screen)
• If DK month, PROBE: Do you know what season it was?


CVHSYR. (In what year was that?)

• The month entered is: [CVH5MO]
• ENTER the year below

2019 - 2020

GO TO CVH8CKPT

CVH6. [F1]-Help

Did you have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe you had COVID-19?

1. Yes  5. No

→ GO TO CVH8CKPT

↓
CVH7MO. In what month and year was that?
- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?


CVH7YR. (In what year was that?)
The month entered is: [CVH7MO]
- ENTER the year below

2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)
3. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)
5. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)

↓
GO TO CVH11CKPT GO TO CVHCHCKPT

CVH8MO. In what month and year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]? 
- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?


CVH8YR. (In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)
The month entered is: [CVH8MO]
- ENTER the year below

2019 - 2020

CVH9. Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?
1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [F1]-Help
Did the test indicate you had COVID-19?
1. Yes 5. No 7. Waiting for the results (VOL)

CVH11CKPT. CATI Checkpoint: Whether Diagnosed with COVID19

1. Definitely or Probably (CVH4=1, 2) 5. All Others (CVH4<>1, 2) → GO TO CVH14
CVH11. [F1]-Help
Were you admitted to a hospital because of COVID-19?

1. Yes  5. No → GO TO CVH14

CVH12. How many nights did you spend in the hospital?

• Enter a number from 1 to 200

1 - 200

CVH13. Did you require any of the following treatments?

• READ LIST
• ENTER all that apply

1. Oxygen (in the nose or using a facemask)?
2. Intensive care or ICU monitoring?
3. A breathing tube or ventilator?
6. Other-specify (DO NOT READ) [CVH13SPEC, Please specify. (String 100)]
7. None of the above (DO NOT READ)

GO TO CVH16

CHECK: You cannot select “None” in conjunction with other responses.

CVH14. [F1]-Help
Did you have any COVID-19 symptoms?

1. Yes  5. No → GO TO CVH16

CVH15. Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?


CVH16. [F1]-Help
Are you currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?

1. Yes  5. No → GO TO CVHCHCKPT

CVH17. Are these physical health effects, mental health effects, or both?


CVH18. [F1]-Help
How bad or bothersome are the lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]? Would you say they are mild, moderate, severe or very severe?

CVHCCHILD[1..15] [1..15]=Which CDS Child

CVH2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Has [CHFNAME] been tested for the COVID-19?
   1. Yes   5. No

CVH3. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Have you talked to a doctor or other health care professional about whether [CHFNAME] may have had COVID-19?
   1. Yes   5. No
   → GO TO CVH6

↓

CVH4. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did they say that [he / she] definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID19?
   1. Definitely had COVID-19  3. May have had COVID-19  4. Probably did not have COVID-19
   2. Probably had COVID-19  5. Definitely did not have COVID-19
   DK/RF
   ↓
   GO TO CVH6

CVH5MO. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
In what month and year was that?
   • ENTER Month or Season (Enter Year at next screen)
   • If DK month, PROBE: Do you know what season it was?

CVH5YR. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(In what year was that?)
   • The month entered is: [CVH5MO]
   • ENTER the year below
   2019 - 2020
   GO TO CVH8CKPT

CVH6. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did [CHFNAME] have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe [he / she] had COVID-19?
   1. Yes   5. No
   → GO TO CVH8CKPT
   ↓
CVH7MO. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
In what month and year was that?
• ENTER Month or Season (Enter Year at next screen)
• If DK month, PROBE: Do you know what season it was?


CVH7YR. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(In what year was that?)
The month entered is: [CVH7MO]
• ENTER the year below
2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)
   3. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)
   5. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)

   ↓

   GO TO CVH11CKPT       GO TO CVHCHILD END RULE

CVH8MO. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
In what month and year was [he / she] tested [CVH3=YES: to receive [his / her] diagnosis / CVH3<>YES: most recently]?
• ENTER Month or Season (Enter Year at next screen)
• If DK month, PROBE: Do you know what season it was?


CVH8YR. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)
The month entered is: [CVH8MO]
• ENTER the year below
2019 - 2020

CVH9. Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?

1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did the test indicate [he / she] had COVID-19?
1. Yes 5. No 7. Waiting for the results (VOL)
CVH11 CKPT. CAI Checkpoint: Whether Diagnosed with COVID19

1. Definitely or Probably (CVH4=1, 2) 5. All Others (CVH4<>1, 2) → GO TO CVH14

↓

CVH11. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Was [CHFNAME] admitted to a hospital because of COVID-19?

1. Yes 5. No → GO TO CVH14

↓

CVH12. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
How many nights did [he / she] spend in the hospital?
• Enter a number from 1 to 200

1 - 200

CVH13. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Did [he / she] require any of the following treatments?
• READ LIST
• ENTER all that apply

1. Oxygen (in the nose or using a facemask)?
2. Intensive care or ICU monitoring?
3. A breathing tube or ventilator?
6. Other-specify (DO NOT READ) (Please specify. (String 100))
7. None of the above (DO NOT READ)

GO TO CVH16

CVH14. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Did [CHFNAME] have any COVID-19 symptoms?

1. Yes 5. No → GO TO CVH16

↓

CVH15. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?


CVH16. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Is [he / she] currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?

1. Yes 5. No → GO TO CVHCHILD END RULE

↓

CVH17. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Are these physical health effects, mental health effects, or both?

How bad or bothersome are the lingering physical or mental health effects from COVID-19? Would you say they are mild, moderate, severe or very severe?

Other Adults COVID-19 Health Series (Adults Reported in CDS19)

CVHOACKPT: Whether Any CDS19 Other Adult Currently Lives with CDS19 PCG or is Institutional

<table>
<thead>
<tr>
<th>1. One or More Other Adult is Eligible (OAFUHU[]=FU or INST)</th>
<th>5. No Eligible Other Adults → GO TO CVF1</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓ For each Eligible Other Adult</td>
<td></td>
</tr>
</tbody>
</table>

CVHOA[1..15][1..15]=Which Other Adult

CVH2. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Has [OAFNAME] been tested for COVID-19?

1. Yes 5. No

CVH3. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Has [OAFNAME] talked to a doctor or other health care professional about whether [he / she] may have had COVID-19?

1. Yes 5. No → GO TO CVH6

CVH4. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did they say that [he / she] definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID19?

1. Definitely had COVID-19 3. May have had COVID-19 4. Probably did not have COVID-19
2. Probably had COVID-19 5. Definitely did not have COVID-19 DK/RF

GO TO CVH6

CVHSMO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?


CVHSYR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

(In what year was that?)

- The month entered is: [CVHSMO]
- ENTER the year below

2019 - 2020

GO TO CVH8CKPT

CVH6. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did [OAFNAME] have symptoms or exposure (for example, to a family member with COVID-19) that led [him / her] to believe [he / she] had COVID-19?

1. Yes 5. No → GO TO CVH8CKPT
CVH7MO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
In what month and year was that?
• ENTER Month or Season (Enter Year at next screen)
• If DK month, PROBE: Do you know what season it was?


CVH7YR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
(What year was that?)
The month entered is: [CVH7MO]
• ENTER the year below
2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)
2. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)
3. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)

↓
GO TO CVH11CKPT  GO TO CVHOA END RULE

CVH8MO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
In what month and year was [he/she] tested [CVH3=YES: to receive [his/her] diagnosis / CVH3<>YES: most recently]?
• ENTER Month or Season (Enter Year at next screen)
• If DK month, PROBE: Do you know what season it was?


CVH8YR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
(In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)
The month entered is: [CVH8MO]
• ENTER the year below
2019 - 2020

CVH9. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?
1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did the test indicate [he/she] had COVID-19?
1. Yes 5. No 7. Waiting for the results (VOL)
CVH11CKPT. CAI Checkpoint: Whether Diagnosed with COVID-19

1. Definitely or Probably (CVH4=1, 2)  5. All Others (CVH4<>1, 2) → GO TO CVH14

↓

CVH11. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Was [OAFNAME] admitted to a hospital because of COVID-19?

1. Yes  5. No → GO TO CVH14

↓

CVH12. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
How many nights did [he / she] spend in the hospital?

• Enter a number from 1 to 200

1 - 200

CVH13. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
Did [he / she] require any of the following treatments?

• READ LIST
• ENTER all that apply

1. Oxygen (in the nose or using a facemask)?
2. Intensive care or ICU monitoring?
3. A breathing tube or ventilator?
4. Other-specify (DO NOT READ) (Please specify, (String 100))
5. None of the above (DO NOT READ)

GO TO CVH16

CVH14. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did [OAFNAME] have any COVID-19 symptoms?

1. Yes  5. No → GO TO CVH16

↓

CVH15. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?


CVH16. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Is [he / she] currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?

1. Yes  5. No → GO TO CVHOA END RULE

↓

CVH17. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
Are these physical health effects, mental health effects, or both?

CVH18. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
How bad or bothersome are the lingering physical or mental health effects from COVID-19
[CVH14=YES: or these symptoms]? Would you say they are mild, moderate, severe or very severe?


CVHOA END Rule: Whether There are More Eligible CDS19 Other Adults

More Eligible Other Adults → REPEAT CVHOA.CVH2-CVH18  No More Eligible Other Adults

End CVHOA
COVID-19 Financial Series

CVF1. [F1]-Help
The next few questions are about how the COVID-19 pandemic may have affected you [>1 FU MEMBER: and your family] financially.
Were you [>1 FU MEMBER: or someone in your family living there] laid off or furloughed because of the COVID-19 pandemic?
1. Yes  5. No

CVF2. [F1]-Help
Because of the COVID-19 pandemic, did you [>1 FU MEMBER: or someone in your family living there] lose any earnings?
1. Yes  5. No

CVF3. [F1]-Help
During the COVID-19 pandemic, were you [>1 FU MEMBER: or someone in your family living there] working in a job that was considered essential work?
1. Yes  5. No

CVF4. [F1]-Help
During the COVID-19 pandemic, did you [>1 FU MEMBER: or someone in your family living there] only work from home?
1. Yes  5. No

CVF5. [F1]-Help
Did you [>1 FU MEMBER: or anyone in your family living there] have any financial difficulties due to the COVID-19 pandemic?
1. Yes  5. No → GO TO CVR1

↓

CVF6. [F1]-Help
How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties due to the COVID-19 pandemic - did you cut back on spending?
1. Yes  5. No

CVF7. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Use savings in your bank or credit union savings account?
1. Yes  5. No

CVF8. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Put off paying the rent or mortgage?
1. Yes  5. No
CVF9. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to COVID-19 the pandemic) - did you)
Put off paying any other bills?
1. Yes 5. No

CVF10. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Use your credit card more than you usually would?
1. Yes 5. No

CVF11. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Use money from your retirement savings?
1. Yes 5. No

CVF12. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Obtain financial help from a family member who does not currently live with you?
1. Yes 5. No

CVF13. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
File for unemployment insurance?
1. Yes 5. No

CVF14. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Use a food bank or other emergency community support?
1. Yes 5. No

CVF15. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Draw down on existing equity or line of credit loans more than you usually would?
1. Yes 5. No

CVF16. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Take out a loan from a bank, credit union, or other financial institution?
1. Yes 5. No
CVF17. [F1]-Help
(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)
Do something else?

1. Yes → CVF17SPEC. Please specify. (String 100)
5. No
Food Security

Household Stage 1

CVR1. Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days.

The first statement is “[1 ADULT: I / >1 ADULT: We] worried whether [1 ADULT: my / >1 ADULT: our] food would run out before [1 ADULT: I / >1 ADULT: we] got money to buy more.”

Was that often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true

CVR2. “The food that [1 ADULT: I / >1 ADULT: we] bought just didn’t last, and [1 ADULT: I / >1 ADULT: we] didn’t have money to get more.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

CVR3. “[1 ADULT: I / >1 ADULT: We] couldn’t afford to eat balanced meals.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

Household Stage 2

CVR4CKPT. CAI Checkpoint: Whether One or More of CVR1-CVR3 Endorsed

1. One or More CVR1, CVR2, CVR3 = Often, Sometimes 5. All Others → GO TO CVR9CKPT

CVR4. In the last 30 days, did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn’t enough money for food?

1. Yes 5. No → GO TO CVR5

CVR4A. In the last 30 days, how many days did this happen?

1 - 30

CVR5. In the last 30 days, did you ever eat less than you felt you should because there wasn’t enough money for food?

1. Yes 5. No

CVR6. In the last 30 days, were you ever hungry but didn’t eat because there wasn’t enough money for food?

1. Yes 5. No

CVR7. In the last 30 days, did you lose weight because there wasn’t enough money for food?

1. Yes 5. No
Household Stage 3

CVR8CKPT. CAI Checkpoint: Whether One or More of CVR4-CVR7 Endorsed

1. One or More CVR4, CVR5, CVR6, CVR7 = Yes 5. All Others → GO TO CVR9CKPT

CVR8. In the last 30 days, did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever not eat for a whole day because there wasn’t enough money for food?

1. Yes 5. No → GO TO CVR9

CVR8A. In the last 30 days, how many days did this happen?

1 - 30

Child Stage 1

CVR9CKPT: Whether Any CDS19 CDS Child Currently Lives with CDS19 PCG or is Institutional

1. One or More CDS Child is Eligible (1+ CHFUHU[1..15]=FU or INST) 5. No Eligible CDS Children → GO TO CVN0

CVR9. Now I’m going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 30 days for your [1 CDS CHILD: child / >1 CDS CHILD: children living in the household who are under 18 years old].

“[1 ADULT: I / >1 ADULT: We] relied on only a few kinds of low-cost food to feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] because [1 ADULT: I was / >1 ADULT: we were] running out of money to buy food.”

Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true

CVR10. “[1 ADULT: I / >1 ADULT: We] couldn’t feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] a balanced meal, because [1 ADULT: I / >1 ADULT: we] couldn’t afford that.”

Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true

CVR11. “[1 ADULT: My / >1 ADULT: Our] [1 CDS CHILD: child was / >1 CDS CHILD: children were] not eating enough because [1 ADULT: I / >1 ADULT: we] just couldn’t afford enough food.”

Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true
Child Stage 2

CVR12CKPT. CAI Checkpoint: Whether One or More of CVR9-CVR11 Endorsed

| 1. One or More CVR9, CVR10, CVR11 = Often, Sometimes | 5. All Others | → GO CVN0 |

CVR12. In the last 30 days, did you ever cut the size of [1 CDS CHILD: your child / >1 CDS CHILD: any of the children's] meals because there wasn't enough money for food?

1. Yes 5. No

CVR13. In the last 30 days, did [1 CDS CHILD: your child / >1 CDS CHILD: any of the children] ever skip meals because there wasn't enough money for food?

1. Yes 5. No → GO TO CVR14

CVR13A. In the last 30 days, how many days did this happen?

1 - 30

CVR14. In the last 30 days, [1 CDS CHILD: was your child / >1 CDS CHILD: were the children] ever hungry but you just couldn't afford more food?

1. Yes 5. No

CVR15. In the last 30 days, did [1 CDS CHILD: your child / >1 CDS CHILD: the children] ever not eat for a whole day because there wasn't enough money for food?

1. Yes 5. No
CVN0. Now I have a few questions about your health. Would you say your health in general is excellent, very good, good, fair, or poor?


CVN1. During the past 30 days, how often did you...
Feel nervous?
Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN2. (During the past 30 days, how often did you...)
Feel hopeless?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN3. (During the past 30 days, how often did you...)
Feel restless or fidgety?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN4. (During the past 30 days, how often did you...)
Feel that everything was an effort?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN5. (During the past 30 days, how often did you...)
Feel so sad nothing could cheer you up?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN6. (During the past 30 days, how often did you...)
Feel worthless?
(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time  2. A little of the time  3. Some of the time  4. Most of the time  5. All of the time

CVN7CKPT. CAI Checkpoint: Whether Any Symptoms CVN1-CVN6 Endorsed

1. Any Item CVN1-CVN6 = Some, Most or All  5. All Others → GO TO COVIDCKPT

CVN7. [F1]-Help
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?

1. More often than usual  2. Less often than usual  3. About the same as usual  4. DK/RF

GO TO CVN9
CVN8. [F1]-Help
   Was it a lot [more / less], somewhat [more / less], or only a little [more / less] often than usual?
   1. A lot [more/less] than usual  2. Somewhat [more/less] than usual  3. Only a little [more/less] than usual

CVN9. How much do these feelings usually interfere with your life or activities – a lot, some, a little, or not at all?
CDS Children Health, School Attendance, Activities

TOC

COVIDCKPT. CAI Checkpoint: Whether Any CDS19 CDS Child Currently Lives with CDS19 PCG or is Institutional

1. One or More CDS Child is Eligible (CHFUHU[]=FU or INST)  
5. No Eligible CDS Children → GO TO IWCLOSE

↓ For each Eligible CDS Child

COVID[1..15] [1..15]=Which CDS Child

General Health

CVA2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Next, I have some questions about [CHFNAME] [CHLNAME].
Would you say [CHFNAME]’s health in general is excellent, very good, good, fair, or poor?

SDQ Strengths and Difficulties

CVB1CKPT. CAI Checkpoint: Age of Child in CDS19 and Whether Selected for SDQ in CDS19 or 2020

Age 3-18 (PRELOAD.CHILD[].AGE)  
5. All Others → GO TO CV1CKPT

1. Selected in CDS19 (PRELOAD.CHILD[].ASKSDQ=Yes)  
3. Randomly Selected for 2020 (Up to 2 additional children)

↓

CVB1B. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months.
[He / She] is restless, overactive, cannot stay still for long.
Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?
1. Not true 2. Somewhat true 3. Certainly true

CVB1C. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] often complains of headaches, stomach-aches or sickness.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

CVB1E. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] often loses [his/her] temper.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

CVB1F. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is rather solitary, prefers to play alone [AGE 11-18: than with other youth].
(Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true
CVB1G. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is generally well behaved, usually does what adults request.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1H. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] has many worries or often seems worried.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1K. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is constantly fidgeting or squirming.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1L. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months.
[He / She] has at least one good friend.
  1. Not true  2. Somewhat true  3. Certainly true

CVB1M. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] often fights with other children or bullies them.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1N. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is often unhappy, depressed or tearful.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1O. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is generally liked by other [AGE 3-10: children / AGE 11-18: youth].
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1P. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is easily distracted, concentration wanders.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true

CVB1Q. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] is nervous or clingy in new situations, easily loses confidence.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
  1. Not true  2. Somewhat true  3. Certainly true
CVB1S1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] is often argumentative with adults.  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1S2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] often lies or cheats.  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1T. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] is picked on or bullied by other [AGE 3-10: children / AGE 11-18: youth].  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1V. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] can [AGE 3-4: stop and] think things out before acting.  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1W1CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 3-4 (PRELOAD.CHILD[].AGE)  5. All Others → GO TO CVB1W2CKPT

CVB1W1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] can be spiteful to others.  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1W2CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 5-18 (PRELOAD.CHILD[].AGE)  5. All Others → GO TO CVB1X

CVB1W2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] steals from home, school or elsewhere.  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true

CVB1X. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  
[He / She] gets along better with adults than with other [AGE 3-10: children / AGE 11-18: youth].  
(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)  
1. Not true 2. Somewhat true 3. Certainly true
CVB1Y. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] has many fears, easily scared.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

CVB1Z. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
[He / She] has a good attention span, sees work through to the end.
(Is that not true, somewhat true, or certainly true according to [CHFNAME]’s behavior over the last 6 months?)
1. Not true 2. Somewhat true 3. Certainly true

School Year 2019-2020: School Closure and Attendance

CV1CKPT. CAI Checkpoint: Child’s Grade in CDS19

1. Preschool, Kindergarten or Grade 1-12 (CHGRADE=1-12, 95, 96)  
5. All Others → GO TO CV10CKPT

↓

CV1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did [CHFNAME]’s school close or shift to online or other remote instruction for at least part of the last school year because of the COVID-19 pandemic?
• If Yes, PROBE: Did the school close with no shift to online or other remote instruction or did the school close and shift to online or other remote instruction?

1. Yes, school closed with no shift to online or other remote instruction  
2. Yes, school shifted to online or other remote instruction  
5. No 7. Child was home schooled or attended school online already (VOL) DK/RF

GO TO CV9  ↓  GO TO CV10CKPT

CV2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Did [CHFNAME]’s teachers provide online or other remote instruction until the scheduled end of the school year?
1. Yes 5. No

CV3. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
The next questions are about the period when [CHFNAME]’s school closed due to the COVID-19 pandemic until the scheduled end of the school year. Between the time [CHFNAME]’s school closed and the end of the school year, did [CHFNAME] continue to have schoolwork assigned to complete at home?
1. Yes 5. No → GO TO CV9

↓

CV4. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Overall, how many school assignments did [CHFNAME] complete? Would you say none, a few, some, most, or all of the assignments?
CV5. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Between the time [CHFNAME]'s school closed and the end of the school year,
Did [CHFNAME] attend class sessions online through a video conferencing service like Zoom
or Google Meet?
1. Yes 5. No → GO TO CV7
↓
CV6. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Overall, how many online class sessions did [CHFNAME] attend? Would you say
none, a few, some, most, or all of the class sessions?
↓
CV7. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Between the time [CHFNAME]'s school closed and the end of the school year,
How involved were you or other household members in helping [CHFNAME] with
schoolwork? Would you say extremely involved, very involved, somewhat involved, slightly
involved, or not at all involved?
1. Extremely involved 2. Very involved 3. Somewhat involved
4. Slightly involved 5. Not at all involved
↓
CV8. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Between the time [CHFNAME]'s school closed and the end of the school year,
About how many hours each school day did [CHFNAME] spend on learning activities?
• Enter a number from 0 to 24
0 - 24
↓
CV9. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Compared with [CHFNAME]'s learning situation before the COVID-19 pandemic, would you say [CHFNAME]'s
learning during the COVID-19 pandemic last school year was much better, a little better, about the same, a little
worse, or much worse?
1. Much better 2. A little better 3. About the same 4. A little worse 5. Much worse
↓
Spring 2020: Activities
CV10CKPT. CAI Checkpoint: Child’s Grade in CDS19
1. Too Young, Preschool, Kindergarten or Grade 1-6
(CHGRADE=1-12, 95, 96, 97) 5. All Others → GO TO CV11CKPT
↓
CV10. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Last spring, during the COVID-19 pandemic, that is, between March 2020 and May 2020, was [CHFNAME] cared
for by someone other than you or anyone else in the household at least part of the time [PRESCHOOL OR K-6:
when [CHILD] was not in school]?
1. Yes 5. No
CV11CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 5-18 (PRELOAD.CHILD[].AGE)  5. All Others → GO TO CV13CKPT

CV11. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020), how often did [CHFNAME] keep in contact with friends?
Would you say much more often, a little more often, about the same, a little less often, or much less often?
1. Much more often  2. A little more often  3. About the same  4. A little less often  5. Much less often

CV12. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),) How often did [CHFNAME] keep in contact with family living outside the household?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)
1. Much more often  2. A little more often  3. About the same  4. A little less often  5. Much less often

CV13CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 2-18 (PRELOAD.CHILD[].AGE)  5. All Others → GO TO CV14CKPT

CV13. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),) How often did [CHFNAME] watch TV or digital media?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)
1. Much more often  2. A little more often  3. About the same  4. A little less often  5. Much less often

CV14CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 5-18 (PRELOAD.CHILD[].AGE)  5. All Others → GO TO CV15CKPT

CV14. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),) How often did [CHFNAME] play video games?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)
1. Much more often  2. A little more often  3. About the same  4. A little less often  5. Much less often
CV15CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 9-18 (PRELOAD.CHILD[].AGE) 5. All Others → GO TO CV16CKPT

CV15. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),)
How often did [CHFNAME] use social media sites (like TikTok, Instagram, or YouTube)?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)
1. Much more often 2. A little more often 3. About the same 4. A little less often 5. Much less often

CV16CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 5-18 (PRELOAD.CHILD[].AGE) 5. All Others → GO TO CV17CKPT

CV16. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
In the spring, during the COVID-19 pandemic (that is, between March 2020 and May 2020), did the quality of the relationships between [CHFNAME] and members of [his / her] family become a lot worse, become a little worse, stay about the same, become a little better, or become a lot better?

Summer 2020: Activities

CV17CKPT. CAI Checkpoint: Child’s Grade in CDS19

1. Too Young, Preschool, Kindergarten or Grade 1-6 (CHGRADE=1-12, 95, 96, 97) 5. All Others → GO TO CV18CKPT

CV17. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
The next questions are about last summer, the period between June 2020 and August 2020. Last summer (between June and August 2020), was [CHFNAME] cared for by someone other than you or anyone else in the household at least part of the time?
1. Yes 5. No
CV18CKPT. CAI Checkpoint: Child’s Grade in CDS19

1. Kindergarten or Grade 1-12 (CHGRADE=1-12, 95) 5. All Others → GO TO CV23CKPT

CV18. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Last summer between June 2020 and August 2020, did [CHFNAME] attend an academic summer school program, either in person or online?

1. Yes 5. No

CV19. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Last summer between June 2020 and August 2020,
Did [CHFNAME] go away on an overnight trip?

1. Yes 5. No

CV20. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Last summer between June 2020 and August 2020,
Did [CHFNAME] attend a day camp, either in person or online?

1. Yes 5. No

CV21. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Last summer between June 2020 and August 2020,
Was [CHFNAME] active as a member of any athletic or sports teams?

1. Yes 5. No

CV22. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Last summer between June 2020 and August 2020,
Did [CHFNAME] take regular lessons such as music, dance, or drama, either in person or online?

1. Yes 5. No

CV23CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 12-18 (PRELOAD.CHILD[].AGE) 5. All Others → GO TO CV24CKPT

CV23. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]  [F1]-Help
Last summer between June 2020 and August 2020,
Did [CHFNAME] have a regularly paying job?

1. Yes 5. No
School Year 2020-2021: Attendance

CV24CKPT. CAI Checkpoint: Child’s Grade in CDS19

1. Preschool, Kindergarten or Grade 1-12 (CHGRADE=1-12, 95, 96) 
5. All Others → GO TO COVID END RULE

↓

CV24. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
What grade is [CHFNAME] currently enrolled in at school?

1. Grade 1
2. Grade 2
3. Grade 3
4. Grade 4
5. Grade 5
6. Grade 6
7. Grade 7
8. Grade 8
9. Grade 9
10. Grade 10
11. Grade 11
12. Grade 12
13. Graduated high school; GED; not currently enrolled in postsecondary school
14. College
15. Dropped out; has not earned GED
95. Kindergarten
96. Pre-kindergarten; nursery school
97. Not old enough for school
DK/RF

↓

GO TO COVID END RULE

CV25. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Is [CHFNAME] currently attending class at school or college in person at least part of the time?

1. Yes
5. No
7. Child is home schooled or attends an online school (VOL) DK/RF

↓

GO TO COVID END RULE

CV26. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
Since the start of the current school year (in August or September 2020), did [CHFNAME]’s school ever close or shift to online learning due to COVID-19?
• If “Yes”, PROBE: Did the school close with no instructional activity, did it shift to online or remote learning, or was there a mix of online and in-person attendance?

1. Yes, closed with no instructional activity
2. Yes, closed and shifted to online or remote learning
3. Yes, with a mix of online and in-person attendance
5. No, school has remained open

COVID END Rule: Whether There are More Eligible CDS Children

More Eligible CDS Children → REPEAT COVID.CVA2-CV26
No More Eligible CDS Children

↓

End COVID
Interview Close

IWCLOSE. Thank you, this concludes this portion of the interview. Next, I just need to verify some information that will help us contact you in the future.

- ENTER [1] to continue

1. Continue

IWLANG. Interviewer checkpoint:
Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English  2. Spanish  3. Language other than English or Spanish
Address Updates and Payment

TOC

CVRPAY

WTRPREPAID. Whether interview was prepaid
Assigned to COVID19.WTRPREPAIDLOAD

1. Interview was prepaid  5. Interview was not prepaid

AMTPREPAID. Prepayment Amount
Assigned to COVID19.AMTPREPAIDLOAD

0.00 – 999.00

PAYMENT. Standard Payment Amount
Assigned to COVID19.PAYMENTLOAD

0.00 – 999.00

RPSEC_START. Interviewer checkpoint:
   Start of RPay Block
   • ENTER [1] to continue

1. Continue

RPSTART. Start Date of Section (assigned)

MM/DD/YYYY

Mailing Address, Phones, Emails

RP2A. [F1]-Help

[NOT PREPAID: Before we go on to the next part of the interview, I’d like to make sure we have contact
information for you so that we can send you a check for $[PAYMENT] in appreciation of your help. In order for
the University of Michigan to send you a check or other correspondence, I must make sure that I have your
correct name and address. / PREPAID: This interview was PREPAID. In order for the University to keep in touch
with you, I must make sure that I have your correct contact information.]

• VERIFY/UPDATE R’s mailing address
• ENTER [1] to continue

1. Continue

CVRPAY.RMAILADDR

ADDRTYPE. Which Address (assigned)

2. RMailAddr

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”

• If no title, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
• VERIFY Title of Respondent: [PCG NAME] ([RTH])

String 6
NAMF. First Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY First Name of Respondent: [PCG NAME] ([RTH])
  String 20

NAMM. Middle Name
- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Middle Name of Respondent: [PCG NAME] ([RTH])
  String 20

NAML. Last Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY Last Name of Respondent: [PCG NAME] ([RTH])
  String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Suffix of Respondent: [PCG NAME] ([RTH])
  String 20

INCO. [F1]-Help
In Care Of
Now for your complete mailing address, as you would like it to appear on all correspondence from us. First, is there an "in care of" for your address?
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 40

ADDR1. Address 1
- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 40

APTSTE. Apt/Suite
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 10

ADDR2. Address 2
- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
  String 40

CITY. City
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
  String 40

STATE. State
- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”
  String 30
ZIP. Zip Code
- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

COUNTRY (STATE=Foreign Country). Country
- Start typing the name of the Foreign Country to bring up the look-up list

End RMAILADDR

CVRPAY.RPHONE

ADDRTYPE. Which Address (assigned)
- 2. RMailAddr

WTRCELL. Do you have a cell phone?
- Do NOT ask but ENTER [1] if you know R is using a cell phone
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

Down

CELLPH. Cell Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (_ _ _) _ _ _-_ _ _ _ → GO TO WTRHOME

Down

CELLFOR. Cell Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Do you a home phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP2G

Down

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (_ _ _) _ _ _-_ _ _ _ → GO TO RP2G

Down

HOMEFOR. Home Phone - Foreign Number
(What is the area code and phone number?)
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End RPHONE
CVRPAY.RP2G_H

RP2G. Is there an email address where we can contact you?

1. Yes 5. No → GO TO RP3A

RP2H. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RP2I. Is there another email address where we can contact you?

1. Yes 5. No → GO TO RP3A

RP2J. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

End RP2G_H

Physical/Street Address

RP3A. [F1]-Help

Is your street address where you actually live different from your mailing address?

- STREET ADDRESS is the address where R ACTUALLY LIVES, which is sometimes different from R's mailing address
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
- If R cannot report the full street address, ENTER [5]

1. Yes 5. No → GO TO RP4PPCKPT

CVRPAY.RP3B

INCO. [F1]-Help

In Care Of

Please tell me that address.

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- DO NOT enter PO Box here, since we are asking for a street address.→GO BACK to R's mailing address to enter PO Box
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10
ADDR2. Address 2
- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

ZIP. Zip Code
- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

COUNTRY (STATE=Foreign Country). Country
- Start typing the name of the Foreign Country to bring up the look-up list

End RP3B

Prepayment/Who Receives Payment/Other Payee

RP4PPCKPT. CAI Checkpoint: Whether Interview Incentive Was Prepaid

1. Prepaid (CVRPAY.WTRPREPAID=1)  5. Not Prepaid (CVRPAY.WTRPREPAID=5)  → GO TO RP4A

RP4PP. Interviewer Checkpoint
- This interview was prepaid $[CVRPAY.AMTPREPAID] - was the prepayment received? ASK R if needed.
  - The standard payment amount for this interview is $[CVRPAY.PAYMENT]
  - Non-standard payment amounts can be $[CVRPAY.PAYMENT] to $[PAYMENT*2]
  - Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENT*2]
- Ctrl-D and Ctrl-R not allowed; For DK/RF, ENTER [1]

1. Yes, prepayment received and accepted  → Assign RP4A=1; GO TO RP7A
2. Yes, prepayment received but a different payment is needed
5. No, prepayment was not received

↓
RP4A. [F1]-Help

**PREPAID:** IWER: This interview was PREPAID $[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed.

You may accept the [NOT PREPAID: $[CVRPAY.PAYMENT] / PREPAID: payment] or have it sent to someone else of your choosing. Which would you prefer?

- [AGE 8-11: Confirm with R or PCG whether Child or someone else should receive incentive]
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [1]

1. Respondent accepts $[CVRPAY.PAYMENT]
2. Other person should receive $[CVRPAY.PAYMENT]
3. Payment declined (Vol)

GO TO RP7A

CVRPAY.RP4B

**ADDRTYPE.** Which Address (assigned)

3. Other Payee

**TITLE.** Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”

Who would you like to receive the check? To what address should we send the check?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

**NAMF.** First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

**NAMM.** Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

**NAML.** Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

**SUFX.** Suffix -- e.g. “Sr”, “Jr”

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

**INCO.** [F1]-Help

In Care Of

Is there an “in care of” for this address?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

**ADDR1.** Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40
APTSTE. Apt/Suite
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2
  • IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
  • If none, PRESS [Enter] to continue
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City
  • Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State
  • Start typing the name of the State to bring up the look-up list
  • If foreign country, ENTER [FOR] to select “Foreign Country”

String 30

ZIP. Zip Code
  • If foreign country, ENTER all [0]’s
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

String 10

COUNTRY (STATE=Foreign Country). Country
  • Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP4B

CVRPAY.OPPHONE

ADDRTYPE. Which Address (assigned)
  3. Other Payee

WTRCELL. Does [RP4B.NAMF] [RP4B.NAML] have a cell phone?
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME
  ↓

CELLPH. Cell Phone - Area Code and Telephone Number
  What is the area code and phone number?
  • If foreign phone, PRESS [ENTER] to go to foreign phone field
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] ( _ _ ) _ _ _ _ _ _ → GO TO WTRHOME
  ↓

CELLFOR. Cell Phone - Foreign Number
  (What is the area code and phone number?)
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20
WTRHOME. Does [RP4B.NAMF] [RP4B.NAML] have a home phone?
  • Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP5A

↓

HOMEPH. Home Phone - Area Code and Telephone Number
What is the area code and phone number?
  • If foreign phone, PRESS [ENTER] to go to foreign phone field
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] [(__)__]__-__-__ → GO TO RP7A

↓

HOMEOFOR. Home Phone - Foreign Number
(What is the area code and phone number?)
  • Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20
End OPPHONE

Payment

RP7A. Interviewer Checkpoint
  • Did Respondent use a cell phone to complete this interview?
  • If this IW was conducted FTF, ENTER [5]

1. Yes 5. No → GO TO RP9ACKPT

↓

RP7B. Interviewer Checkpoint
  • Was a cell phone payment offered by you or anyone else?

1. Yes 5. No

RP9ACKPT. CAI Checkpoint: Whether Payment Accepted or Declined

<table>
<thead>
<tr>
<th>Not Prepaid (CVRPAY.WTRPREPAID=5)</th>
<th>Prepaid (CVRPAY.WTRPREPAID=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepted (RP4A=1-3)</td>
<td>3. Prepay OK (RP4PP=1)</td>
</tr>
<tr>
<td>2. Declined (RP4A=4)</td>
<td>4. Prepay Not OK: Accepted (RP4PP=2, 5 &amp; RP4A=1-3)</td>
</tr>
<tr>
<td>5. Prepay Not OK: Declined (RP4PP=2, 5 &amp; RP4A=4)</td>
<td></td>
</tr>
</tbody>
</table>

↓
GO TO RP8

GO TO RP8

↓
GO TO RP8
RP9A. [F1]-Help

Interviewer Checkpoint

[NOT PREPAID: Tell us the type of Respondent payment to make]
- The standard payment amount for this interview is $[CVRPAY.PAYMENT]
- Non-standard payment amounts can be $[CVRPAY.PAYMENT] to $[PAYMENTx2]
- ENTER [1, 7] or [2, 7] to record a cell phone payment and/or temporary mailing address in addition to a standard check/money order
- Ctrl-D and Ctrl-R not allowed

/PREPAID: IWER: This interview was PREPAID $[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed
- The standard payment amount for this interview is $[CVRPAY.PAYMENT]
- Non-standard payment amounts can be $[CVRPAY.PAYMENT] to $[PAYMENTx2]
- Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]
- ENTER [5] if a cash payment was made or ENTER [7] to request a check payment or special handling
- Ctrl-D and Ctrl-R not allowed

| NOT PREPAID: 1. Pay by check in standard amount of $[CVRPAY.PAYMENT] | Exclusive of 2, 5 |
| NOT PREPAID: 2. Pay by money order in standard amount of $[CVRPAY.PAYMENT] | Exclusive of 1, 5 |
| 5. Cash payment made | |
| 7. Special handling: [NOT PREPAID: Non-standard payment / PREPAID: Payment] amount, cell phone payment, temporary address | Exclusive of 1, 2, 7 |

**SIGNAL for RP9A=Money Order:** You have selected money order as method of payment. READ TO R: A money order would delay payment by 1-2 weeks, and if it is lost cannot be replaced for 6-8 weeks. Is that okay or should we issue a check instead? Change your selection to [1. Check] if necessary.

**SIGNAL for RP7B=Yes & RP9A=Check, Money Order & RP9A<>Special Handling:** Interview was completed using cell phone and CELL PHONE PAYMENT HAS BEEN OFFERED. Standard payments by check or money order: ENTER [7] in addition to [1] or [2]. Non-standard payment amounts: ENTER [7]. Cash payments: a separate screen will automatically ask for cell phone payment amount.

---

**RP9B Rule. Type of Payment Selected**

<table>
<thead>
<tr>
<th>Check or Money Order Only (RP9A=1, 2)</th>
<th>Cash (RP9A=5)</th>
<th>Special Handling (RP9A=(1, 2) &amp; 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO RP8</td>
<td>↓</td>
<td>GO TO RP9D</td>
</tr>
</tbody>
</table>

---

**Cash Payment**

RP9B. [F1]-Help

[PREPAID: IWER: This interview was PREPAID $[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

When did you make the [PREPAID: different/additional] cash payment?
- ENTER MM/DD/[CYEAR/CYEARPLUS1], with or without slashes
- Ctrl-D and Ctrl-R not allowed

_ _ / _ _ / _ _ _ _
**RP9C.** [F1]-Help

*PREPAID: IWER: This interview was PREPAID $[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed*

How much was the Respondent payment for this interview?

- The standard payment amount for this interview is $[CVRPAY.PAYMENT]
- Non-standard payment amounts can be $[CVRPAY.PAYMENT] to $[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is $40.00
- DO NOT INCLUDE amount for cell phone payment here - record this separately at the next screen
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

**NOT PREPAID:**

- $[CVRPAY.PAYMENT] – $[PAYMENTx2]
- $1.00 – $[PAYMENTx2]

```plaintext
Launch cash receipt: EDU form CDS19_PCIwCPR_190829.rtf
```

**RP9C2.** How much, if any, was the cash Respondent payment for cell phone use?

- ENTER either $0.00 or $10.00
- Standard payment for cell phone use is $10.00
- Ctrl-D and Ctrl-R not allowed

$0.00; 10.00

**SIGNAL for RP7B=Yes & RP9C2=0:** Interview was completed using cell phone and cell phone payment has been offered. **Cash payments:** [Record] amount paid.

---

**Special Handling**

**RP9D.** [F1]-Help

*PREPAID: IWER: This interview was PREPAID $[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed*

Please indicate the type(s) of [NOT PREPAID: special / PREPAID: payment/special] handling needed.

- ENTER all that apply
- Ctrl-D and Ctrl-R not allowed

**NOT PREPAID & RP9A<>CHECK, MO:** 1. Non-standard IW payment–check

2. Temporary mailing address

3. Cell phone use payment, $10

**PREPAID:** 4. Additional or new payment–check

7. Other-specify (RP9DSPEC. Please specify other special handling needed. But, go back to temporary address to record address where payment should be sent. (String 500))


**RP9DAMT Rule. Type of Special Handling**

<table>
<thead>
<tr>
<th>Non-Standard Payment Amount; Additional/New Payment Needed (RP9D=1, 4, 5)</th>
<th>All Others</th>
<th>GO TO RP9DADDR RULE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

↓
Special Handling - Non-Standard Amount or Additiona l/New Payment

RP9DAMT. [F1]-Help

*PREPAID: IWER: This interview was PREPAID $(CVRPAY.AMTPREPAID) but R reported the
prepayment was not received or a different/additional payment is needed]*

How much is the Respondent payment for this interview?
- The standard payment amount for this interview is $[CVRPAY.PAYMENT]
- Non-standard payment amounts can be $[CVRPAY.PAYMENT] to $[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is $40.00
- DO NOT INCLUDE amount for cell phone payment here - a separate check must be issued for cell phone payment. Go back to RP9d and select “3 - Cell phone payment”
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be $1.00 to $[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[NOT PREPAID: $[CVRPAY.PAYMENT] – [PAYMENTx2]/PREPAID: $1.00 – [PAYMENTx2]]

RP9DADDR Rule. Whether Temporary Mailing Address Selected

Temp Address (RP9D=2) All Others \(\rightarrow\) GO TO RP8

↓

Special Handling - Temporary Mailing Address

CVRPAY.RP9DADDR

ADDRTYPE. Which Address (assigned)

8. Temporary Mailing

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”

- What is that name and address?
  - If no title, PRESS [Enter] to continue
  - Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
  - If none, PRESS [Enter] to continue
  - Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr”

- If none, PRESS [Enter] to continue
  - Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20
INCO. [F1]-Help

In Care Of

Is there an “in care of” for this address?
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1
• IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2
• IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State
• Start typing the name of the State to bring up the look-up list
• If foreign country, ENTER [FOR] to select “Foreign Country”

String 30

ZIP. Zip Code
• If foreign country, ENTER all [0]'s
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country
• Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP9DADDR

CHECK for no payment selected (RP4A<>Declined & RP9A<>Check, MO, Cash & RP9D<>Non-standard, Additional/New Payment): You must select an interview payment type at RP9A or RP9D.
Thank You & Components Intro

RP8. As part of our quality control procedures, another interviewer from The University of Michigan may call you back to ask a few questions about this interview and to answer any questions you may have about the interview process.

[CURRCDSKIDS<>0: Due to the COVID19 pandemic, we suspended in home activities. Although we have not resumed in-person contact, we would like you to be able to participate in these important parts of the study.

Time Diaries
- Ask the PCG to find the Time Diaries that were mailed to (him/her) for each Child.
- Explain day of week and target dates. Answer any questions the PCG has.
- If PCG offers no resistance, negotiate target dates for the Time Diaries.
- Go to Time Diary Block for Children Age 0-17.
- If Time Diary pre-contact mailing with Time Diaries and Phys measure equipment have not been received, confirm address and request additional pre-contact mailing.

School & Birth Record Linkage Forms
You will receive consent forms to link to School and Birth Records for you and your children.
- Go to Linkage Block for PCG & Children Age 0-17.
- If PCG refuses for self, open PCG’s detail link and enter (5) PCG linkage refused.
- If PCG refuses for a specific child, open Child’s detail link and enter (5) PCG Refuses Birth (or School) Record Linkage for this Child.
- If PCG refuses all linkage consents for all children, SELECT the first child listed w/ “Birth Record and School Linkages”, and then ENTER (6) at both the School Linkage and CHBirthLink screens.
- Age of Majority - will we not present to AOM child directly, but will let PCG give them the Linkage forms

ENTER [1] to continue
1. Continue

Locator 1

RP10A. [F1]-Help
Interviewer Checkpoint
- Did you or any other interviewer offer a Locator Fee to get this interview?
1. Yes 5. No → GO TO RP12
↓

CVRPAY.RP10B

ADDRTYPE. Which Address (assigned)
6. Locator 1

TITLE. Title -- e.g. “Mr”, “Mrs”, “Ms”, “Miss”, “Dr”
Enter name and mailing address for Locator #1
- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
String 6

NAMF. First Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
String 20
NAMM. Middle Name
- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. “Sr”, “Jr
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help
In Care Of
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1
- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2
- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State
- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select “Foreign Country”

String 30

ZIP. Zip Code
- If foreign country, ENTER all [0]’s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

String 10

COUNTRY (STATE=Foreign Country). Country
- Start typing the name of the Foreign Country to bring up the look-up list

String 30
**SIGNAL for Locator 1:** IWER: Make sure that Helper/Locator’s name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP10B

**CVRPAY.L1PHONE**

**ADDRTYPE. Which Address; Assigned**

| 6. Locator 1 |

**WTRCELL.** Does [RP10B.NAMF] [RP10B.NAML] have a cell phone?
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

| 1. Yes | 5. No | → GO TO WTRHOME |

**CELLPH. Cell Phone - Area Code and Telephone Number**
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] *( _ _ _ ) _ _ _ - _ _ _ _* → GO TO WTRHOME

**CELLFOR. Cell Phone - Foreign Number**
What is the area code and phone number?
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

**HOMEPH. Home Phone - Area Code and Telephone Number**
What is the area code and phone number?
- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] *( _ _ _ ) _ _ _ - _ _ _ _* → GO TO RP10GG

**HOMEFOR. Home Phone - Foreign Number**
What is the area code and phone number?
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End L1PHONE
RP10G. [F1]-Help
What is (his/her) relationship to Respondent?

RP10H. [F1]-Help
How much did you offer Locator #1?
10. Ten dollars ($10)  15. Fifteen dollars ($15)  20. Twenty dollars ($20) - with TL approval

RP10I. [F1]-Help
Can Locator #1 be paid by check or did (he/she) request a money order?

GO TO RP11A

RP10J. When was Locator #1 paid?
• ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

Locator 2

RP11A. [F1]-Help
Interviewer Checkpoint
• Was there a second Locator Fee offered for this interview?
1. Yes  5. No → GO TO RPEND

GO TO RP11A

CVRPAY.RP11B

ADDRTYPE. Which Address; Assigned
7. Locator 2

TITLE. Title -- e.g. “Mr”, “MRS”, “Ms”, “Miss”, “Dr”
Enter name and mailing address for Locator #2
• If no title, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name
• Ask for Middle Name but do not probe DK or RF
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20
SUFX. Suffix -- e.g. “Sr”, “Jr”
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

INCO. [F1]-Help
In Care Of
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

ADDR1. Address 1
• IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

APTSTE. Apt/Suite
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

ADDR2. Address 2
• IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
• If none, PRESS [Enter] to continue
• Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

CITY. City
• Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

STATE. State
• Start typing the name of the State to bring up the look-up list
• If foreign country, ENTER [FOR] to select “Foreign Country”

ZIP. Zip Code
• If foreign country, ENTER all [0]’s
• Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]’s

COUNTRY (STATE=Foreign Country). Country
• Start typing the name of the Foreign Country to bring up the look-up list

SIGNAL for Locator 2: IWER: Make sure that Helper/Locator’s name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP11B
CVRPAY. L2PHONE

ADDRTYPE. Which Address; Assigned

7. Locator 2

WTRCELL. Does [RP11B.NAMF] [RP11B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (_ _ _) _ _ _ _ _ _ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP11B.NAMF] [RP11B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP11G

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (_ _ _) _ _ _ _ _ _ → GO TO RP11G

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End L2PHONE

RP11G. [F1]-Help
What is (his/her) relationship to Respondent?


RP11H. [F1]-Help
How much did you offer Locator #2?

10. Ten dollars ($10) 15. Fifteen dollars ($15) 20. Twenty dollars ($20) - with TL approval
RP11I. [F1]-Help
Can Locator #2 be paid by check or did (he/she) request a money order?

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GO TO RPEND

RP11J. When was Locator #2 paid?

- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

GO TO RPEND

RPEND. End Date of Section (assigned)

MM/DD/YYYY

RPSEC_END. You have reached the end of the Rpay section.
- Enter [1] to continue

1. Continue → GO TO IW_END

IWPAYWHO. Who Receives Interview Payment (assigned)

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. PCG / R</td>
<td>2. Other payee</td>
<td>3. Declined</td>
<td>4. Prepaid</td>
</tr>
</tbody>
</table>

IWPAYAMT. Amount of Interview Payment (assigned)

0.00

RP4PP=1 (CVRPAY.WTRPREPAID=1); RP4A=4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

[CVRPAY.PAYMENT] (+10.00)

RP9A=1, 2 (CVRPAY.WTRPREPAID=5)

[RP9C] (+[RP9C2])

RP9A=5 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

[RP9DAMT] (+10.00)

RP9A=7 & RP9D=1, 4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

IWPAYMODE. Mode of Interview Payment (assigned)

<p>| | | | |</p>
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RP9A=1 OR RP9D=1, 4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

RP9A=2 (CVRPAY.WTRPREPAID=5)

RP4A=4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

RP9A=5 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)

RP4PP=1 (CVRPAY.WTRPREPAID=1)

End RPAY
Interview End

IW_END. End Date of Interview (assigned)

   MM/DD/YYYY

SEC_END. Interviewer checkpoint:
   You have reached the end of the COVID-19 interview.
   Next, go to the Measurement block.
   • ENTER [1] to continue

   1. Continue → RETURN TO BLOCKSTATUSOVERALL

End COVID19

COVID19PARALLELSTATUS. Status of Parallel Block “Fall 2020 COVID-19 Interview”

   3. Not Started   Interview not started
   4. Started      Interview in progress
   9. Unable to Administer   RECORDIW_CONSENT=2 or VOLSTMT=2
  15. Done        Interview complete
  17. Refused    VOLSTMT=5