



# Child-Development Supplement

## *FOR PRIMARY CAREGIVER OF TARGET CHILD*

### *CHILD BOOKLET*

The University of Michigan  
Survey Research Center  
Institute for Social Research  
Ann Arbor, MI 48106

SAMPLE LABEL

INTERVIEWER LABEL

#### **THIS STATEMENT MUST BE READ TO ALL RESPONDENTS**

This interview is completely voluntary and confidential. If we should come to any question you do not want to answer, let me know and we'll go on to the next question. Your answers will be kept completely confidential.

Date of IW: \_\_\_\_\_  
Length of IW: \_\_\_\_\_  
Length of Edit: \_\_\_\_\_

A0. EXACT TIME NOW: \_\_\_\_\_

A1. INTERVIEWER CHECKPOINT

- 1. ASSESSMENT ALREADY COMPLETED FOR THIS CAREGIVER → TURN TO P. 3, A2.
- 2. ASSESSMENT NOT DONE → CONTINUE WITH PASSAGE COMPREHENSION ASSESSMENT.

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CHILD  
NAME LABEL

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Test 23: PASSAGE COMPREHENSION  
(PRIMARY CAREGIVER)

Basal: 6 lowest-numbered items correct  
Ceiling: 6 highest-numbered items failed

Score 1,0

- 1 \_\_\_\_\_ \*\*\*\*\*
- .....
- 2 \_\_\_\_\_ \*\*\*\*\*
- .....
- 3 \_\_\_\_\_ \*\*\*\*\*
- .....
- 4 \_\_\_\_\_ \*\*\*\*\*
- .....
- First      Last
- Trial      Trial
- A      \_\_\_\_\_      \_\_\_\_\_ \*\*\*\*\*
- .....
- 5 \_\_\_\_\_ \*\*\*\*\*
- .....
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- .....
- 40 \_\_\_\_\_ \*\*\*\*\*
- .....
- 41 \_\_\_\_\_ \*\*\*\*\*
- .....
- .....
- 42 \_\_\_\_\_ \*\*\*\*\*
- .....
- 43 \_\_\_\_\_ \*\*\*\*\*
- .....
- .....
- 
 Raw Score
- .....

SCORING TABLE	
Encircle entire row for the Raw Score	
Raw Score	Grade
Score Equivalent	

## SECTION A: CHILD HEALTH

- A2. I'd like to find out how tall (CHILD) is. Would you prefer to measure (him/her) yourself or shall I do it?

IWER: BE SURE CHILD IS NOT WEARING SHOES

\_\_\_\_\_ (INCHES)

- A3. What is (CHILD'S) current weight (in pounds)?

\_\_\_\_\_ (WEIGHT IN POUNDS) → GO TO A4

998. DON'T KNOW

→ GO TO A3a

- A3a. Please give me your best estimate.

\_\_\_\_\_ (WEIGHT IN POUNDS)

998. DON'T KNOW

- A4. How long ago was (CHILD) weighed?

1. WITHIN  
LAST  
MONTH

2. 1 MONTH TO  
6 MONTHS  
AGO

3. 6 MONTHS  
TO 1 YEAR  
AGO

4. MORE  
THAN A  
YEAR AGO

- A5. The next questions are about (CHILD'S) birth. Where was (CHILD) born?

\_\_\_\_\_ (TOWN/CITY) \_\_\_\_\_ (STATE)

\_\_\_\_\_ (COUNTRY - IF NOT U.S.)

- A6. Is (CHILD) White non-Hispanic, Black non-Hispanic, Hispanic, Asian or Pacific Islander, American Indian or Alaskan Native?

1. WHITE  
NON-  
HISPANIC

2. BLACK  
NON-  
HISPANIC

3. HISPANIC

4. ASIAN OR  
PACIFIC ISLANDER

5. AMERICAN INDIAN OR  
ALASKAN NATIVE

7. OTHER (SPECIFY):

\_\_\_\_\_

**4**

A7. How many days or weeks before or after the due date was (CHILD) born?

\_\_\_\_ DAYS OR \_\_\_\_ WEEKS BEFORE DUE DATE

\_\_\_\_ DAYS OR \_\_\_\_ WEEKS AFTER DUE DATE

BABY BORN ON DUE DATE

A8. How much did (CHILD) weigh at birth?

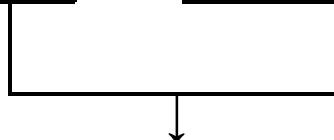
\_\_\_\_ POUNDS \_\_\_\_ OUNCES

A9. At birth, was (CHILD) placed in a neonatal intensive care unit or transitional nursery before discharge?

1. YES

5. NO

8. DON'T KNOW



NEXT PAGE, A10

A9a. Why was (CHILD) placed in this care?

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A9b. How long did (CHILD) spend in the neonatal intensive care unit or transitional nursery?

\_\_\_\_(DAYS) OR \_\_\_\_ (WEEKS) OR \_\_\_\_ (MONTHS)

A10. Was (CHILD) breast fed (as an infant)?

1. YES     
  5. NO → GO TO A11     
  8. DON'T KNOW → GO TO A11



A10a. How many months old was (CHILD) when breast feeding stopped?

\_\_\_\_\_ # OF MONTHS

STILL BREAST  
FEEDING

A11. Compared to other babies in general, would you say that (CHILD)'s health at birth was better than other babies, the same as other babies, or worse than other babies?

1. BETTER     
  2. SAME     
  3. WORSE     
  8. DON'T KNOW

A12. Were all, some, or none of the medical expenses related to the pregnancy or the delivery of (CHILD) covered by private health insurance?

1. ALL     
  2. SOME     
  3. NONE     
  8. DON'T KNOW

A13. Did you live in the United States when you were pregnant with (CHILD)?

1. YES     
  5. NO → NEXT PAGE, A20     
  6. R IS NOT CHILD'S BIOLOGICAL MOTHER → NEXT PAGE, A20



A14. Did Medicaid pay for any of these medical bills?

1. YES     
  5. NO

**6**

A15. Were you in the WIC program when you were pregnant with (CHILD)?

1. YES

5. NO

[INTERVIEWER NOTE: WIC is a government nutrition program for Women, Infants and Children]

A16. Did you receive any government food stamps while you were pregnant?

1. YES

5. NO

A17. Did you get free food from any other government program (while you were pregnant)?

1. YES

5. NO

A18. Did you receive any payments from ADC or AFDC (while you were pregnant)?

1. YES

5. NO

A19. Did you receive assistance from any other public agency (while you were pregnant)?

1. YES

5. NO

A20. Since (CHILD) was born, how many different times has (he/she) stayed in the hospital overnight or longer? Do not include the hospitalization when (he/she) was born.

\_\_\_\_\_ (NUMBER OF TIMES)

CHILD HAS NEVER BEEN HOSPITALIZED

→NEXT PAGE, A21

A20a. When was the last time (CHILD) was hospitalized?

\_\_\_\_\_/\_\_\_\_\_  
(MONTH) (YEAR)

A20b. What was the reason for this hospitalization?

(SPECIFY): \_\_\_\_\_

A21. Has your doctor or health professional ever said that (CHILD) had....

	YES	NO
a. An epileptic fit or convulsion?	1	5
b. Asthma?	1	5
c. Diabetes?	1	5
d. More than 3 ear infections in a year?	1	5
e. Speech impairment or delay?	1	5
f. Serious hearing difficulty or deafness?	1	5
g. Serious difficulty seeing or blindness?	1	5
h. Mental retardation?	1	5
j. A serious emotional disturbance?	1	5
k. Anemia or iron deficiency?	1	5
m. Elevated levels of lead in the blood?	1	5
n. Orthopedic impairment?	1	5
p. Developmental delay?	1	5
q. A learning disability? (SPECIFY): _____	1	5
r. Autism?	1	5
s. Hyperactivity, ADHD, or ADD?	1	5
t. Any other problems? (SPECIFY): _____	1	5

A22. Now I would like to ask about (CHILD)'s health care over the last year. 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?

\_\_\_\_\_ NUMBER OF TIMES

A22a. When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for illness?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

**NEVER** → NEXT PAGE, A23

A22b. For what illness did (he/she) see the doctor, nurse or other health care professional?

SPECIFY ILLNESS: \_\_\_\_\_



**8**

A23. About how many times in the past 12 months has (CHILD) been seen by a doctor, nurse or other health care professional for an injury?

\_\_\_\_\_ NUMBER OF TIMES

A23a. When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for an injury?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

**NEVER** → GO TO A24

A23b. For what injury did (he/she) see the doctor, nurse or other health care professional?

SPECIFY INJURY: \_\_\_\_\_

A24. Has (CHILD) ever seen a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioral problem?

**1. YES**

**5. NO** → GO TO A25



A24a. When was the last time (CHILD) was seen by a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioral problem?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

A25. Not including visits for illness or injury, when was (CHILD) last seen by a doctor or clinic for a routine health check-up?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

**NEVER; DON'T GET CHECK-UPS**

A26. Does (CHILD) currently have any physical or mental condition that would limit or prevent (his/her) ability to....

	<b>YES</b>	<b>NO</b>
a. do usual childhood activities such as play, or participate in games or sports?	<b>1</b>	<b>5</b>
b. attend school (preschool or day care) regularly?	<b>1</b>	<b>5</b>
c. do regular school work?	<b>1</b>	<b>5</b>

A27. Is (CHILD) up to date on (his/her) shots or immunizations?

1. YES

5. NO

A28. How many of the past 12 months was (CHILD) covered by health insurance or any other kind of health care plan? Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid.

\_\_\_\_\_ # OF MONTHS

A29. Is (CHILD) covered by any health insurance now?

1. YES

5. NO

→NEXT PAGE, A32



A29a. (RB, P. 1) What kind of health insurance or health care coverage does (CHILD) have? [CHECK ALL THAT APPLY]

- A. PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYMENT
- B. PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- C. MEDICARE
- D. MEDI-GAP
- E. MEDICAID
- F. MILITARY HEALTH CARE/VA
- G. CHAMPUS/TRICARE/CHAMP-VA
- H. INDIAN HEALTH SERVICE
- J. STATE-SPONSORED HEALTH PLAN
- K. OTHER GOVERNMENT PROGRAM (SPECIFY) \_\_\_\_\_

# 10

A30. During the past 12 months did (CHILD) receive any health care which has been or will be paid for by Medicaid?

1. YES	5. NO
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A31. Is (CHILD) required to sign up with a certain primary care doctor, group of doctors, or certain clinic which (he/she) must go to for all of (his/her) routine care? Do not include emergency care or care from a specialist (he/she) was referred to.

1. YES	5. NO
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↓

GO TO A33
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A32. When was the last time (CHILD) had health care coverage?

\_\_\_\_\_/\_\_\_\_\_  
MONTH    YEAR

[IF VOL:] HAS NEVER HAD COVERAGE
-------------------------------------

A33. During the past 12 months about how much did (you/your family) spend for medical care for (CHILD)? Do not include the cost of health insurance premiums, over-the-counter remedies, or any costs for which you expect to be reimbursed.

\$ \_\_\_\_\_

A34. In general, would you say (CHILD'S) health is excellent, very good, good, fair, or poor?

1. EXCELLENT	2. VERY GOOD	3. GOOD	4. FAIR	5. POOR
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**SECTION B**

B1. We are interested in your family’s lifestyle and rules. First, I would like to know about (CHILD’S) relationship to (his/her) parents.

Does (CHILD) have a:

(ASK OR VERIFY, AND MARK ALL BOXES:)	LIVING WITH CHILD	NOT LIVING WITH CHILD	DOES NOT HAVE
a. biological or adoptive mother?	1	2	3
b. biological or adoptive father?	1	2	3
c. stepmother?	1	2	3
d. stepfather?	1	2	3
e. other father-figure?	1	2	3

B2. INTERVIEWER CHECKPOINT:

<input type="checkbox"/> 1. CHILD HAS FATHER, STEP FATHER OR FATHER-FIGURE LIVING WITH CHILD → ASK B3 - B5 ABOUT PERSON LIVING IN HH <input type="checkbox"/> 2. CHILD HAS NO FATHER, STEPFATHER OR FATHER-FIGURE IN HH → NEXT PAGE, B6
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B3. (RB, P. 2) About how often does (CHILD) spend time with (his/her) (father/stepfather/adoptive father/father-figure)? Would you say at least once a day, several times a week, about once a week, a few times a month, about once a month, a few times a year or less, or never?

1. AT LEAST ONCE A DAY	2. SEVERAL TIMES A WEEK	3. ABOUT ONCE A WEEK	4. A FEW TIMES A MONTH
5. ABOUT ONCE A MONTH	6. A FEW TIMES A YEAR OR LESS	7. NEVER	

# 12

B4. (RB, P. 2) About how often does (CHILD) spend time with (his/her) (father/stepfather/adoptive father/father-figure) in outdoor activities?

- |                           |                                  |                         |                           |
|---------------------------|----------------------------------|-------------------------|---------------------------|
| 1. AT LEAST<br>ONCE A DAY | 2. SEVERAL TIMES<br>A WEEK       | 3. ABOUT ONCE<br>A WEEK | 4. A FEW TIMES<br>A MONTH |
| 5. ABOUT ONCE<br>A MONTH  | 6. A FEW TIMES<br>A YEAR OR LESS | 7. NEVER                |                           |

B5. (RB, P. 2) How often does (CHILD) eat a meal with both mother and (father/stepfather/adoptive father/father-figure)?

- |                           |                                  |                         |                           |
|---------------------------|----------------------------------|-------------------------|---------------------------|
| 1. AT LEAST<br>ONCE A DAY | 2. SEVERAL TIMES<br>A WEEK       | 3. ABOUT ONCE<br>A WEEK | 4. A FEW TIMES<br>A MONTH |
| 5. ABOUT ONCE<br>A MONTH  | 6. A FEW TIMES<br>A YEAR OR LESS | 7. NEVER                |                           |

B6. Does (CHILD) feel extremely close, quite close, fairly close or not at all close to...

[MARK "N" BOX IF CHILD DOES NOT HAVE]	EXTREMELY CLOSE	QUITE CLOSE	FAIRLY CLOSE	NOT AT ALL CLOSE	DOES NOT HAVE THIS PARENT
a. (You) (His/Her biological or adoptive mother)?	1	2	3	4	N
b. (His/Her) biological or adoptive father?	1	2	3	4	N
c. (His/Her) stepmother?	1	2	3	4	N
d. (His/Her) stepfather?	1	2	3	4	N
e. (His/Her) other father-figure?	1	2	3	4	N

B7. (RB, P. 3) About how often does your whole family get together with friends or relatives? Would you say once a year or less, a few times a year, about once a month, two or three times a month or about once a week or more?

- |                                  |                                 |                          |
|----------------------------------|---------------------------------|--------------------------|
| 1. ONCE A YEAR<br>OR LESS        | 2. A FEW TIMES<br>A YEAR        | 3. ABOUT ONCE<br>A MONTH |
| 4. TWO OR THREE<br>TIMES A MONTH | 5. ABOUT ONCE A<br>WEEK OR MORE |                          |

B8. Think for a moment about a typical weekday for your family. How much time would you say (CHILD) spends watching television or videos on a typical weekday, either in your home or elsewhere?

\_\_\_\_\_ HOURS PER WEEKDAY LESS THAN ONE HOUR PER WEEKDAY

B9. Now think for a moment about the typical weekend day for your family. How much time would you say (CHILD) spends watching television or videos on a typical weekend day, either in your home or elsewhere?

\_\_\_\_\_ HOURS PER WEEKEND DAY LESS THAN ONE HOUR PER WEEKEND DAY

B10. Does (CHILD) usually eat breakfast in the morning?

1. YES 5. NO

B11. Next I will read some statements about raising children. Thinking about (CHILD), please indicate on a scale from 1-5 the number that best describes how true each statement is, where 1 is not at all true, 5 is completely true, and 2, 3, and 4 are somewhere in between.

	NOT AT ALL TRUE				COMPLETELY TRUE
a. (CHILD) seems to be harder to care for than most children.	1	2	3	4	5
b. There are some things that (he/she) does that really bother me a lot.	1	2	3	4	5
c. I find myself giving up more of my life to meet (CHILD)'s needs than I ever expected.	1	2	3	4	5
d. I often feel angry with (CHILD).	1	2	3	4	5
e. I would be doing better in my life without (CHILD).	1	2	3	4	5

B12. In general, how much trouble has your child been to bring up? Would you say, none, just a little, quite a bit, or a lot?

1. NONE 2. JUST A LITTLE 3. QUITE A BIT 4. A LOT

# 14

B13. Have you ever spanked (CHILD)?

1. YES

5. NO

→GO TO B14

B13a. How old was (CHILD) when you first spanked (him/her)?

\_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEARS)

B14. (RB, P. 4) How often do you read to (CHILD)? Would you say never, several times a year, several times a month, about once a week, a few times a week, 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

B15. (RB, P. 4) About how often do you take (CHILD) to the grocery store? (Would you say never, several times a day, 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

B16. About how many books does (CHILD) have?

1. NONE

2. 1 OR 2

3. 3 TO 9

4. 10 TO 19

5. 20 OR MORE

## B17. INTERVIEWER CHECKPOINT

- 1. (CHILD) IS **UNDER 3 YEARS (0-35 MONTHS OLD)** → NEXT PAGE, SECTION C
- 2. (CHILD) IS **AGE 3-5** → TURN TO SECTION D, PAGE 19
- 3. (CHILD) IS **AGE 6-9** → TURN TO SECTION E, PAGE 21
- 4. (CHILD) IS **AGE 10 OR OLDER**, TURN TO SECTION F, PAGE 25



SECTION C  
CHILDREN UNDER AGE 3

- C1. (RB, P. 5) About how often does (CHILD) have a chance to get out of the house either by (himself/herself) or with an adult or older child? Would you say not at all, about once a month or less, a few times a month, about once a week, a few times a week, 4 or more times a week or every day?

1. NOT AT ALL	2. ABOUT ONCE A MONTH OR LESS	3. A FEW TIMES A MONTH	4. ABOUT ONCE A WEEK
5. A FEW TIMES A WEEK	6. 4 OR MORE TIMES A WEEK	7. EVERY DAY	

- C2. About how many, if any, cuddly, or soft toys like dolls or stuffed animals does (CHILD) have? (May be shared with a sister or brother.)

1. NONE	2. 1 OR 2	3. 3 TO 9	4. 10 TO 19	5. 20 OR MORE
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- C3. About how many, if any, push or pull toys does (CHILD) have? (May be shared with a sister or brother.)

1. NONE	2. 1 OR 2	3. 3 TO 9	4. 10 TO 19	5. 20 OR MORE
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- C4. (RB, P.6) Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which of the following best describes your attitude? Would you say parents should always spend time teaching their children, parents should usually spend time teaching their children, parents should usually allow their children to learn on their own, or parents should always allow their children to learn on their own?

1. ALWAYS SPEND TIME TEACHING
2. USUALLY SPEND TIME TEACHING
3. USUALLY ALLOW TO LEARN ON THEIR OWN
4. ALWAYS ALLOW TO LEARN ON THEIR OWN

- C5. Children seem to demand attention when their parents are busy—doing housework, for example. How often do you talk to (CHILD) while you are working? Would you say always, often, sometimes, rarely or never?

1. ALWAYS

2. OFTEN

3. SOMETIMES

4. RARELY

5. NEVER

- C6. (RB, P. 7) Next are some statements about children. Thinking about (CHILD), please tell me whether each statement applies to (him/her) almost never, less than half the time, about half the time, more than half the time, or almost always.

	Almost never	Less than ½ the time	About ½ the time	More than ½ the time	Almost always
a. During feeding, how often does (CHILD) kick and squirm?	1	2	3	4	5
b. During feeding, how often does (CHILD) wave (his/her arms)?	1	2	3	4	5
c. During sleep, how often does (CHILD) usually move around in the crib?	1	2	3	4	5
d. Some children get sleepy about the same time each evening, give or take 15 minutes. How often does (CHILD) do this?	1	2	3	4	5
e. Some children get hungry at about the same time each day, give or take 15 minutes. (How often does (CHILD) do this? Would you say <u>almost never</u> , <u>less than half the time</u> , about <u>half the time</u> , <u>more than half the time</u> , or <u>almost always</u> ?)	1	2	3	4	5
f. When (CHILD) wakes up in the morning, how often is (he/she) in the same mood?	1	2	3	4	5
g. When (CHILD) sees a stranger, how often does (he/she) turn away or cry as if afraid?	1	2	3	4	5
h. When (CHILD) sees an unfamiliar dog or cat, how often does (he/she) turn away or cry as if afraid?	1	2	3	4	5
i. When you leave the room and leave (CHILD) alone, how often does (he/she) become upset?	1	2	3	4	5
j. When you take (CHILD) to the doctor, dentist or nurse, how often does (he/she) turn away or cry as if afraid?	1	2	3	4	5

	Almost never	Less than ½ the time	About ½ the time	More than ½ the time	Almost always
k. When you play with (CHILD), how often does (he/she) smile or laugh? (Would you say <u>almost never</u> , <u>less than half the time</u> , <u>about half the time</u> , <u>more than half the time</u> , or <u>almost always</u> ?)	1	2	3	4	5
l. When (CHILD) plays alone, how often does (he/she) smile or laugh?	1	2	3	4	5
m. When (CHILD) is in the bath, how often does (he/she) smile or laugh?	1	2	3	4	5
n. When (CHILD) hears an unexpected loud sound (e.g., a car back-firing or a vacuum cleaner), how often does (he/she) cry or become upset?	1	2	3	4	5
o. How often do you have trouble soothing or calming (CHILD) when (he/she) is crying or upset?	1	2	3	4	5

C7. (RB, P. 8) Please tell me how frequently each statement applies to (CHILD): almost never, once or twice a day, a couple of times in the morning and afternoon, several times a day or almost every hour.

	Almost never	Once or twice a day	Couple of times in AM and PM	Several times a day	Almost every hour
a. During the average day, how often does (CHILD) get fussy and irritable?	1	2	3	4	5
b. Compared with most children, how often does (CHILD) cry and fuss?	1	2	3	4	5

C8. Does (CHILD) participate in the Supplemental Nutrition Program for Women, Infants, and Children, also known as the WIC program?

1. YES

5. NO

TURN TO P. 30, SECTION G

## SECTION D

## CHILDREN 3-5 YEARS OLD

- D1. Does (CHILD) have the use of a CD player, tape recorder, or record player at home and at least 5 children's CDs, tapes or records?

1. YES

5. NO

- D2. (RB, P. 9) How often has a family member taken or arranged to take (CHILD) to any type of museum (children's, scientific, art, historical, etc.) within the past year? Would you say never, once or twice, several times, about once a month, or more than once a month?

1. NEVER

2. ONCE OR  
TWICE3. SEVERAL  
TIMES4. ABOUT  
ONCE  
A MONTH5. MORE  
THAN ONCE  
A MONTH

- D3. (RB, P. 10) How often does a family member get a chance to take (CHILD) on any kind of outing (shopping, park, picnic, drive-in, etc.)? Would you say a few times a year or less, about once a month, about 2 or 3 times a month, several times a week, or about once a day?

1. A FEW TIMES A  
YEAR OR LESS2. ABOUT ONCE  
A MONTH3. ABOUT 2 OR 3  
TIMES A MONTH4. SEVERAL TIMES  
A WEEK5. ABOUT ONCE  
A DAY

- D4. (RB, P. 11) Which things have you (or another adult)(or an older child) used to help (CHILD) learn at home? [CHECK ALL THAT APPLY]

A. NUMBERS

B. THE ALPHABET

C. COLORS

D. SHAPES AND SIZES

E. NONE OF THE ABOVE

- D5. How much choice is (CHILD) allowed in deciding what foods (he/she) eats at breakfast and lunch? Would you say a great deal of choice, some choice, little choice, or no choice?

1. A GREAT DEAL

2. SOME

3. LITTLE

4. NO CHOICE

D6. (RB, P. 12) Most children get angry at their parents from time to time. If (CHILD) got so angry that (he/she) hit you, what would you do? [CHECK ALL THAT APPLY]

A. HIT (HIM/HER) BACK

B. SEND CHILD TO (HIS/HER) ROOM

C. SPANK (HIM/HER)

D. TALK TO (HIM/HER)

E. IGNORE IT

F. GIVE (HIM/HER) HOUSEHOLD CHORES

G. TAKE AWAY (HIS/HER) ALLOWANCE

H. HOLD CHILD'S HAND UNTIL (HE/SHE) WAS CALM

J. PUT CHILD IN A SHORT "TIME OUT"

K. OTHER (SPECIFY): \_\_\_\_\_

**TURN TO P. 30, SECTION G**

**SECTION E:**  
**CHILDREN 6-9 YEARS OLD**

- E1. (RB, P. 13) About how often does (CHILD) read for enjoyment? Would you say every day, several times a week, several times a month, several times a year, or never?

1. EVERY DAY

2. SEVERAL TIMES A WEEK

3. SEVERAL TIMES A MONTH

4. SEVERAL TIMES A YEAR

5. NEVER

6. [IF VOL] CHILD CANNOT READ

- E2. Does your family encourage (CHILD) to start and keep doing hobbies?

1. YES

5. NO

- E3. Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

1. YES

5. NO

- E4. Does (CHILD) participate in any extracurricular activities such as gymnastics, scouts, music lessons, a sports team, or a boys' or girls' club?

1. YES

5. NO

- E5. (RB, P. 14) How often has a family member taken or arranged to take (CHILD) to any type of museum (children's, scientific, art, historical, etc.) within the past year? Would you say never, once or twice, several times, about once a month, or more than once a month?

1. NEVER

2. ONCE OR TWICE

3. SEVERAL TIMES

4. ABOUT ONCE  
A MONTH

5. MORE THAN  
ONCE A MONTH

E6. (RB, P. 14) How often has a family member taken or arranged to take (CHILD) to any type of musical or theatrical performance within the past year?

- |                       |                           |                  |
|-----------------------|---------------------------|------------------|
| 1. NEVER              | 2. ONCE OR TWICE          | 3. SEVERAL TIMES |
| 4. ABOUT ONCE A MONTH | 5. MORE THAN ONCE A MONTH |                  |

E7. When your family watches TV together, do you (or (CHILD)'s other parent) discuss TV programs with (him/her)?

- |        |       |                               |
|--------|-------|-------------------------------|
| 1. YES | 5. NO | 6. [IF VOL]: DO NOT HAVE A TV |
|--------|-------|-------------------------------|

E8. (RB, P. 15) How often is (CHILD) expected to do each of the following? Would you say almost never, less than half the time, about half the time, more than half the time, or almost always?

	ALMOST NEVER	LESS THAN ½ THE TIME	ABOUT ½ THE TIME	MORE THAN ½ THE TIME	ALMOST ALWAYS
a. Make (his/her) own bed?	1	2	3	4	5
b. Clean (his/her) own room?	1	2	3	4	5
c. Clean up after spills?	1	2	3	4	5
d. Bathe (himself/herself)?	1	2	3	4	5
e. Pick up after (himself/herself)?	1	2	3	4	5

E9. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good and sometimes they don't.

	# OF TIMES IN THE PAST WEEK
How many times in the past week have you...	
a. grounded (CHILD)?	
b. spanked (CHILD)?	
c. taken away TV or other privileges?	
d. praised (CHILD) for doing something worthwhile?	
e. taken away (CHILD)'s allowance?	
f. shown (CHILD) physical affection (kiss, hug, stroke hair, etc.)?	
g. sent (CHILD) to (his/her) room?	
h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about (CHILD)?	

- E10. (RB, P.16) If (CHILD) brought home a report card with grades or progress lower than expected, would you be very likely, somewhat likely, not sure how likely, somewhat unlikely, or not at all likely to:

	VERY LIKELY	SOMEWHAT LIKELY	NOT SURE HOW LIKELY	SOMEWHAT UNLIKELY	NOT AT ALL LIKELY
a. Contact (his/her) teacher or principal?	5	4	3	2	1
b. Talk with (CHILD)?	5	4	3	2	1
c. Keep a closer eye on (CHILD)'s activities?	5	4	3	2	1
d. Punish (CHILD)?	5	4	3	2	1
e. Lecture (CHILD)?	5	4	3	2	1
f. Wait and see if (CHILD) improves on (his/her) own?	5	4	3	2	1
g. Tell (CHILD) to spend more time on schoolwork?	5	4	3	2	1
h. Spend more time helping (CHILD) with schoolwork?	5	4	3	2	1
j. Limit or reduce (CHILD)'s non-school activities (play, sports, clubs, etc.)?	5	4	3	2	1
k. Any other things? (SPECIFY): _____	5	4	3	2	1



E11. (RB, P. 17) Most children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please look at this list and tell me which actions you would take if this happened. [CHECK ALL THAT APPLY]

A. GROUND CHILD

B. SPANK CHILD

C. TALK WITH CHILD

D. GIVE (HIM/HER) HOUSEHOLD CHORE

E. IGNORE IT

F. SEND TO ROOM FOR MORE THAN 1 HOUR

G. TAKE AWAY (HIS/HER) ALLOWANCE

H. TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES

J. PUT CHILD IN SHORT “TIME OUT”

K. OTHER (SPECIFY): \_\_\_\_\_

E12. Does (CHILD) receive an allowance?

1. YES

5. NO

→TURN TO P. 30, SECTION G

E12a. How much does (he/she) receive each week?

\$\_\_\_\_\_ PER WEEK

**TURN TO P. 30, SECTION G**

**SECTION F**  
**CHILDREN 10 YEARS OR OLDER**

- F1. (RB, P. 18) About how often does (CHILD) read for enjoyment? Would you say every day, several times a week, several times a month, several times a year, or never?

1. EVERY DAY

2. SEVERAL TIMES A WEEK

3. SEVERAL TIMES A MONTH

4. SEVERAL TIMES A YEAR

5. NEVER

6. [IF VOL] (CHILD) CANNOT READ

- F2. Does your family encourage (CHILD) to start and keep doing hobbies?

1. YES

5. NO

- F3. Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

1. YES

5. NO

- F4. Does (CHILD) participate in any extracurricular activities such as gymnastics, scouts, music lessons, a sports team, or a boys' or girls' club?

1. YES

5. NO

- F5. (RB, P. 19) How often has a family member taken or arranged to take (CHILD) to any type of museum (children's, scientific, art, historical, etc.) within the past year? Would you say never, once or twice, several times, about once a month, or more than once a month?

1. NEVER

2. ONCE OR TWICE

3. SEVERAL TIMES

4. ABOUT ONCE  
A MONTH

5. MORE THAN  
ONCE A MONTH

- F6. (RB, P. 19) How often has a family member taken or arranged to take (CHILD) to any type of musical or theatrical performance within the past year?

1. NEVER

2. ONCE OR TWICE

3. SEVERAL TIMES

4. ABOUT ONCE  
A MONTH

5. MORE THAN  
ONCE A MONTH

- F7. When your family watches TV together, do you [or (CHILD)'s (other parent)] discuss TV programs with (him/her)?

1. YES

5. NO, DO NOT DISCUSS  
PROGRAMS

6. [IF VOL] DO NOT HAVE A TV

- F8. (RB, P. 20) How often is (CHILD) expected to do each of the following? Would you say almost never, less than half the time, about half the time, more than half the time or almost always?

	ALMOST NEVER	LESS THAN ½ THE TIME	ABOUT ½ THE TIME	MORE THAN ½ THE TIME	ALMOST ALWAYS
a. Make (his/her) own bed?	1	2	3	4	5
b. Clean (his/her) own room?	1	2	3	4	5
c. Help keep shared living areas clean and straight?	1	2	3	4	5
d. Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?	1	2	3	4	5
e. Help manage (his/her) own time (get up on time, be ready for school, etc.)?	1	2	3	4	5
f. Pick up after (himself/herself)?	1	2	3	4	5

- F9. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good and sometimes they don't.

How many time in the past week have you...	# OF TIMES IN THE PAST WEEK
a. grounded (CHILD)?	
b. spanked (CHILD)?	
c. taken away TV or other privileges?	
d. praised (CHILD) for doing something worthwhile?	
e. taken away (CHILD)'s allowance?	
f. shown (CHILD) physical affection (kiss, hug, stroke hair, etc.)?	
f. sent (CHILD) to (his/her) room?	
g. told another adult (spouse, friend, co-worker, visitor, relative) something positive about (CHILD)?	

F10. (RB, P. 21) Most children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please look at this list and tell me which action(s) you would take if this happened. [CHECK ALL THAT APPLY]

A. GROUND CHILD

B. SPANK CHILD

C. TALK WITH CHILD

D. GIVE (HIM/HER) HOUSEHOLD CHORE

E. IGNORE IT

F. SEND TO ROOM FOR MORE THAN 1 HOUR

G. TAKE AWAY (HIS/HER) ALLOWANCE

H. TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES

J. PUT CHILD IN SHORT “TIME OUT”

K. OTHER (SPECIFY): \_\_\_\_\_

F11. (RB, P. 22) If (CHILD) brought home a report card with grades or progress lower than expected, would you be very likely, somewhat likely, not sure how likely, somewhat unlikely, or not at all likely to:

	VERY LIKELY	SOMEWHAT LIKELY	NOT SURE HOW LIKELY	SOMEWHAT UNLIKELY	NOT AT ALL LIKELY
a. Contact (his/her) teacher or principal?	5	4	3	2	1
b. Talk with (CHILD)?	5	4	3	2	1
c. Keep a closer eye on (CHILD)'s activities?	5	4	3	2	1
d. Punish (CHILD)?	5	4	3	2	1
e. Lecture (CHILD)? (Would you be <u>very likely</u> , <u>somewhat likely</u> , <u>not sure how likely</u> , <u>somewhat unlikely</u> , or <u>not at all likely</u> ?)	5	4	3	2	1
f. Wait and see if (CHILD) improves on (his/her) own?	5	4	3	2	1
g. Tell (CHILD) to spend more time on schoolwork?	5	4	3	2	1
h. Spend more time helping (CHILD) with schoolwork?	5	4	3	2	1
j. Limit or reduce (CHILD)'s non-school activities (play, sports, clubs, etc.)?	5	4	3	2	1
k. Any other things? (SPECIFY): _____	5	4	3	2	1

F12. Does (CHILD) receive an allowance?

1. YES

5. NO

→NEXT PAGE, SECTION G

F12a. How much does (he/she) receive each week?

\$ \_\_\_\_\_ PER WEEK

## SECTION G

## G1. INTERVIEWER CHECKPOINT

<input type="checkbox"/> 1. CHILD IS 5 OR YOUNGER <input type="checkbox"/> 2. CHILD IS 6-12 YEARS OLD → GO TO G3
---

G2. Is (CHILD) in a child care center, nursery school, preschool, prekindergarten, Head Start Program, or in kindergarten? [CHECK ALL THAT APPLY]

A. CHILD CARE CENTER, NURSERY SCHOOL, PRESCHOOL, PRE-KINDERGARTEN, OR HEAD START	→ GO TO G4
B. KINDERGARTEN	→ GO TO G4
C. FIRST GRADE	→ GO TO G4
D. NOT IN ANY PROGRAM	→ TURN TO P. 36, G21

G3. What grade is (CHILD) attending in school?

\_\_\_\_\_ GRADE OR KINDERGARTEN

G4. During the current school year, how many days did (CHILD) miss more than half of the day from (child care center/nursery school/preschool/Head Start/kindergarten/school) because of illness?

\_\_\_\_\_ NUMBER OF DAYS

G5. During the current school year, how many days did (CHILD) miss more than half of the day from (child care center/nursery school/preschool/Head Start/kindergarten/school) because of injury?

\_\_\_\_\_ NUMBER OF DAYS

G6. Does (CHILD) usually eat breakfast at (child care center/nursery school/preschool/Head Start/kindergarten/school) under the Federal School Breakfast Program?

1. YES	5. NO	8. DON'T KNOW	[IF VOL] SCHOOL DOES NOT HAVE PROGRAM
--------	-------	---------------	---------------------------------------

G7. Does (CHILD) usually eat a complete hot lunch offered at (day care/nursery school/preschool/school)?

1. YES	5. NO	→ GO TO G8
--------	-------	------------

G7a. Were the lunches full-price, reduced-price or free?

1. FULL-PRICE	2. REDUCED-PRICE	3. FREE	4. PART OF FEE OR TUITION
---------------	------------------	---------	---------------------------

G8. Did you (or another person) apply for (CHILD) to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?

1. YES	5. NO	6. [(IF VOL) SCHOOL DOES NOT HAVE PROGRAM]
--------	-------	--

G9. INTERVIEWER CHECKPOINT

<p><b>SEE P. 30, G2 AND G3</b></p> <p><input type="checkbox"/> 1. CHILD IS IN KINDERGARTEN OR HIGHER GRADE</p> <p><input type="checkbox"/> 2. ALL OTHERS → TURN TO P. 36, G21</p>
---

G10. For this school year, is (CHILD) attending a public school, a private school, or is (he/she) attending school at home?

1. PUBLIC SCHOOL	2. PRIVATE SCHOOL	3. ATTENDING SCHOOL AT HOME
------------------	-------------------	-----------------------------

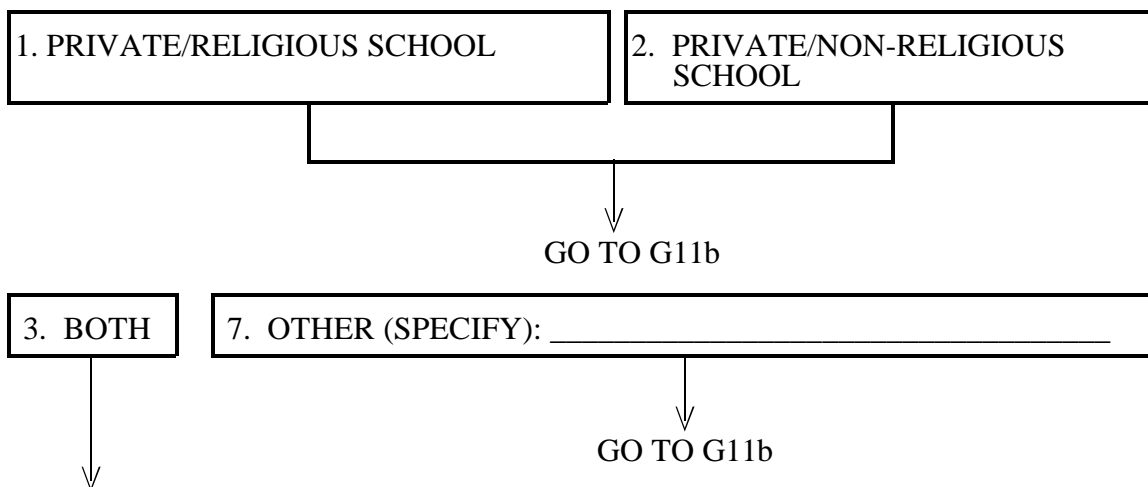
NEXT PAGE, G11

G10a. (Between starting kindergarten and now,) did (CHILD) ever attend a religious or other private school (instead of public school)?

1. YES	5. NO	→ TURN TO P. 33, G12
--------	-------	----------------------



G11. What type of private school has (CHILD) attended: a private/religious school, a private/non-religious school or both?



G11a. Was most of the time spent in a religious private school or a non-religious private school?

- |                             |                                 |
|-----------------------------|---------------------------------|
| 1. RELIGIOUS PRIVATE SCHOOL | 2. NON-RELIGIOUS PRIVATE SCHOOL |
|-----------------------------|---------------------------------|

G11b. In which grade or grades did (CHILD) attend a private school?  
[CHECK ALL THAT APPLY]

- |                  |  |                |
|------------------|--|----------------|
| A. KINDERGARTEN  | B. PRE-FIRST GRADE<br>(AFTER KINDERGARTEN) |                |
| C. FIRST GRADE   | D. SECOND GRADE                            | E. THIRD GRADE |
| F. FOURTH GRADE  | G. FIFTH GRADE                             | H. SIXTH GRADE |
| J. SEVENTH GRADE | K. EIGHTH GRADE                            |                |

G11c. How much did you pay for this school? (IF MORE THAN ONE SCHOOL, PROBE FOR MOST RECENT SCHOOL ATTENDED.)

\$ \_\_\_\_\_ (Was that:)

- 1. Per Hour
- 2. Per Day
- 3. Per Week
- 4. Every Two Weeks
- 5. Every Month
- 6. Every Year
- 7. Other (SPECIFY):  
\_\_\_\_\_

G12. Has (CHILD) ever attended a special class or school for gifted students or done advanced work in any subjects?

1. YES

5. NO

G13. Has (he/she) ever been classified by the school as needing special education?

1. YES

5. NO → NEXT PAGE, G14



G13a. Is (CHILD) currently in a special education class?

1. YES

5. NO → NEXT PAGE, G14



G13b. Please specify the reason why:

\_\_\_\_\_

# 34

G14. Did (CHILD) ever participate in any early intervention program such as Head Start, Even Start, or Fair Start?

1. YES       5. NO → GO TO G15



G14a. How old was (CHILD) at the time?

\_\_\_\_\_ (AGE IN YEARS)

G14b. How long did the program last?

\_\_\_\_\_ (MONTHS)      OR      \_\_\_\_\_ (YEARS)

G15. Most school districts have guidelines about when a child can start school based upon his or her birth date. Did you enroll (CHILD) in kindergarten when (he/she) was old enough based on (his/her) birth date, or did you wait until (he/she) was older?

1. WHEN OLD ENOUGH → GO TO G16       2. WAITED



G15a. Why did you wait?

\_\_\_\_\_

G16. How old was (CHILD) in years and months when (he/she) first started kindergarten?

\_\_\_\_\_ YEARS      \_\_\_\_\_ MONTHS

G17. Has (CHILD) ever been suspended or expelled from school?

1. YES       5. NO

## G18. INTERVIEWER CHECKPOINT

SEE P. 30, G2 AND G3

 1. CHILD IS IN FIRST GRADE OR HIGHER GRADE 2. CHILD IS IN KINDERGARTEN → NEXT PAGE, G21

G19. Did (CHILD) attend kindergarten before first grade?

 1. YES 5. NO

G20. Since starting kindergarten, has (CHILD) ever repeated a grade or been held back because the school recommended it?

 1. YES 5. NO → NEXT PAGE, G21

G20a. Which grades did (CHILD) repeat? [CHECK ALL THAT APPLY]

 A. KINDERGARTEN B. PRE-FIRST GRADE  
(AFTER KINDERGARTEN) C. FIRST GRADE D. SECOND GRADE E. THIRD GRADE F. FOURTH GRADE G. FIFTH GRADE H. SIXTH GRADE J. SEVENTH GRADE K. EIGHTH GRADE

G21. How much schooling do you expect that (CHILD) will complete?

01. 11TH GRADE OR LESS	02. GRADUATE FROM HIGH SCHOOL	03. POST-HIGH SCHOOL VOCATIONAL TRAINING
04. SOME COLLEGE	05. GRADUATE FROM 2 YEAR COLLEGE WITH ASSOCIATE'S DEGREE	06. GRADUATE FROM 4 YEAR COLLEGE
07. MASTER'S DEGREE OR TEACHING CREDENTIAL PROGRAM	08. MD, LAW, PHD, OR OTHER DOCTORAL DEGREE	

G22. INTERVIEWER CHECKPOINT

1. CHILD IS AGE 3-12

2. CHILD IS AGE 0-2 → TURN TO P. 44, G37

↓

G23. For the next set of statements, decide whether they are often true, sometimes true, or not true according to (CHILD)'s behavior.

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
a. (He/She) has sudden changes in mood or feeling.	1	2	3
b. (He/She) feels or complains that no one loves him/her.	1	2	3
c. (He/She) is rather high strung, tense and nervous.	1	2	3
d. (He/She) cheats or tells lies.	1	2	3
e. (He/She) is too fearful or anxious.	1	2	3
f. (He/She) argues too much.	1	2	3
g. (He/She) has difficulty concentrating, cannot pay attention for long. (Is this <u>often true</u> , <u>sometimes true</u> , or <u>not true</u> of (CHILD)?)	1	2	3
h. (He/She) is easily confused, seems to be in a fog.	1	2	3
i. (He/She) bullies or is cruel or mean to others.	1	2	3

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
j. (He/She) is disobedient.	1	2	3
k. (He/She) does not seem to feel sorry after (he/she) misbehaves.	1	2	3
l. (He/She) has trouble getting along with other children.	1	2	3
m. (He/She) is impulsive, or acts without thinking.	1	2	3
n. (He/She) feels worthless or inferior.	1	2	3
o. (He/She) is not liked by other children. (Is this <u>often true</u> , <u>sometimes true</u> , or <u>not true</u> of (CHILD)?)	1	2	3
p. (He/She) has a lot of difficulty getting (his/her) mind off certain thoughts. (IF NEC: has obsessions)	1	2	3
q. (He/She) is restless or overly active, cannot sit still.	1	2	3
r. (He/She) is stubborn, sullen, or irritable.	1	2	3
s. (He/She) has a very strong temper and loses it easily.	1	2	3
t. (He/She) is unhappy, sad or depressed.	1	2	3
u. (He/She) is withdrawn, does not get involved with others.	1	2	3
v. (He/She) breaks things on purpose or deliberately destroys (his/her) own or another's things.	1	2	3
w. (He/She) clings to adults.	1	2	3
x. (He/She) cries too much. (Is this <u>often true</u> , <u>sometimes true</u> , or <u>not true</u> of (CHILD)?)	1	2	3
y. (He/She) demands a lot of attention.	1	2	3
z. (He/She) is too dependent on others.	1	2	3
aa. (He/She) feels others are out to get (him/her).	1	2	3
bb. (He/She) hangs around with kids who get into trouble.	1	2	3
cc. (He/She) is secretive, keeps things to (himself/herself).	1	2	3
dd. (He/She) worries too much.	1	2	3

G24. Thinking about (CHILD), please tell me how much each statement applies to (CHILD) on a scale from 1-5, where 1 means “not at all like your child,” and 5 means “totally like your child,” and 2, 3 and 4 are somewhere in between.

		NOT AT ALL LIKE CHILD			TOTALLY LIKE CHILD	
		1	2	3	4	5
a.	Is cheerful, happy.	1	2	3	4	5
b.	Waits (his/her) turn in games and other activities.	1	2	3	4	5
c.	Does neat, careful work.	1	2	3	4	5
d.	Is curious and exploring, likes new experiences.	1	2	3	4	5
e.	Thinks before (he/she) acts, is not impulsive.	1	2	3	4	5
f.	Gets along well with other children.	1	2	3	4	5
g.	Usually does what you tell (him/her) to do.	1	2	3	4	5
h.	Can get over being upset quickly.	1	2	3	4	5
i.	Is admired and well-liked by other children.	1	2	3	4	5
j.	Tries to do things for (himself/herself), is self-reliant.	1	2	3	4	5

- G25. (RB, P. 23) Now I'd like to ask about things you and (CHILD) did together in the past month. These things might be done together anywhere, they don't have to be done at home. For each please tell me if you did not do it in the past month with (CHILD), did it one or two times in the past month, about once a week, several times a week, or every day.

	NOT IN THE PAST MONTH	1 OR 2 TIMES IN THE PAST MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY
a. Washed or folded clothes together?	1	2	3	4	5
b. Done dishes together?	1	2	3	4	5
c. Gone to the store with (CHILD)?	1	2	3	4	5
d. Looked at books or read stories with (him/her)?	1	2	3	4	5
e. Talked to (him/her) about your family?	1	2	3	4	5
f. Prepared food together ( <u>every day</u> , <u>several times a week</u> , <u>about once a week</u> , <u>twice in the past month</u> , or <u>not at all in the past month</u> ?)	1	2	3	4	5
g. Done arts and crafts together?	1	2	3	4	5
h. Played sports or did outdoor activities together?	1	2	3	4	5
i. Cleaned the house together?	1	2	3	4	5
j. Built or repaired something together?	1	2	3	4	5
k. Worked or played on a computer or played video games with (CHILD)?	1	2	3	4	5
l. Worked on homework with (him/her)?	1	2	3	4	5
m. Played a board game or card game or done puzzles with (him/her)?	1	2	3	4	5



G26. INTERVIEWER CHECKPOINT

<b>SEE P. 30, G2 AND G3</b>	
<input type="checkbox"/> 1. CHILD IS IN SCHOOL OR KINDERGARTEN	
<input type="checkbox"/> 2. CHILD IS NOT IN SCHOOL OR KINDERGARTEN	→ TURN TO P. 43, G33



G27. The next set of questions is about (CHILD'S) schooling and some activities that you may have participated in.

	<b>YES</b>	<b>NO</b>
a. Before the start of the school year, did you obtain information about who would be (CHILD)'s teacher?	<b>1</b>	<b>5</b>
b. Did you meet with (CHILD)'s teacher?	<b>1</b>	<b>5</b>
c. Is there more than one teacher that (CHILD) could have been assigned to for (his/her) current grade or age level?	<b>1</b>	<b>5</b>
d. Did you request a particular teacher for (CHILD)?	<b>1</b>	<b>5</b>

- G28. During the current school year, how often have you participated in any of the following activities at (CHILD)'s school? Would it be not in the current school year, once or more than once?

	NOT IN THE CURRENT SCHOOL YEAR	ONCE	MORE THAN ONCE
a. Volunteered in the classroom, school office, or library?	1	2	3
b. Had a conference with (CHILD)'s teacher?	1	2	3
c. Had a conference with (CHILD)'s school principal?	1	2	3
d. Had an informal conversation with (CHILD)'s teacher?	1	2	3
e. Had an informal conversation with (his/her) principal?	1	2	3
f. Made a presentation to (CHILD)'s class? ( <u>Not in the current school year, once, or more than once?</u> )	1	2	3
g. Observed (his/her) classroom?	1	2	3
h. Attended a school event in which (CHILD) participated such as a play, sporting event or concert?	1	2	3
i. Attended a school event in which (CHILD) did <u>not</u> participate?	1	2	3
j. Attended a meeting of the PTA or other such organization?	1	2	3
k. Met with a school counselor?	1	2	3

- G29. I am going to read a list of things that may make it difficult for a parent to be involved in their child's school activities and assignments. How often has each of these made it difficult for you to be involved? Would you say not in the current school year, once, or more than once?

	NOT IN THE CURRENT SCHOOL YEAR	ONCE	MORE THAN ONCE	IF VOL: INAP
a. How often has your work schedule made it difficult for you to be involved?	1	2	3	N
b. Lack of information provided by the school?	1	2	3	N
c. Difficulty understanding the assignments?	1	2	3	N

	NOT IN THE CURRENT SCHOOL YEAR	ONCE	MORE THAN ONCE	IF VOL: INAP
d. Information sent by the school is in a language you do not understand?	1	2	3	N
e. How often has lack of transportation made it difficult for you to be involved?	1	2	3	N
f. School staff is unresponsive to your concerns?	1	2	3	N
g. Phone calls are not returned by the school staff?	1	2	3	N
h. Child care problems?	1	2	3	N
i. Are there any other things that make it difficult for you to be involved? (SPECIFY): _____	1	2	3	N

G30. Since the beginning of the school year, how many times has (CHILD) changed schools? (Do not count changes that occurred as a result of promotion to another grade level.)

\_\_\_\_\_ NUMBER OF TIMES

G31. Since the beginning of the school year, please tell me how often you discussed the following with (CHILD). Would you say never, rarely, occasionally, or regularly?

	NEVER	RARELY	OCCASIONALLY	REGULARLY
a. School activities or events of particular interest to (CHILD)?	1	2	3	4
b. Things (CHILD) has studied in class?	1	2	3	4
c. (CHILD)'s experiences in school?	1	2	3	4

G32. Please tell me whether the next two statements about (CHILD) are often true, sometimes true, or not true.

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
a. (He/She) is disobedient at school.	1	2	3
b. (He/She) has trouble getting along with teachers.	1	2	3

G33. Think now about how things are going in general in (CHILD)'s life. Please rate each of the following parts of (CHILD)'s life as either excellent, good, fair, or poor. First...

	EXCELLENT	GOOD	FAIR	POOR	IF VOL: INAP
a. (His/Her) health.	1	2	3	4	N
b. (His/Her) friendships.	1	2	3	4	N
c. (His/Her) relationship with you.	1	2	3	4	N
d. (His/Her) feelings about (himself/herself).	1	2	3	4	N
e. (His/Her) prospects for the future. ( <u>Excellent</u> , <u>good</u> , <u>fair</u> , or <u>poor</u> ?)	1	2	3	4	N
f. (His/Her) relationships with brothers, sisters, or other children (he/she) lives with.	1	2	3	4	N
g. (His/Her) relationship with a teacher or caregiver.	1	2	3	4	N
h. (His/Her) relationship with the other parent.	1	2	3	4	N

G34. How many close friends does (CHILD) have?

\_\_\_\_\_ (NUMBER OF CHILDREN)

G35. How many of (CHILD)'s close friends do you know by sight and by first and last name? Do you know all of them, most of them, about half, only a few, or none of them?

1. ALL OF THEM

2. MOST OF THEM

3. ABOUT HALF

4. ONLY A FEW

5. NONE OF THEM

G36. About how often do you know who (CHILD) is with when (he/she) is not at home? Would you say you know who (he/she) is with all of the time, most of the time, some of the time or only rarely?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. ONLY RARELY

G37. (RB, P. 23) About how often in the past month have you:

	NOT IN THE PAST MONTH	1 OR 2 TIMES IN THE PAST MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY
a. Hugged or shown physical affection to your child? Would you say <u>not in the past month</u> , <u>one or two times in the past month</u> , <u>about once a week</u> , <u>several times a week</u> , or <u>every day</u> ?	1	2	3	4	5
b. Told (CHILD) that you love (him/her)?	1	2	3	4	5
c. Spent time with (CHILD) doing one of (his/her) favorite activities?	1	2	3	4	5
d. Joked or played with (CHILD)?	1	2	3	4	5
e. Talked with (him/her) about things (he/she) is especially interested in?	1	2	3	4	5
f. Told (CHILD) you appreciated something (he/she) did?	1	2	3	4	5

G38. Did you take parenting classes prior to the time of (CHILD)'s birth, right after (CHILD)'s birth, during (CHILD)'s first few years, at any other time, or did you never take parenting classes? [CHECK ALL THAT APPLY]

A. PRIOR TO THE TIME OF CHILD'S BIRTH

B. RIGHT AFTER CHILD'S BIRTH

C. DURING CHILD'S FIRST FEW YEARS

D. NEVER

E. OTHER TIME (SPECIFY):  
\_\_\_\_\_

G39. (RB, P. 24) How did you learn how to be a parent? From the list, tell me all that apply to you. [CHECK ALL THAT APPLY]

A.MOTHER	B. FATHER OR FATHER-FIGURE	C. GRANDMOTHER	D. FRIENDS
E. BOOKS	F. PERSONAL EXPERIENCE, E.G. TEEN BABYSITTING	G. CLASSES, E.G., LAMAZE, SCHOOL COURSES, ETC.	
H. TELEVISION, VIDEOS	I. TRIAL AND ERROR	J. OTHER (SPECIFY): _____	

## SECTION H CHILD CARE

The next questions ask about the child care arrangements or programs that you have used for your (CHILD) since (his/her) birth. We want to start with the first arrangement you used for (CHILD) and then continue through any additional arrangements you may have used, in the order that you used them. We will end the history when (CHILD) started kindergarten. We will be using P. 25 of your booklet.

H1. First, how old was (CHILD) when (he/she) was first cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for a month.

               
YEARS MONTHS

NEVER WAS CARED FOR BY SOMEONE ELSE

→TURN TO P. 62,  
SECTION J

H1a. [ASK IF NECESSARY BUT MARK BOX:] Was that before or after (CHILD) started Kindergarten?

1. BEFORE

2. AFTER

→TURN TO P. 54, H11



INTERVIEWER:

BEGIN THE TABLE ON P. 48-49 AND CONTINUE CHRONOLOGICALLY THROUGH EACH CHILD CARE ARRANGEMENT. STOP WHEN CHILD STARTED SCHOOL (KINDERGARTEN).

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Arrangements	#1	#2	#3
H2. What was the main reason you started using this program or arrangement at that time? (RB, P. 25, COLUMN A)	1. STARTED/RETURNED WORK 2. INCREASED/CHANGED WORK HOURS 3. STARTED LOOKING FOR WORK 4. STARTED SCHOOL 5. STARTED OTHER ACTIVITY 6. CHILD NEEDED PLAYMATES/ACTIVITIES 7. OTHER, (SPECIFY) _____	1. STARTED/RETURNED WORK 2. INCREASED/CHANGED WORK HOURS 3. STARTED LOOKING FOR WORK 4. STARTED SCHOOL 5. STARTED OTHER ACTIVITY 6. CHILD NEEDED PLAYMATES/ACTIVITIES 7. OTHER, (SPECIFY) _____	1. STARTED/RETURNED WORK 2. INCREASED/CHANGED WORK HOURS 3. STARTED LOOKING FOR WORK 4. STARTED SCHOOL 5. STARTED OTHER ACTIVITY 6. CHILD NEEDED PLAYMATES/ACTIVITIES 7. OTHER, (SPECIFY) _____
H3. How old was (CHILD) when you started using the program or arrangement?	_____ YEARS _____ MONTHS	_____ YEARS _____ MONTHS	_____ YEARS _____ MONTHS
H4. What type of program or arrangement was that? (RB, P. 25, COLUMN B)	1. RELATIVE IN THE CHILD'S HOME 2. NON-RELATIVE IN THE CHILD'S HOME (SITTER) 3. CARE IN A RELATIVE'S HOME 4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER) 5. HEAD START PROGRAM 6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER 7. BEFORE OR AFTER-SCHOOL PROGRAM 8. CHILD CARES FOR SELF ALONE 97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____	1. RELATIVE IN THE CHILD'S HOME 2. NON-RELATIVE IN THE CHILD'S HOME (SITTER) 3. CARE IN A RELATIVE'S HOME 4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER) 5. HEAD START PROGRAM 6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER 7. BEFORE OR AFTER-SCHOOL PROGRAM 8. CHILD CARES FOR SELF ALONE 97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____	1. RELATIVE IN THE CHILD'S HOME 2. NON-RELATIVE IN THE CHILD'S HOME (SITTER) 3. CARE IN A RELATIVE'S HOME 4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER) 5. HEAD START PROGRAM 6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER 7. BEFORE OR AFTER-SCHOOL PROGRAM 8. CHILD CARES FOR SELF ALONE 97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____

Arrangements	#1	#2	#3
H5. How many <u>days</u> each week was (CHILD) cared for in this program or arrangement?	_____ DAYS/WEEK	_____ DAYS/WEEK	_____ DAYS/WEEK
H6. How many <u>hours</u> each week was (CHILD) cared for in this program or arrangement?	_____ HOURS/WEEK	_____ HOURS/WEEK	_____ HOURS/WEEK
H7. How much did your household pay for this program or arrangement?	\$ _____ NOTHING→GO TO H8	\$ _____ NOTHING→GO TO H8	\$ _____ NOTHING→GO TO H8
H7a. Was that...?	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER, (SPECIFY) _____	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER, (SPECIFY) _____	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER, (SPECIFY) _____
H7b. Was that amount for (CHILD) only, or did it cover other children in your household?	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD
H7c. How many other children did it cover?	_____ # OF CHILDREN	_____ # OF CHILDREN	_____ # OF CHILDREN
H8. How old was (CHILD) when you stopped using this program or arrangement?	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10.	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10.	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10.
H9. What was the reason that program or arrangement ended? (RB, P. 25, COL C)	_____	_____	_____
H10. Did you use any other programs or arrangements (before (CHILD) entered school) that you have not told me about? (This can be at same time as previous arrangement or after previous arrangement)	1. YES→GO TO ARR 2 5. NO→P. 54, H11	1. YES→GO TO ARR 3 5. NO→P. 54, H11	1. YES→GO TO P. 50, ARR 4 5. NO→P. 54, H11

Arrangements	#4	#5	#6
<p>H2. What was the main reason you started using this program or arrangement at that time? (RB, P. 25, COLUMN A)</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>7. OTHER, (SPECIFY) _____</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>7. OTHER, (SPECIFY) _____</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>7. OTHER, (SPECIFY) _____</p>
<p>H3. How old was (CHILD) when you started using the program or arrangement?</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>
<p>H4. What type of program or arrangement was that? (RB, P. 25, COLUMN B)</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>

Arrangements	#4	#5	#6
H5. How many <u>days</u> each week was (CHILD) cared for in this program or arrangement?	_____ DAYS/WEEK	_____ DAYS/WEEK	_____ DAYS/WEEK
H6. How many <u>hours</u> each week was (CHILD) cared for in this program or arrangement?	_____ HOURS/WEEK	_____ HOURS/WEEK	_____ HOURS/WEEK
H7. How much did your household pay for this program or arrangement?	\$ _____	\$ _____	\$ _____
	NOTHING→GO TO H8	NOTHING→GO TO H8	NOTHING→GO TO H8
H7a. Was that...?	1. PER HOUR	1. PER HOUR	1. PER HOUR
	2. PER DAY	2. PER DAY	2. PER DAY
	3. PER WEEK	3. PER WEEK	3. PER WEEK
	4. EVERY 2 WEEKS	4. EVERY 2 WEEKS	4. EVERY 2 WEEKS
	5. EVERY MONTH	5. EVERY MONTH	5. EVERY MONTH
	6. EVERY YEAR	6. EVERY YEAR	6. EVERY YEAR
	7. OTHER (SPECIFY _____)	7. OTHER (SPECIFY _____)	7. OTHER (SPECIFY _____)
H7b. Was that amount for (CHILD) only, or did it cover other children in your household?	1. CHILD ONLY→GO TO H8	1. CHILD ONLY→GO TO H8	1. CHILD ONLY→GO TO H8
	2. OTHER CHILDREN IN THE HOUSEHOLD	2. OTHER CHILDREN IN THE HOUSEHOLD	2. OTHER CHILDREN IN THE HOUSEHOLD
H7c. How many other children did it cover?	_____ # OF CHILDREN	_____ # OF CHILDREN	_____ # OF CHILDREN
H8. How old was (CHILD) when you stopped using this program or arrangement?	_____ YEARS _____ MONTHS	_____ YEARS _____ MONTHS	_____ YEARS _____ MONTHS
	HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10	HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10	HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10
H9. What was the reason that program or arrangement ended? (RB, P. 25, COL C)	_____	_____	_____
H10. Did you use any other programs or arrangements (before (CHILD) entered school) that you have not told me about? (This can be at same time as previous arrangement or after previous arrangement)	1. YES→GO TO ARR 5	1. YES→GO TO ARR 6	1. YES→P. 52, ARR 7
	5. NO→P. 54, H11	5. NO→P. 54, H11	5. NO→P. 54, H11

Arrangements	#7	#8	#9
<p>H2. What was the main reason you started using this program or arrangement at that time? (RB, P. 25, COLUMN A)</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>9. OTHER, (SPECIFY) _____</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>9. OTHER, (SPECIFY) _____</p>	<p>1. STARTED/RETURNED WORK</p> <p>2. INCREASED/CHANGED WORK HOURS</p> <p>3. STARTED LOOKING FOR WORK</p> <p>4. STARTED SCHOOL</p> <p>5. STARTED OTHER ACTIVITY</p> <p>6. CHILD NEEDED PLAYMATES/ACTIVITIES</p> <p>9. OTHER, (SPECIFY) _____</p>
<p>H3. How old was (CHILD) when you started using the program or arrangement?</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>	<p>_____ YEARS</p> <p>_____ MONTHS</p>
<p>H4. What type of program or arrangement was that? (RB, P. 25, COLUMN B)</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>	<p>1. RELATIVE IN THE CHILD'S HOME</p> <p>2. NON-RELATIVE IN THE CHILD'S HOME (SITTER)</p> <p>3. CARE IN A RELATIVE'S HOME</p> <p>4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)</p> <p>5. HEAD START PROGRAM</p> <p>6. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER</p> <p>7. BEFORE OR AFTER-SCHOOL PROGRAM</p> <p>8. CHILD CARES FOR SELF ALONE</p> <p>97. OTHER TYPE OF CHILD CARE, (SPECIFY) _____</p>

Arrangements	#7	#8	#9
H5. How many <u>days</u> each week was (CHILD) cared for in this program or arrangement?	_____ DAYS/WEEK	_____ DAYS/WEEK	_____ DAYS/WEEK
H6. How many <u>hours</u> each week was (CHILD) cared for in this program or arrangement?	_____ HOURS/WEEK	_____ HOURS/WEEK	_____ HOURS/WEEK
H7. How much did your household pay for this program or arrangement?	\$ _____ NOTHING→GO TO H8	\$ _____ NOTHING→GO TO H8	\$ _____ NOTHING→GO TO H8
H7a. Was that...?	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER (SPECIFY) _____	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER (SPECIFY) _____	1. PER HOUR 2. PER DAY 3. PER WEEK 4. EVERY 2 WEEKS 5. EVERY MONTH 6. EVERY YEAR 7. OTHER (SPECIFY) _____
H7b. Was that amount for (CHILD) only, or did it cover other children in your household?	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD	1. CHILD ONLY→GO TO H8 2. OTHER CHILDREN IN THE HOUSEHOLD
H7c. How many other children did it cover?	_____ # OF CHILDREN	_____ # OF CHILDREN	_____ # OF CHILDREN
H8. How old was (CHILD) when you stopped using this program or arrangement?	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10	_____ YEARS _____ MONTHS HAS NOT ENDED, STILL USING ARRANGEMENT.→GO TO H10
H9. What was the reason that program or arrangement ended? (RB, P. 25, COL C)	_____	_____	_____
H10. Did you use any other programs or arrangements (before (CHILD) entered school) that you have not told me about? (This can be at same time as previous arrangement or after previous arrangement)	1. YES→GO TO ARR 8 5. NO→P. 54, H11	1. YES→GO TO ARR 9 5. NO→P. 54, H11	1. YES→P. 54, H11 5. NO→P. 54, H11

H11. INTERVIEWER CHECKPOINT

**SEE P. 30, G2 AND G3**

1. CHILD IS IN SCHOOL OR KINDERGARTEN

2. ALL OTHERS → GO TO P. 62, J1



H12. (RB, P. 26) Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for the last month. [CHECK ALL THAT APPLY]

- A. RELATIVE UNDER 13 IN THE CHILD'S HOME
- B. RELATIVE 13 OR OLDER IN THE CHILD'S HOME
- C. NON-RELATIVE IN THE CHILD'S HOME (SITTER)
- D. CARE IN A RELATIVE'S HOME
- E. CARE IN A NON-RELATIVE'S HOME (FAMILY DAYCARE PROVIDER)
- F. HEAD START PROGRAM
- G. PREKINDERGARTEN PROGRAM, NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTER
- H. BEFORE OR AFTER-SCHOOL PROGRAM
- I. CHILD CARES FOR SELF ALONE
- J. OTHER TYPE OF CHILD CARE (SPECIFY) \_\_\_\_\_
- M. NONE, ONE PARENT ALWAYS CARES FOR CHILD

## H13. INTERVIEWER CHECKPOINT

**SEE H12**

1. "NONE" (BOX M) CHECKED AT H12 → TURN TO P. 62, J1
2. MORE THAN ONE ARRANGEMENT CHECKED AT H12
3. ONLY ONE ARRANGEMENT CHECKED AT H12 → WRITE LETTER OF THAT ARRANGEMENT IN H14 AND GO TO H18



H14. (RB, P. 26) Please tell me which of those arrangements you use the most hours each week.

\_\_\_\_\_ (LETTER OF FIRST ARRANGEMENT)

H14a. (IF ARRANGEMENT IN H14 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD

H15. (ASK IF NECESSARY, BUT MARK LETTER) Which arrangement do you use next most frequently?

\_\_\_\_\_ (LETTER OF SECOND ARRANGEMENT)

H15a. (IF ARRANGEMENT IN H15 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD

H16. (ASK IF NECESSARY, BUT MARK LETTER) Which arrangement do you use next most frequently after that?

\_\_\_\_\_ (LETTER OF THIRD ARRANGEMENT)

H16a. (IF ARRANGEMENT IN H16 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD



H17. (ASK IF NECESSARY, BUT MARK LETTER) Which arrangement do you use next most frequently after that?

\_\_\_\_\_ (LETTER OF FOURTH ARRANGEMENT)

H17a. (IF ARRANGEMENT IN H17 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD

H18. How many days each week is (CHILD) cared for in (arrangement listed at H14)?

\_\_\_\_\_ (DAYS)

H19. How many hours each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ (HOURS)

H20. For how many months has (CHILD) been cared for on a regular basis in this (program/arrangement)? Again, by regular, we mean at least once a week for the last month.

\_\_\_\_\_ MONTHS OR \_\_\_\_\_ (WEEKS) OR \_\_\_\_\_ DAYS

H21. How much does your household pay for this (program/arrangement)?

\$ \_\_\_\_\_

NOTHING

→NEXT PAGE, H23

H21a. (Is that per hour, daily, weekly, every 2 weeks, every month or every year?)

1. PER HOUR

2. DAILY

3. WEEKLY

4. EVERY 2 WEEKS

5. EVERY MONTH

6. EVERY YEAR

H22. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

1. INCLUDES OTHER CHILDREN

2. INCLUDES (CHILD) ONLY

→GO TO H23



H22a. How many other children does this payment include?

\_\_\_\_\_ NUMBER OF CHILDREN

H23. INTERVIEWER CHECKPOINT

**SEE H15**

1. R HAS ANSWER IN H15 (ASK H24 - H28 ABOUT THIS ARRANGEMENT)

2. ALL OTHERS → TURN TO P. 62, J1



H24. Now tell me about the (program/arrangement) that you use the second greatest number of hours each week, (NAME OF ARRANGEMENT FROM H15) How many days each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ DAYS

H25. How many hours each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ HOURS

H26. For how many months has (CHILD) been cared for on a regular basis in this (program/arrangement)? Again, by regular, we mean at least once a week for the last month.

\_\_\_\_\_ MONTHS OR \_\_\_\_\_ WEEKS OR \_\_\_\_\_ DAYS

H27. How much does your household pay for this (program/arrangement)?

\$\_\_\_\_\_ NOTHING → GO TO H29

H27a. (Is that per hour, daily, weekly, every 2 weeks, every month or every year?)

- |                |               |           |                  |
|----------------|---------------|-----------|------------------|
| 1. PER HOUR    | 2. DAILY      | 3. WEEKLY | 4. EVERY 2 WEEKS |
| 5. EVERY MONTH | 6. EVERY YEAR |           |                  |

H28. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

- |                            |                          |             |
|----------------------------|--------------------------|-------------|
| 1. INCLUDES OTHER CHILDREN | 2. INCLUDES (CHILD) ONLY | → GO TO H29 |
|----------------------------|--------------------------|-------------|
- ↓

H28a. How many other children does this payment include?

\_\_\_\_\_ NUMBER OF CHILDREN

H29. INTERVIEWER CHECKPOINT

**SEE H16**

1. R HAS ANSWER IN H16 → GO TO H30 (ASK H30 - H34 ABOUT THIS ARRANGEMENT)

2. ALL OTHERS → TURN TO P. 62, J1

H30. Now tell me about the (program/arrangement) that you use the third greatest number of hours each week, (NAME ARRANGEMENT FROM H16) How many days each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ DAYS

H31. How many hours each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ HOURS

H32. For how many months has (CHILD) been cared for on a regular basis in this (program/arrangement)? (Again, by regular, we mean at least once a week for the last month.)

\_\_\_\_\_ MONTHS OR \_\_\_\_\_ WEEKS OR \_\_\_\_\_ DAYS

H33. How much does your household pay for this (program/arrangement)?

\$\_\_\_\_\_ NOTHING →NEXT PAGE, H35

H33a. (Is that per hour, daily, weekly, every 2 weeks, every month, or every year?)

- |                |               |           |                  |
|----------------|---------------|-----------|------------------|
| 1. PER HOUR    | 2. DAILY      | 3. WEEKLY | 4. EVERY 2 WEEKS |
| 5. EVERY MONTH | 6. EVERY YEAR |           |                  |

H34. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

- |                            |                          |                 |
|----------------------------|--------------------------|-----------------|
| 1. INCLUDES OTHER CHILDREN | 2. INCLUDES (CHILD) ONLY | →NEXT PAGE, H35 |
|----------------------------|--------------------------|-----------------|



H34a. How many other children does this payment include?

\_\_\_\_\_ NUMBER OF CHILDREN

## H35. INTERVIEWER CHECKPOINT

<b>SEE H17</b>	
<input type="checkbox"/>	1. R HAS ANSWER IN H17 (ASK <u>H36</u> - <u>H40</u> ABOUT THIS ARRANGEMENT)
<input type="checkbox"/>	2. ALL OTHERS →TURN TO P. 62, J1

H36. Now tell me about the (program/arrangement) that you use the fourth greatest number of hours each week, (NAME ARRANGEMENT FROM H17) How many days each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ DAYS

H37. How many hours each week is (CHILD) cared for in this (program/arrangement)?

\_\_\_\_\_ HOURS

H38. For how many months has (CHILD) been cared for on a regular basis in this (program/arrangement)? (Again, by regular, we mean at least once a week for the last month.)

\_\_\_\_\_ MONTHS

H39. How much does your household pay for this (program/arrangement)?

\$ \_\_\_\_\_

**NOTHING**

→TURN TO P. 62, J1

H39a. (Is that per hour, daily, weekly, every 2 weeks, every month, or every year?)

**1. PER HOUR**

**2. DAILY**

**3. WEEKLY**

**4. EVERY 2 WEEKS**

**5. EVERY MONTH**

**6. EVERY YEAR**

H40. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

1. INCLUDES OTHER CHILDREN

2. INCLUDES (CHILD) ONLY

→NEXT  
PAGE, J1



H40a. How many other children does this payment include?

\_\_\_\_\_ NUMBER OF CHILDREN

SECTION J

J1. INTERVIEWER CHECKPOINT

<input type="checkbox"/>	1. BOTH OF CHILD'S PARENTS ARE LIVING IN THIS HOUSEHOLD → TURN TO PAGE 71, SECTION K
<input type="checkbox"/>	2. CHILD'S MOTHER IS IN HH AND FATHER NOT IN HH → GO TO J2
<input type="checkbox"/>	3. CHILD'S FATHER IS IN HH AND MOTHER NOT IN HH → TURN TO PAGE 66, J17
<input type="checkbox"/>	4. NEITHER MOTHER NOR FATHER LIVING IN HH



**ABSENT FATHER**

J2. (ASK ONLY IF NECESSARY, BUT MARK BOX) Is (CHILD)'s biological father still living?

1. YES → NEXT PAGE, J3	5. NO	8. DON'T KNOW → TURN TO PAGE 66, J16
------------------------	-------	--------------------------------------



J2a. In what month and year did he die?

____/____ (MONTH) (YEAR)	DON'T KNOW
-----------------------------	------------

TURN TO PAGE 66, J16

J3. About how far away from here does he live?

\_\_\_\_\_ # MILES → GO TO J4

8. DON'T KNOW

J3a. What state or country does he live in?

\_\_\_\_\_ STATE OR COUNTRY

J4. Is he currently married?

1. YES

5. NO

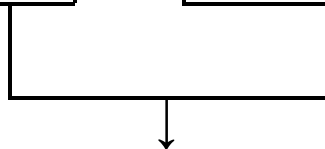
8. DON'T KNOW

J5. Has he had any other children since those he had with you?

1. YES

5. NO

8. DON'T KNOW



J5a. How many?

\_\_\_\_\_ (NUMBER OF CHILDREN)

J6. (RB, P. 27) During the past 12 months, about how often did (CHILD) talk on the telephone or receive a letter from (his/her) father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL

2. ABOUT ONCE A YEAR

3. SEVERAL TIMES A YEAR

4. ONE TO THREE  
TIMES A MONTH

5. ABOUT ONCE  
A WEEK

6. SEVERAL TIMES  
A WEEK



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J7. In what month and year did (CHILD) last see (him/her)?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

NEVER → GO TO J11

J8. INTERVIEWER CHECKPOINT:

HAS FATHER SEEN (CHILD) IN LAST 12 MONTHS?

1. YES      5. NO → TURN TO PAGE 66, J16



J9. (RB, P. 27) During the past 12 months, how often did (CHILD) see (his/her) father?

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

J10. How many days did (CHILD) stay with (his/her) father during the past 12 months?

\_\_\_\_\_ NUMBER OF DAYS

J11. (RB, P. 27) How often do you talk about (CHILD) with (his/her) father?

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

J12. How much influence does (CHILD'S) father have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. NONE      2. SOME      3. A GREAT DEAL

J13. (RB, P. 28) How often do you and (CHILD'S) father have conflict over each of the following issues? Please tell me if you have conflict often, sometimes, hardly ever, or never over:

	OFTEN	SOMETIMES	HARDLY EVER	NEVER
a. Where (CHILD) lives.	1	2	3	4
b. How (he/she) is raised.	1	2	3	4
c. Disciplining (CHILD).	1	2	3	4
d. How you spend money on (CHILD).	1	2	3	4
e. How he spends money on (CHILD).	1	2	3	4
f. The amount of time he spends with (CHILD).	1	2	3	4
g. His visits with (CHILD).	1	2	3	4
h. His contribution to (CHILD'S) support.	1	2	3	4
j. His (CHILD's father's) use of alcohol or drugs.	1	2	3	4
k. The friends he (CHILD's father) spends time with.	1	2	3	4

J14. (RB, P. 29) How often does (CHILD'S) father spend time with (him/her) in each of the following activities? Would you say not at all, about once a year, several times a year, 1-3 times a month, about once a week, or several times a week?

	NOT AT ALL	ABOUT ONCE A YEAR	SEVERAL TIMES A YEAR	1 TO 3 TIMES A MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK
a. Leisure activities such as picnics, movies, sports, or visiting family friends.	1	2	3	4	5	6
b. Religious activities.	1	2	3	4	5	6
c. Talking, working on a project, or playing together.	1	2	3	4	5	6
d. School or other organized activities.	1	2	3	4	5	6

J15. Has (CHILD’S) father done any of the following things for (CHILD) during the past year?

	YES	NO
a. Buy clothes, toys or presents.	1	5
b. Pay for camp or lessons.	1	5
c. Take (CHILD) on vacation.	1	5
d. Pay for dental or insured medical expenses.	1	5
e. Pay for (CHILD)’s medical insurance.	1	5
f. Any other things? (SPECIFY): _____	1	5

J16. INTERVIEWER CHECKPOINT:

1. CHILD’S MOTHER DOES NOT LIVE IN HOUSEHOLD

2. ALL OTHERS → TURN TO PAGE 71, SECTION K



**ABSENT MOTHER**

J17. (ASK OR VERIFY, BUT MARK BOX) Is (CHILD)'s biological mother still living?

1. YES →NEXT PAGE, J18    
  5. NO    
  8. DON’T KNOW →TURN TO P. 71, K0



J17a. When did she die?

\_\_\_\_\_/\_\_\_\_\_ →TURN TO P. 71, SECTION K  
 MONTH    YEAR

J18. About how far away from here does she live?

\_\_\_\_\_ # MILES → GO TO J19

8. DON'T KNOW

↓

J18a. What state or country does she live in?

\_\_\_\_\_ (STATE OR COUNTRY)

J19. Is she currently married?

1. YES

5. NO

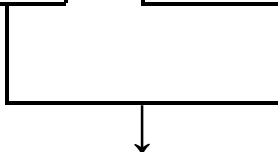
8. DON'T KNOW

J20. Has she had any other children since those she had with you?

1. YES

5. NO

8. DON'T KNOW



GO TO J21

J20a. How many?

\_\_\_\_\_ NUMBER OF CHILDREN

J21. (RB, P. 29) During the past 12 months, about how often did (CHILD) talk on the telephone or receive a letter from (his/her) mother?

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

J22. In what month and year did (CHILD) last see her?

\_\_\_\_\_/\_\_\_\_\_  
MONTH      YEAR

NEVER

→ NEXT PAGE, J26

## J23. INTERVIEWER CHECKPOINT

HAS MOTHER SEEN (CHILD) IN LAST 12 MONTHS?	
1. YES	5. NO → TURN TO PAGE 71, SECTION K

↓

J24. (RB, P. 29) During the past 12 months, how often did (CHILD) see (his/her) mother?

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

J25. How many days did (CHILD) stay with (his/her) mother during the past 12 months?

\_\_\_\_\_ NUMBER OF DAYS

J26. (RB, P. 29) How often do you talk about (CHILD) with (his/her) mother?

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

J27. How much influence does (CHILD'S) mother have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. NONE	2. SOME	3. A GREAT DEAL
---------	---------	-----------------

- J28. (RB, P. 30) How often do you and (CHILD'S) mother have conflict over each of the following issues? Please tell me if you have conflicts often, sometimes, hardly ever, or never about:

	OFTEN	SOMETIMES	HARDLY EVER	NEVER
a. Where (CHILD) lives.	1	2	3	4
b. How (he/she) is raised.	1	2	3	4
c. Disciplining (CHILD).	1	2	3	4
d. How you spend money on (CHILD).	1	2	3	4
e. How she spends money on (CHILD).	1	2	3	4
f. The amount of time she spends with (CHILD).	1	2	3	4
g. Her visits with (CHILD).	1	2	3	4
h. Her contribution to (CHILD)'s support.	1	2	3	4
j. Her (CHILD's mother) use of alcohol or drugs?	1	2	3	4
k. The friends she (CHILD's mother) spends time with?	1	2	3	4

- J29. (RB, P. 31) How often does (CHILD)'s mother spend time with (him/her) in each of the following activities? Would you say not at all, about once a year, several times a year, 1-3 times a month, about once a week, or several times a week?

	NOT AT ALL	ABOUT ONCE A YEAR	SEVERAL TIMES A YEAR	1 TO 3 TIMES A MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK
a. Leisure activities such as picnics, movies, sports, or visiting family friends.	1	2	3	4	5	6
b. Religious activities.	1	2	3	4	5	6
c. Talking, working on a project, or playing together.	1	2	3	4	5	6
d. School or other organized activities.	1	2	3	4	5	6

J30. Has (CHILD)'s mother done any of the following things for (CHILD) during the past year?

	<b>YES</b>	<b>NO</b>
a. Buy clothes, toys or presents.	<b>1</b>	<b>5</b>
b. Pay for camp or lessons.	<b>1</b>	<b>5</b>
c. Take (CHILD) on vacation.	<b>1</b>	<b>5</b>
d. Pay for dental or insured medical expenses.	<b>1</b>	<b>5</b>
e. Pay for (CHILD)'s medical insurance.	<b>1</b>	<b>5</b>
f. Any other things? (SPECIFY): _____	<b>1</b>	<b>5</b>

## SECTION K

## K0. INTERVIEWER CHECKPOINT

- |   |
|---|
| <input type="checkbox"/> 1. SECTION K ALREADY COMPLETED FOR THIS CAREGIVER → TURN TO<br><div style="text-align: right;">P. 75, K16.</div><br><input type="checkbox"/> 2. SECTION K NOT DONE → CONTINUE WITH SECTION K |
|---|

## K1. (RB, P. 32) These next questions are about the food eaten in your household.

Which of these statements best describes the food eaten in your household in the last 12 months?—We have enough to eat and the kinds of food we want; we have enough to eat but not always the kinds of food we want; sometimes we don't have enough to eat; or often we don't have enough to eat?

1. ENOUGH AND THE KINDS OF FOOD WE WANT	→GO TO K3
---	-----------

2. ENOUGH BUT NOT ALWAYS THE KINDS OF FOOD WE WANT	→GO TO K3
--	-----------

3. SOMETIMES NOT ENOUGH
-------------------------

4. OFTEN NOT ENOUGH
---------------------

## K2. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why you don't always have enough to eat.

	YES	NO
a. Not enough money for food.	1	5
b. Too hard to get to the store.	1	5
c. Not able to cook or eat because of health problems.	1	5
d. No working stove or refrigerator.	1	5



K3. 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, sometimes, or never true for your household in the last 12 months.

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE
a. We worried whether our food would run out before we got money to buy more.	1	2	3
b. The food that we bought just didn't last, and we didn't have money to get more.	1	2	3
c. We couldn't afford to eat balanced meals.	1	2	3

#### K4. INTERVIEWER CHECKPOINT

**SEE K1 AND K3**

1. K1 IS CODED 1 OR 2 → GO TO K4a

2. K1 IS CODED 3 OR 4 → GO TO K5

#### K4a. INTERVIEWER CHECKPOINT

1. K3a, K3b, and K3c ALL CODED 3=NEVER TRUE → TURN TO P. 75, K16

2. ALL OTHERS → GO TO K5

K5. Tell me if the next statements were often, sometimes, or never true for your household in the last 12 months.

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE
a. We relied on only a few kinds of low-cost food to feed (CHILD/the children) because we were running out of money to buy food.	1	2	3
b. We couldn't feed (CHILD/the children) a balanced meal because we couldn't afford that.	1	2	3
c. (CHILD was/the children were) not eating enough because we just couldn't afford enough food.	1	2	3

K6. In the last 12 months, since (MONTH/YEAR) did 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 K7

K6a. 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

K7. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

1. YES      5. NO

K8. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

1. YES      5. NO

K9. In the last 12 months, did you lose weight because you didn't have enough money for food?

1. YES      5. NO

K10. In the last 12 months, did 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 → NEXT PAGE, K11

K10a. 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

## K11. INTERVIEWER CHECKPOINT

1. NO FOOD PROBLEMS (K6, K7, K8, K9 AND K10 ALL CODED 5=NO) → NEXT PAGE, K16

2. ALL OTHERS



K12. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since (MONTH YEAR), have you ever cut the size of (any of) your child(ren)'s meals because there wasn't enough money for food?

1. YES

5. NO

K13. In the last 12 months, did (any of) your child(ren) ever skip a meal because there wasn't enough money for food?

1. YES

5. NO

→GO TO K14

K13a. 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

K14. In the last 12 months, (was/were)(any of) your child(ren) ever hungry but you just couldn't afford more food?

1. YES

5. NO

K15. In the last 12 months, did (any of) your child(ren) ever not eat for a whole day because there wasn't enough money for food?

1. YES

5. NO

K16. EXACT TIME NOW:\_\_\_\_\_

THANK R AND GO TO NEXT CHILD IW OR TO TIME DIARIES.

BE SURE TO COLLECT ALL SELF ADMINISTERED QUESTIONNAIRES FROM  
PRIMARY CAREGIVER AND OTHER CAREGIVER BEFORE LEAVING THE  
HOUSEHOLD.

**SECTION L**  
**INTERVIEWER OBSERVATION OF HOME ENVIRONMENT**

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

L1. Did you observe (CHILD) and primary caregiver together at any time?

1. YES

5. NO → NEXT PAGE, L10



L2. Primary caregiver spontaneously spoke or conversed with (CHILD) (excluding scolding or suspicious comments):

Often		Sometimes		Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L3. Primary caregiver responded verbally to (CHILD)'s speech, questions or request:

Often		Sometimes		Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L4. Primary caregiver caressed, kissed, or hugged (CHILD):

Often		Sometimes		Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L5. Primary caregiver slapped or spanked (CHILD):

Often		Sometimes		Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L6. Primary caregiver physically restricted or shook/grabbed (CHILD):

Often		Sometimes		Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L7. Primary caregiver provided toys or interesting activities for (CHILD):

Often		Sometimes		Never
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L8. Primary caregiver's voice conveyed positive feeling about this (CHILD):

Often		Sometimes		Never
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L9. Primary caregiver kept (CHILD) in view; could see (CHILD); looked at (CHILD):

Often		Sometimes		Never
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L10. Interior of the home is dark or perceptually monotonous.

Very Monotonous		Somewhat		Not at all
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L11. All visible rooms in the (house/apartment) are:

Very Cluttered		Somewhat Cluttered		Not at all Cluttered
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L12. All visible rooms in the (house/apartment) are:

Very Clean		Somewhat Clean		Not at all Clean
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

L13. How often did primary caregiver spontaneously praise (CHILD) for (his/her) behavior, helpfulness, looks or other positive qualities?

Often		Sometimes		Never
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

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- L14. (CHILD)'s play environment is safe (no potentially dangerous health or structural hazards within a child's range). (EXAMPLES: Falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames & heat, frayed electrical wires.)

1. YES

5. NO

N. NOT OBSERVED

- L15. When interacting with child, was primary caregiver warm and affectionate:

Often

1

2

Sometimes

3

4

Never

5

- L16. IF CHILD IS YOUNGER THAN 3 YEARS OF AGE: Primary caregiver interfered with (CHILD)'s actions, or restricted (CHILD) from exploring:

Often

1

2

Sometimes

3

4

Never

5

N. INAP (3+YRS)

- L17. IF CHILD IS OLDER THAN 3 YEARS OF AGE: Primary caregiver introduced interviewer to (CHILD) by name.

1. YES

5. NO

N. INAP: CHILD UNDER 3

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

- L18.

Extremely hostile, cold,  
harsh to child

1

2

3

Extremely warm, loving  
affectionate to child

4

5

- L19.

Showed no pride or  
pleasure to child

1

2

3

Took a great deal of pride  
or pleasure in child

4

5

- L20.

Always showed warmth in tone  
when talking with child

1

2

3

Never showed warmth in tone  
when talking with child

4

5

**THUMBNAIL SKETCH**

- L21. Please provide a few words about this FU which might help editors and coders understand any **potentially confusing family situations** or relationships (such as primary or other caregivers who are not the child's parents)

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- L22. Elaborate on any **ambiguous or conflicting information** in this interview that you want editors and coders to know about:

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- L23. How would you describe the interview situation? Please add any clarifying remarks that will be helpful to editors and coders when this interview is processed. If this FU should be **recontacted for missing information** from Ann Arbor, is there something else we should be aware of?

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