MATHEMATICA
Policy Research, Inc.

Baby FACES

Parent Interview
2009 Data Collection

Spring 2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0354. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

The Early Head Start Child and Family Experiences Survey (Baby FACES)

Baseline Parent Interview

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Item E2. ASQ. Squires, Jane, Elizabeth Twonbly, Diane Bricker, and LaWanda Potter. Ages&Stages Questionnaires®, Third Edition (ASQ-3 tm). Squires & Bricker ©2009 Paul H. Brookes Publishing Co. All rights reserved.

Item M6. CES-D. Ross, C.E., Mirowsky, J., & Huber, J. (1983). Dividing work, sharing work, and in between: Marriage patterns and depression. *American Sociological Review, 48*, 809-823.

Item N1. PMS. *Parental Modernity Scale.* Schaefer, Earl S. and Marianna Edgerton (1985). In Parent and child correlates of parental modernity. In I. E. Sigel (Ed.), Parental belief systems: The psychological consequences for children. Hillsdale, NJ: Lawrence

Item N2. PSI. *Parenting Stress Index.* "Adapted and reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, FL 33549, from the Parenting Stress Index Short Form by Richard R. Abidin, Ed.D., Copyright 1990, 1995 by PAR, Inc. Further reproduction is prohibited without permission from PAR, Inc."

Item N3. HOME. Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment.* Little Rock, AR: University of Arkansas at Little Rock, 2003.

Item N5. PAM. *Parenting Alliance Measure*. Abidin, R. R., and T. R. Konold (1999). Parenting Alliance Measure Professional Manual. Lutz, FL: Psychological Assessment Resources, Inc.

Item O23. FES. *Family Environment Scale.* "Family Environment Scale, Conflict Subscale. Copyright 1974, 2002 by Rudolf Moos. All rights reserved. www.mindgarden.com."

SC. SCREENER

P1SC00

PROGRAMMER BOX

ALL CASES: PRELOAD PARENT'S FIRST NAME, MIDDLE INITIAL, LAST NAME AND RELATIONSHIP TO CHILD. SET SC0 = 1 IF PARENT IS CHILD'S MOTHER.

COHORT 0: PRELOAD DUE DATE, CHILD'S FIRST NAME, MIDDLE INITIAL, LAST NAME, GENDER AND DOB FROM DATABASE.

COHORT 1: PRELOAD CHILD'S FIRST NAME, MIDDLE INITIAL, LAST NAME, GENDER AND DOB FROM DATABASE.

INTERVIEWER: PRESS ALT _F1 TO DISPLAY FREQUENTLY ASKED QUESTIONS AT ANY POINT DURING THE INTERVIEW.

ALL

CALL-OUT

SC1 Hello. My name is _____ from Mathematica Policy Research. May I please speak with [PARENT]?

[PARENT] ANSWERS 1

[PARENT] COMES TO THE PHONE 2

[PARENT] CAN BE REACHED AT ANOTHER NUMBER 3

[PARENT] NOT AVAILABLE FOR OTHER TEMPORARY REASON 4

[PARENT] NOT AVAILABLE FOR NON-TEMPORARY REASON 5

[PARENT] HAS MOVED 6

[PARENT] IS DECEASED 7

[PARENT] DOES NOT SPEAK ENGLISH/SPANISH 8

PERSON NEVER HEARD OF [PARENT]/ WRONG NUMBER 9

HUNG UP DURING INTRODUCTION 10

CHILD DECEASED 11

REFUSED ..... r

SC1 = 1, 2, 4, 5, 7 OR SC3 = 1 AND SC0 NE 1 AND COHORT 1

SC4 (IF SC1 = 7, FIRST READ) **I'm very sorry for your loss.**

We recently mailed a letter to you saying someone would call about [CHILD]'s experiences with [PROGRAM] Early Head Start.

For this interview, I need to speak to the person who is most responsible for [CHILD]'s care. Often this is the child's birth mother. Does she live in your household?

YES, MOTHER IN HOUSEHOLD..... 1
YES, RESPONDENT IS MOTHER..... 2
NO, MOTHER DECEASED 3
NO, OTHER REASON..... 4
HUNG UP 6
CHILD DECEASED 7
DON'T KNOW ..... d
REFUSED ..... r

SC1=1, 2 OR SC3=1 OR SC4 = 2 OR SC5 = 1 OR SC6.1=1 OR SC7=2 OR SC8 = 1 OR SC8.1 = 1 OR SC11 = 4 OR SC13 = 1, 2

SC15 **We recently mailed a letter saying someone would call about…**

IF COHORT 0
… your experiences with [PROGRAM].

IF COHORT 1
… [CHILD]'s experiences with [PROGRAM].

ALL
The letter explained that the purpose of this study is to learn more about families in the Early Head Start program and how Early Head Start provides different kinds of services to children and families.

IF RESPONDENT ASKS FOR MORE INFORMATION: **We also want to learn more about the program the child attends or will be attending. We would like to understand Early Head Start from a parent's point of view, including some information about your home environment. Information from this study will be used to help Early Head Start better serve all children and their families.**

Everything we talk about today is completely confidential. Your name (or [CHILD]'s name) will not be attached to any of the information you give us. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question. And, if you have any questions at any time during the interview, please feel free to ask them.

I will ask you questions and type in your answers. You may stop me at any time, and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from [PROGRAM] will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals.

Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in Early Head Start programs. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. If that happens, just tell me and I will move on to the next question. When we finish I will send you $35 to thank you for your help.

Do you have any questions before we begin?

YES ..... 1 FAQ
NO 0
DON'T KNOW ..... d
REFUSED ..... r

ALL

SC45 What is your birth date?

P1SC45

IF ANYONE HESITATES: **The month and year are fine.**

|__|__| / |__|__| / |__|__|__|__| (YEAR RANGE: LE 1993)
Month Day Year

DON'T KNOW ..... d
REFUSED ..... r

SC45 = d, r OR ANY PART OF BIRTH DATE FIELD NOT ANS

SC49 How old are you?

P1SC49

|__|__| YEARS

DON'T KNOW ..... d
REFUSED ..... r

IF SC50 NE 1; ELSE CODE SC51 = 2 AND GO TO VERSION BOX SC53

SC51 I am required to ask if you are male or female.

P1SC51

MALE 1
FEMALE 2
DON'T KNOW ..... d
REFUSED ..... r

VERSION BOX SC53

COHORT 0: CONTINUE
COHORT 1: GO TO SC66

COHORT 0 AND DOB NOT ANS

SC55 IF SC50 = 1, USE **your** and **you**

We have in our records that (**your/[MOTHER]'s**) **due date is [DUE DATE]. (Have/Has)** (**you/[MOTHER]**) **given birth?**

YES	1	SC63
NO	0	SC60
CHILD DECEASED	2	SC1.1
DON'T KNOW	d	SUP REVIEW
REFUSED	r	SUP REVIEW

=

SC60 (**Are you/Is she**) **pregnant with more than one baby?**

YES	1	
NO	0	VERSION BOX SC82
DON'T KNOW	d	VERSION BOX SC82
REFUSED	r	VERSION BOX SC82

=

SC61 **How many babies (are you/is she) carrying?**

|___| BABIES NUM LE 6

DON'T KNOW ..... d

REFUSED ..... r

SC55=1 OR DOB = ANS AND COHORT 0

SC63 IF SC50 = 1, USE **you**
ELSE, USE **[MOTHER]** AND **she**

P1SC63

(IF DOB = ANS) **We have in our records that (you/[MOTHER]) gave birth on [DOB].**

(ALL) **Did** (**you/she**) **give birth to more than one baby?**

NO, ONE BABY 0 SC65
YES, MORE THAN ONE BABY 1
CHILD/CHILDREN DECEASED 2 SC1.1

SC63=1

SC64 **How many babies did (you/she) give birth to?**

P1SC64

|__| BABIES NUM LE 6

DON'T KNOW ..... d
REFUSED ..... r

PROGRAMMER BOX SC65

FOR KNOWN MULTIPLES, PRELOAD BIRTH ORDER FOR RANDOMLY SELECTED CHILD FROM DATABASE.

IF DATABASE IS BLANK AND SC63 = 1 (MORE THAN ONE CHILD BORN), RANDOMLY SELECT ONE CHILD TO ASK ABOUT FROM SC64.

SC55 NE 0

SC75 **Is [CHILD] a boy or a girl?**

BOY 1
GIRL 2
DON'T KNOW ..... d SUP REVIEW
REFUSED ..... r SUP REVIEW

SC55 NE 0

SC80 **What is [CHILD]'s birth date?**

|__|__| / |__|__| / |__|__|__|__| YEAR GE 2007
Month Day Year

DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

SC80a Was [CHILD] born early or prematurely?

P1SC80a

YES 1
NO ..... 0 BOX SC82
DK ..... d BOX SC82
REF ..... r BOX SC82

SC80b How many weeks early was [CHILD] born?

P1SC80b

|__|__| WEEK(S) 20 GE NUM GT 0. GO TO SC85

DON'T KNOW ..... d
REFUSED ..... r

PROBE: **Your best estimate is fine.**

NOTE: IF RESPONDENT DOESN'T KNOW PRESS ENTER TO GO TO THE NEXT FIELD.

PROGRAMMER: CALCULATE WEEKSEARLY=SC80b

SC80b = EMPTY, DK, R

SC80c At how many weeks was [CHILD] delivered?

P1SC80c

|__|__| NUMBER OF WEEKS WHEN CHILD WAS DELIVERED

PROBE: **Your best estimate is fine.**

PROGRAMMER: CALCULATE WEEKSEARLY = 40 – SC80c (40 – NUMBER OF WEEKS WHEN CHILD WAS DELIVERED)

ALL

SC85 What is your relationship to…

P1SC85

(IF SC60=0, d, r)
…the unborn child?

(IF SC60=1)
…the unborn children?

(IF SC66 = 1, FILL PRELOADED NAME; ELSE, FILL NAME FROM SC65 OR SC70)
…[CHILD]?

MOTHER/FEMALE GUARDIAN	1	
FATHER/MALE GUARDIAN	6	SC91
SISTER	11	SC92
BROTHER	17	SC93
GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	23	SC98
BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	24	SC98
GRANDMOTHER	25	SC98
GRANDFATHER	26	SC98
AUNT	27	SC98
UNCLE	28	SC98
COUSIN	29	SC98
OTHER RELATIVE	30	SC98
OTHER NON-RELATIVE	31	SC94
DON'T KNOW	d	SC98
REFUSED	r	SC98

SC85=1

SC90 Are you [CHILD]'s…

P1SC90

Birth mother,	2
Adoptive mother,	3
Stepmother, or	4
Foster mother or female guardian?	5
DON'T KNOW	d
REFUSED	r

ALL RESPONSES GO TO SECTION HH

SC85=6

SC91 **Are you…**

P1SC91

(IF SC60=0, d, r)
…the unborn child's…

(IF SC60=1)
…the unborn children's…

(IF SC66 = 1, FILL PRELOADED NAME; ELSE, FILL NAME FROM SC65 OR SC70)
…[CHILD]'s…

Birth father,..... 7

Adoptive father,..... 8

Stepfather, **or**..... 9

Foster father or male guardian?..... 10

DON'T KNOW..... d

REFUSED..... r

ALL RESPONSES GO TO SECTION HH

SC85=11

SC92 **Are you…**

P1SC92

(IF SC60=0, d, r)
…the unborn child's…

(IF SC60=1)
…the unborn children's…

(IF SC66 = 1, FILL PRELOADED NAME; ELSE, FILL NAME FROM SC65 OR SC70)
…[CHILD]'s…

Full sister,..... 12

Half sister,..... 13

Step sister,..... 14

Adoptive sister, or 15

Foster sister? 16

DON'T KNOW..... d

REFUSED..... r

ALL RESPONSES GO TO SC98

SC85=17

SC93 **Are you…**

P1SC93

((IF SC60=0, d, r)
…the unborn child's…

(IF SC60=1)
…the unborn children's…

(IF SC66 = 1, FILL PRELOADED NAME; ELSE, FILL NAME FROM SC65 OR SC70)
…[CHILD]'s…

Full brother, ... 18
Half brother, ... 19
Step brother, ... 20
Adoptive brother, or 21
Foster brother? 22
DON'T KNOW ..... d
REFUSED ..... r

ALL RESPONSES GO TO SC98

SC85=31

SC94 CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE

P1SC94

GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN 32
BOYFRIEND OR PARTNER OF CHILD'S PARENT GUARDIAN 33
FEMALE GUARDIAN 34
MALE GUARDIAN 35
DAUGHTER/SON OF CHILD'S PARENT'S PARTNER 36
OTHER RELATIVE OF CHILD'S PARENT'S PARTNER 37

BOX SC108

IF SC85 = 1 OR 6 (RESPONDENT IS MOTHER/FEMALE GUARDIAN OR FATHER/MALE GUARDIAN), GO TO SECTION HH. ELSE, CONTINUE.

SC85 = 11, 17, 23-31, d, or r

SC98 IF SC55=0 (MOTHER PREGNANT), USE **Will you be**
ELSE, USE **Are you**

P1SC98

(**Are you/Will you be)…**

(IF SC60=0, d, r)
…the unborn child's legal guardian?

(IF SC60=1)
…the unborn children's legal guardian?

…[CHILD]'s legal guardian?

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

HH. ABOUT HOUSEHOLD

NOTE BOX

FILL RESPONDENT'S NAME (PRELOAD FROM DATABASE IF SC20 = 1; ELSE, FROM SC25) IN ROW (a). CALCULATE AND FILL AGE FROM SC45. IF SC45 NOT ANS, FILL AGE FROM SC49. FILL MOST DESCRIPTIVE RELATIONSHIP FROM SC85 THROUGH SC94.

FILL CHILD'S NAME IN ROW (b) FROM CHILD INFO SCREEN (SC65, SC66 AND SC70) AND GENDER FROM SC75. CALCULATE AND FILL AGE FROM SC80.

IF GENDER MISSING FROM SC75 OR DOB MISSING FROM SC 80 FOR COHORT 1, FILL FROM SMS.

P1A00

DEFINITION BOX

SET HH0 = 1 IF (SC0 = 1 AND SC1 = 7) OR SC4 = 3 (MOTHER DECEASED)

PROGRAMMER NOTE

FIRST, ASK HH15, HH29-HH33 FOR RESPONDENT.

SECOND, ASK HH29-HH33 FOR FOCAL CHILD.

THEN, BEGIN AT HH1 FOR ALL HOUSEHOLD MEMBERS OTHER THAN RESPONDENT AND CHILD.

BEGIN LOOP

ALL
Starting with your spouse or partner IF HH15 = 1

HH1 **(Starting with your spouse or partner), please tell me the names of all the other people 16 years and older who normally live here.**

ALL

HH5 How old is [NAME]?

P1A05_01 – P1A05_10

|__|__| AGE (0-99)

DON'T KNOW ..... d

REFUSED ..... r

ALL

HH10 Is [NAME] male or female?

P1A10_01 – P1A10_10

MALE 1

FEMALE 2

DON'T KNOW ..... d

REFUSED ..... r

ALL RESPONSES GO TO HH25

PROGRAMMER NOTE
ASK HH15 FOR RESPONDENT (ROW a OF HOUSEHOLD GRID) ONLY.

ALL

HH15 Do you have a spouse or partner who lives in this household?

P1A15_01

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL RESPONSES GO TO HH29

ALL

HH25 What is [NAME]'s relationship to ([CHILD]/your unborn child(ren)/the unborn child(ren))?

P1A25_01 – P1A25_10

MOTHER/FEMALE GUARDIAN	1	
FATHER/MALE GUARDIAN	6	HH25.2
SISTER	11	HH25.3
BROTHER	17	HH25.4
GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	23	BOX HH26
BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	24	BOX HH26
GRANDMOTHER	25	BOX HH26
GRANDFATHER	26	BOX HH26
AUNT	27	BOX HH26
UNCLE	28	BOX HH26
COUSIN	29	BOX HH26
OTHER RELATIVE	30	BOX HH26
OTHER NON-RELATIVE	31	HH25.5
DON'T KNOW	d	
REFUSED	r	

HH25 = 1

HH25.1 Is [NAME] ([CHILD's]/your unborn child(ren)'s/the unborn child(ren)'s…

P1A25a01 – P1A25a05

Birth mother, ... 2
Adoptive mother, ... 3
Stepmother, or 4
Foster mother or female guardian? 5
DON'T KNOW ..... d
REFUSED ..... r

ALL RESPONSES GO TO BOX HH26

HH25 = 6

HH25.2 Is [NAME] ([CHILD]'s/your unborn child(ren)'s/the unborn child(ren)'s)…

P1A25b01 – P1A25b05

Birth father, ... 7
Adoptive father, ... 8
Stepfather, or 9
Foster father or male guardian? 10
DON'T KNOW ..... d
REFUSED ..... r

ALL RESPONSES GO TO BOX HH26

HH25 = 11

HH25.3 Is [NAME] ([CHILD]'s/your unborn child(ren)'s/the unborn child(ren)'s)…

Full sister, ... 12
Half sister, ... 13
Stepsister, ... 14
Adoptive sister, or 15
Foster sister? 16
DON'T KNOW ..... d
REFUSED ..... r

ALL RESPONSES GO TO BOX HH26

HH25 = 17

HH25.4 Is [NAME] ([CHILD]'s/your unborn child(ren)'s/the unborn child(ren)'s)…

Full brother, ... 18

Half brother, ... 19

Stepbrother, ... 20

Adoptive brother, or 21

Foster brother? 22

DON'T KNOW ..... d

REFUSED ..... r

ALL RESPONSES GO TO BOX HH26

HH25 = 31

HH25.5 INTERVIEWER: CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE

GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN 32

BOYFRIEND OR PARTNER OF CHILD'S PARENT GUARDIAN 33

FEMALE GUARDIAN 34

MALE GUARDIAN 35

DAUGHTER/SON OF CHILD'S PARENT'S PARTNER 36

OTHER RELATIVE OF CHILD'S PARENT'S PARTNER 37

NA 98

BOX HH26

ASK HH29-HH33 FOR FOCAL CHILD (HH25 = 77), MOTHER/FEMALE GUARDIAN (HH25 = 1), FATHER/MALE GUARDIAN (HH25 = 6), OR RESPONDENT'S SPOUSE/PARTNER (ROW c. OF HOUSEHOLD GRID IF HH15 = 1). IF NO NEXT PERSON, GO TO HH34.

ALL

HH29 **IF RESPONDENT, USE** ARE YOU
IF SOMEONE OTHER THAN RESPONDENT, USE **Is [NAME]**

(Are you/Is [NAME]) of Spanish, Hispanic or Latino origin?

P1A29_01 – P1A29_05

YES	1	
NO	0	HH31
DON'T KNOW	d	HH31
REFUSED	r	HH31

HH29=1

HH30 IF RESPONDENT, USE YOUR
IF SOMEONE OTHER THAN RESPONDENT, USE **[NAME]**

WHICH OF THESE BEST DESCRIBES (YOUR/[NAME]'S) SPANISH, HISPANIC OR LATINO ORIGIN? YOU MAY NAME MORE THAN ONE. WOULD YOU SAY…

Mexican, Mexican American, Chicano,	1	P1A30_01_01 – P1A30_01_05
Puerto Rican,	2	P1A30_02_01 – P1A30_02_05
Cuban, or	3	P1A30_03_01 – P1A30_03_05
Another Spanish/Hispanic/ Latino group? (SPECIFY) _____	4	P1A30_04_01 – P1A30_04_05
DON'T KNOW	d	
REFUSED	r	

ALL

HH31 IF RESPONDENT, USE **your**
IF SOMEONE OTHER THAN RESPONDENT, USE **[NAME]**

What is (your/[NAME]'s) race? You may name more than one if you like.

CODE ALL THAT APPLY

WHITE	11	P1A31_11_01 – P1A31_11_05
BLACK OR AFRICAN AMERICAN	12	P1A31_12_01 – P1A31_12_05
AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) _____	13	P1A31_13_01 – P1A31_13_05
ASIAN INDIAN	14	P1A31_14_01 – P1A31_14_05
CHINESE	15	P1A31_15_01 – P1A31_15_05
FILIPINO	16	P1A31_16_01 – P1A31_16_05
JAPANESE	17	P1A31_17_01 – P1A31_17_05
KOREAN	18	P1A31_18_01 – P1A31_18_05
VIETNAMESE	19	P1A31_19_01 – P1A31_19_05
ASIAN (NOT FURTHER SPECIFIED)	20	P1A31_20_01 – P1A31_20_05
NATIVE HAWAIIAN	21	P1A31_21_01 – P1A31_21_05
GUAMANIAN OR CHAMORRO	22	P1A31_22_01 – P1A31_22_05
SAMOAN	23	P1A31_23_01 – P1A31_23_05
OTHER PACIFIC ISLANDER (SPECIFY) _____	24	P1A31_24_01 – P1A31_24_05
ANOTHER RACE (SPECIFY) _____	99	P1A31_99_01 – P1A31_99_05
DON'T KNOW	d	
REFUSED	r	

ALL
were you IF RESPONDENT **was [NAME]** IF SOMEONE ELSE

HH32 In what country (were you/was [NAME]) born?

P1A32_01 – P1A32_05

USA	059	HH34
MEXICO	303	
GUATEMALA	313	
CUBA	327	
DOMINICAN REPUBLIC	329	
INDIA	210	
CHINA	207	
PHILIPPINES	233	
JAPAN	215	
KOREA	217	
VIETNAM	247	
GUAM	066	
SAMOA	527	
OTHER (SPECIFY) _____	600	
DON'T KNOW	d	
REFUSED	r	

HH32 NE 1
have you IF RESPONDENT **has [NAME]** IF SOMEONE OTHER THAN RESPONDENT

HH33 How many years (have you/has [name]) lived in the United States?

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR

P1A33_01 – P1A33_05

|__|__| NUMBER

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER NOTE

AFTER FILLING ROW a OF HOUSEHOLD GRID FOR RESPONDENT, ASK HH29-HH33 FOR FOCAL CHILD (IF BORN).

THEN, GO TO HH1 TO ASK ABOUT OTHER ADULT HOUSEHOLD MEMBERS.

ALL

HH34 (IF CHILD NOT BORN AND HH15 = 1 AND ROW A OF HH GRID) OR (IF CHILD BORN AND HH15 = 1 AND ROW B OF HH GRID)

P1A34_01 – P1A34_10

INTERVIEWER: PRESS '1' TO ENTER RESPONDENT'S SPOUSE/PARTNER INFORMATION.

((IF CHILD NOT BORN AND HH15 NE 1 AND ROW a OF HH GRID) OR (IF CHILD BORN AND HH15 NE 1 AND ROW b OF HH GRID)
We have listed that you (and [CHILD]) currently live in this household. Is there anyone else 16 years and older who normally lives here? Please do not include anyone staying here temporarily who usually lives somewhere else.

(ELSE)
Have we missed anyone else 16 years or older who usually lives here who is temporarily away from home or living in a dorm at school?

YES ..... 1 RETURN TO HH1 & COMPLETE GRID

NO 0

DON'T KNOW ..... d

REFUSED ..... r

END LOOP

ALL

Other than [CHILD] IF CHILD BORN

HH36 **(Other than [CHILD],) how many children who are less than 16 years old normally live in your household?**

P1A36

|__|__| NUMBER (0-20)

DON'T KNOW ..... d

REFUSED ..... r

HOUSEHOLD GRID:

PROGRAMMER NOTE
SET HH25 = 77 IN ROW “b” (FOCUS CHILD)
ALLOW UP TO 20 PEOPLE

HH1 FIRST NAME	HH2 LAST NAME	HH5 AGE	HH10 GENDER	HH15 SPOUSE/ PARTNER	HH25 REL. TO CHILD	HH25.1 MOTHER REL.	HH25.2 FATHER REL.	HH25.3 SISTER REL.	HH25.4 BROTHER REL.	HH25.5 OTHER REL.	HH29 HISPANIC ORIGIN	HH30 HISPANIC GROUP	HH31 RACE	HH32 COUNTRY OF BIRTH	HH33 YEARS IN U.S.
a. [RESP]		|__|__|	|__|	|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
b. [CHILD]		|__|__|	|__|		77						|__|	|__|	|__|__|	|__|__|__|	|__|__|
c.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
d.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
e.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
f.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
g.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
h.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
i.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|
j.		|__|__|	|__|		|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|__|__|	|__|__|

BOX HH37.1

IF HH25.1=2 (BIRTH MOTHER IN GRID), GO TO BOX HH41.1. ELSE, CONTINUE.

COHORT 1 AND HH25.1 NE 2 FOR ALL HOUSEHOLD MEMBERS AND HH0 NE 1 (MOTHER LIVING)

COHORT 0 AND DOB = ANS OR SC55 = 1 (MOTHER HAS GIVEN BIRTH) AND HH25.1 NE 2 FOR ALL HOUSEHOLD MEMBERS AND HH0 NE 1 (MOTHER LIVING)

HH38 I have recorded that [CHILD]'s birth mother does not live in your home. Is that correct?

P1A38

CORRECT, MOTHER NOT LIVING IN HOME 1
INCORRECT, MOTHER LIVING IN HOME..... 3 HH1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND HH38 = 1, d, r

HH40 How long has it been since [CHILD] last had contact with (his/her) mother?

You can tell me in days, weeks, months or years

INTERVIEWER NOTE: IF CHILD HAS NOT HAD CONTACT SINCE BIRTH, LEAVE NUMBER FIELD BLANK AND CODE '5' ON NEXT SCREEN

P1A40amt

|__|__| NUMBER

CODE ONLY ONE

P1A40unit

NUMBER OF DAYS AGO 1
NUMBER OF WEEKS AGO 2
NUMBER OF MONTHS AGO..... 3
NUMBER OF YEARS AGO 4
SINCE BIRTH 5
DON'T KNOW ..... d
REFUSED ..... r

HH25.2 NE 7 FOR ALL HOUSEHOLD MEMBERS

HH42 I have recorded that (the unborn child(ren)/[CHILD])'s birth father does not live in your home. Is that correct?

P1A42

CORRECT, FATHER LIVES ELSEWHERE	1	HH58
CORRECT, FATHER DECEASED	2	
INCORRECT, FATHER LIVING IN HOME	3	HH1
BIRTH FATHER IS UNKNOWN	4	SECTION B
DON'T KNOW	d	HH58
REFUSED	r	HH58

COHORT 1 AND HH42 = 1, d, r (BIRTH FATHER LIVING OUTSIDE OF HOUSEHOLD)

HH58 IF SC75=1 (CHILD IS MALE), USE **him**
IF SC75=2 (CHILD IS FEMALE), USE **her**

How long has it been since [CHILD] last had contact with (his/her) father?

You can tell me in days, weeks, months or years

INTERVIEWER NOTE: IF CHILD HAS NEVER HAD CONTACT, LEAVE NUMBER FIELD BLANK AND CODE '5'

P1A58amt |__|__| NUMBER

CODE ONLY ONE

P1A58unit

NUMBER OF DAYS AGO 1
NUMBER OF WEEKS AGO 2
NUMBER OF MONTHS AGO..... 3
NUMBER OF YEARS AGO 4
CHILD NEVER HAD CONTACT..... 5
DON'T KNOW..... d
REFUSED..... r

HH42 NE 4

HH59 IF RESPONDENT IS BIRTH MOTHER (HH25.1=2) AND FATHER IS KNOWN AND LIVING (HH42 NE 2, 4):

P1A59

Are you and [FATHER]…

IF RESPONDENT IS BIRTH MOTHER (HH25.1=2) AND FATHER IS DECEASED (HH42 = 2):
Were you and [FATHER]…

IF RESPONDENT IS BIRTH FATHER (HH25.2=7) AND MOTHER IS LIVING (HH0 NE 1):
Are you and [MOTHER]…

IF RESPONDENT IS BIRTH FATHER (HH25.2=7) AND MOTHER IS DECEASED (HH0 = 1):
Were you and [MOTHER]…

IF RESPONDENT IS NEITHER BIRTH MOTHER OR FATHER (HH25.1 NE 2 AND HH25.2 NE 7) AND BOTH ARE NOT LIVING IN HH (HH42 = 1 AND HHO NE 1):
Are [MOTHER] and [FATHER]…

IF RESPONDENT IS NEITHER BIRTH MOTHER OR FATHER (HH25.1 NE 2 AND HH25.2 NE 7) AND EITHER IS LIVING IN HH (HH25.1 = 2 OR HH25.2 = 7 AND NOT ROW a OF HH GRID):
Are [MOTHER] and [FATHER]…

IF RESPONDENT IS NEITHER BIRTH MOTHER OR FATHER (HH25.1 NE 2 AND HH25.2 NE 7) AND EITHER IS DECEASED (HH0 = 1 OR HH42 = 2):
Were [MOTHER] and [FATHER]…

Married, ... 1

Divorced, ... 2

Separated, or 3

Were (you/they) never married? 4

DON'T KNOW ..... d

REFUSED ..... r

B. HOUSEHOLD LANGUAGES

B0 INTERVIEWER: IS INTERVIEW BEING CONDUCTED IN ENGLISH OR ANOTHER LANGUAGE?

P1B00	ENGLISH	1
	OTHER LANGUAGE	2

These next questions are about the languages heard in your household.

ALL

B1 **Is any language other than English spoken in your home?**

P1B01	YES	1	
	NO	0	B3
	DON'T KNOW	d	B3
	REFUSED	r	B3

B1 = 1

B2 **What other languages are spoken in your home?**

PROBE: **Any other languages?**

CODE ALL THAT APPLY

P1B02_11	FRENCH	11
P1B02_12	SPANISH	12
P1B02_13	CAMBODIAN (KHMER)	13
P1B02_14	CHINESE	14
P1B02_15	HAITIAN CREOLE	15
P1B02_16	HMONG	16
P1B02_17	JAPANESE	17
P1B02_18	KOREAN	18
P1B02_19	VIETNAMESE	19
P1B02_20	ARABIC	20
P1B02_99	OTHER (SPECIFY) _____	99*
	DON'T KNOW	d
	REFUSED	r

* Refer to B3 for the list of codes used for these responses.

ALL

B3 What is your first language?

P1B03

CODE ONLY ONE

ENGLISH	101
SPANISH	111
FRENCH	112
OTHER ROMANTIC/ITALIC (ITALIAN, PORTUGUESE, ETC.)	119
OTHER CREOLES AND PATOIS (HAITIAN CREOLE)	129
OTHER GERMANIC LANGUAGES (GERMAN, DUTCH, FLEMISH, NORWEGIAN, DANISH, SWEDISH, ICELANDIC, ETC.)	139
OTHER INDO-EUROPEAN LANGUAGES (GREEK, ALBANIAN, ARMENIAN, CELTIC, ETC.)	159
ARABIC	205
OTHER SEMITIC LANGUAGES (HEBREW, AMHARIC, ETC.)	209
OTHER AFRO-ASIATIC AND NILO-SAHARAN LANGUAGES (SOMALI)	229
SUB-SAHARAN AFRICAN LANGUAGES (E.G. NIGER-CONGO LANGUAGES ALL OTHER SUB-SAHARAN AFRICAN LANGUAGES)	269
AMERICAN INDIAN LANGUAGES (NAVAJO, LAKOTA, YUPIK)	429
OTHER AMERINDIAN LANGUAGES (LANGUAGES OF MEXICO AND CENTRAL AND SOUTH AMERICA AND THE CARIBBEAN)	449
AMERICAN SIGN LANGUAGE AND OTHER SIGN LANGUAGES	479
OTHER (SPECIFY)	499
DON'T KNOW	d
REFUSED	r

VERSION BOX B4

COHORT 0: GO TO B7 IF B3 NE 25.
ELSE, GO TO SECTION C.

COHORT 1: CONTINUE

COHORT 1 AND B2 = 11-20, 99

B5 What language(s) do you speak to [CHILD] in at home?

P1B05_11 – P2B05_20, P1B05_25 and P2B05_99

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

ENGLISH 25
DON'T KNOW ..... d
REFUSED ..... r

BOX B5.1
IF COUNT OF RESPONSES IN B5 GE 2, CONTINUE. ELSE, GO TO B7.

LOOP B6 FOR NUMBER OF LANGUAGES INDICATED IN B5.

COHORT 1 AND COUNT OF RESPONSES IN B5 GE 2

B6 What language do you speak the (most/next most) often to [CHILD]?

P1B06_1 – P1B06_5

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B5.

INTERVIEWER: CODE ONLY ONE

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER NOTE

IF INTERVIEW IS BEING CONDUCTED IN ENGLISH (B0 = 1), HIDE OPTION 1 "NOT AT ALL" FOR B7a-b

B3 NE 25

B7 How well do you [INSERT ITEM a-e]? Would you say (not at all,) not well, well, or very well?

P1B07a – P1B07e

	NOT AT ALL	NOT WELL	WELL	VERY WELL	DON'T KNOW	REFUSED
a. **understand English?**	1	2	3	4	d	r
b. **speak English?**	1	2	3	4	d	r
c. **read English?**	1	2	3	4	d	r
d. **read your first language?**	1	2	3	4	d	r
e. **write your first language?**	1	2	3	4	d	r

VERSION BOX B8

COHORT 0: GO TO SECTION C.

COHORT 1: CONTINUE IF B2 = 11-20, 99. ELSE, GO TO SECTION C.

BEGIN LOOP. LOOP B12 FOR EACH LANGUAGE LISTED IN B2.

COHORT 1 AND B2 = 11-20, 99

B12 How often does [CHILD] hear [LANGUAGE FROM B2] at home? Would you say…

P1B12_11 – P1B12_20 and P2B12_99

Never, ... 1
Very little, ... 2
Sometimes, ... 3
Most of the time, or 4
All of the time? 5
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND B2 = 11-20, 99

B13 How often does [CHILD] hear English at home? Would you say…

P1B13

Never, ... 1
Very little, ... 2
Sometimes, ... 3
Most of the time, or 4
All of the time? 5
DON'T KNOW ..... d
REFUSED ..... r

BOX B15

BEGIN LOOP. ASK B16-B18 FOR EACH HOUSEHOLD MEMBER OTHER THAN RESPONDENT AND CHILD (NOT ROW “a” OR “b” OF HOUSEHOLD GRID). IF NO ONE ELSE, GO TO B21.

COHORT 1 AND B2 = 11-20, 99

B16 What language(s) does [ADULT FROM HOUSEHOLD] use when (he/she) speaks to [CHILD] at home?

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

ENGLISH 25

DON’T KNOW ..... d BOX B15

REFUSED ..... r BOX B15

P1B16_11_03 – P1B16_20_03, P1B16_25_03 and P2B16_99_03
P1B16_11_04 – P1B16_20_04, P1B16_25_04 and P2B16_99_04
P1B16_11_05 – P1B16_20_05, P1B16_25_05 and P2B16_99_05
P1B16_11_06 – P1B16_20_06, P1B16_25_06 and P2B16_99_06
P1B16_11_07 – P1B16_20_07, P1B16_25_07 and P2B16_99_07
P1B16_11_08 – P1B16_20_08, P1B16_25_08 and P2B16_99_08
P1B16_11_09 – P1B16_20_09, P1B16_25_09 and P2B16_99_09
P1B16_11_10 – P1B16_20_10, P1B16_25_10 and P2B16_99_10

BOX B17

IF COUNT OF RESPONSES IN B16 GE 2, CONTINUE. ELSE, GO TO BOX B15.

LOOP B18 FOR NUMBER OF LANGUAGES INDICATED IN B16.

COHORT 1 AND COUNT OF RESPONSES IN B16 GE 2

B18 What language does [ADULT] use the (most/next most) often when (he/she) speaks to [CHILD]?

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B16.

INTERVIEWER: CODE ONLY ONE

DON'T KNOW ..... d

REFUSED ..... r

P1B18a_03 – P1B18a_10	P1B18b_03 – P1B18b_10

END LOOP

COHORT 1 AND B2 = 11-20, 99 AND HH36 GE 1

B21 What language(s) do <u>other children</u> in your household use when they speak to [CHILD] at home? Include all the languages spoken by children in your household who are less than 16 years old.

P1B21_11 – P1B21_20, P1B21_25 and P2B21_99

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

ENGLISH 25

DON'T KNOW ..... d

REFUSED ..... r

C. PROGRAM SERVICES

VERSION BOX
COHORT 0: CONTINUE
COHORT 1: CONTINUE

The next questions are about services you and your family may have received from Early Head Start at [PROGRAM].

ALL

C1 When did your family first start receiving <u>any</u> Early Head Start services from [PROGRAM]?

PROBE: **Early Head Start services are for families with children up to age 3.**

PROBE: **These can be services received during pregnancy and for any other children.**

P1C01mo

P1C01yr

|___|___| / |___|___|___|___| (1994 - present)
MONTH YEAR

DON'T KNOW ..... d
REFUSED ..... r

VERSION BOX C1.1
COHORT 0: GO TO C3 IF SC90 = 2 (RESPONDENT IS BIRTH MOTHER) AND SC65 = ANS (CHILD BORN). GO TO C4 IF SC90 = 2 AND SC65 NOT ANS. ELSE, GO TO C24.
COHORT 1: CONTINUE

COHORT 1

C2.1 Which of the following best describes the kind of care [CHILD] receives from [PROGRAM NAME]?

P1C02_1

<u>CODE ONLY ONE</u>

Home-based services in which Early Head Start services are provided in [CHILD]'s home, ... 1
Center-based services in which Early Head Start services are provided in a child development center, ... 2
Family child care in which Early Head Start services are provided primarily in a family child care home, or 3
Some other program option? (SPECIFY) 4

_____

DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

C2.2 **Home visitors may have come to do activities with you and [CHILD] or talk to you about how (he/she) is doing or about how your family is getting along. Has anyone from Early Head Start visited you at home since [CHILD] began receiving services from [PROGRAM]?**

P1C02_2

PROBE: **Please do not include research staff who may have visited you to collect information for Baby FACES.**

YES	1	
NO	0	BOX C2.1
DON'T KNOW	d	BOX C2.1
REFUSED	r	BOX C2.1

C2.2 = 1

C2.3 **How many times did someone visit you and [CHILD] since (he/she) began receiving services from [PROGRAM]?**

P1C02_3

INTERVIEWER: READ LIST IF NECESSARY

TWO OR MORE TIMES A WEEK	6
ABOUT ONCE A WEEK	5
TWO OR THREE TIMES A MONTH	4
ABOUT ONCE A MONTH	3
LESS THAN ONCE A MONTH	2
ONCE OR TWICE A YEAR	1
DON'T KNOW	d
REFUSED	r

C2.2 = 1

C2.4 **Did any other adults in your household take part in the discussions with the Early Head Start home visitor?**

P1C02_4

YES	1	
NO	0	C2.6
DON'T KNOW	d	BOX C2.1
REFUSED	r	BOX C2.1

C2.2 = 1

C2.5 How are these people related to [CHILD]?

P1C02_5_1 – P1C02_5_5

CODE ALL THAT APPLY

CHILD'S FATHER..... 1
CHILD'S GRANDMOTHER 2
CHILD'S GRANDFATHER 3
CHILD'S MOTHER 4
OTHER ADULT..... 5
DON'T KNOW ..... d
REFUSED ..... r

C2.2 = 1 AND C2.4 = 0

C2.6 In general, did these home visits focus on…

P1C02_6_1 – P1C02_6_4

CODE ALL THAT APPLY

child development, ... 1
parenting,..... 2
family needs, or..... 3
crisis intervention?..... 4
DON'T KNOW ..... d
REFUSED ..... r

BOX C2.1
IF SC90 = 2 (RESPONDENT IS BIRTH MOTHER), CONTINUE. ELSE, GO TO C12

These next questions are about services you may have received from Early Head Start while you were pregnant.

SC90 = 2 AND (SC65 = ANS OR SC66 = 1 OR SC70 = ANS (CHILD BORN))

C3 Did you receive any services from [PROGRAM] Early Head Start while you were pregnant with [CHILD]?

P1C03

YES 1
NO..... 0 C12
DON'T KNOW ..... d C12
REFUSED ..... r C12

COHORT 0 AND SC90 = 2; COHORT 1 IF C3 = 1 AND SC90 = 2

C4 P1C04

COHORT 0 AND CHILD NOT BORN **Has anyone from [PROGRAM] Early Head Start visited you at home since you became pregnant?**

CHILD BORN **Did anyone from [PROGRAM] Early Head Start visit you at home while you were pregnant with [CHILD]?**

YES 1 C7
NO 0
DON'T KNOW ..... d
REFUSED ..... r C11

C4 = 0, d

C6 P1C06

COHORT 0 AND CHILD NOT BORN **Has anyone from [PROGRAM] Early Head Start visited you at another place, such as another person's home, since you became pregnant?**

CHILD BORN **Did anyone from [PROGRAM] Early Head Start visit you at another place, such as another person's home, while you were pregnant with [CHILD]?**

YES 1
NO 0 C11
DON'T KNOW ..... d C11
REFUSED ..... r C11

C4 = 1 OR C6 = 1 AND SC90 = 2

C7 P1C07

How many times did someone from [PROGRAM] visit you (since you became pregnant/while you were pregnant with [CHILD])?

INTERVIEWER: READ LIST IF NECESSARY

TWO OR MORE TIMES A WEEK 5
ABOUT ONCE A WEEK 4
TWO OR THREE TIMES A MONTH 3
ABOUT ONCE A MONTH 2
LESS THAN ONCE A MONTH 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 0 AND SC90 = 2; COHORT 1 IF C3 = 1 AND SC90 = 2

C11 **Now I have some questions about services you may have received from [PROGRAM] Early Head Start during (this pregnancy/your pregnancy with [CHILD]). During (this pregnancy/your pregnancy with [CHILD]), did you receive [FILL a-p] from [PROGRAM] Early Head Start?**

P1C11a – P1C11p

	YES	NO	NA	DON'T KNOW	REFUSED
a. **information on breastfeeding**	1	0		d	r
b. **a referral to someone to help with breastfeeding (lactation consultant)**	1	0		d	r
c. **nutrition information**	1	0		d	r
d. **the chance to get together with other pregnant women or mothers**	1	0		d	r
e. **a referral for a doula** A doula is a professional who helps a pregnant woman both before and during the birth of her baby. This is not the same as a doctor or a midwife.	1	0		d	r
f. **information on how to prepare your home for a new baby**	1	0		d	r
g. **help finding clothes, a stroller, or other baby care items**	1	0		d	r
h. **information on how to take care of babies**	1	0		d	r
i. **information on how to take care of yourself during pregnancy**	1	0		d	r
j. **a referral for child birth classes**	1	0		d	r
k. **a referral to a doctor for yourself**	1	0		d	r
l. **a referral to a pediatrician for the baby**	1	0		d	r
m. **a referral to quit smoking** NA = mother does not smoke	1	0	98	d	r
n. **information on how children grow and develop**	1	0		d	r
o. **parenting classes**	1	0		d	r
p. **any other service (**SPECIFY) _____	1	0		d	r

COHORT 1

C12 **Is [CHILD] in Early Head Start classes at a [PROGRAM] child development center?**

P1C12

YES	1	
NO	0	C19
DON'T KNOW	d	C19
REFUSED	r	C19

C12 = 1

C13 When did [CHILD] first start attending Early Head Start classes at [PROGRAM]?

P1C13mo

|___|___| / 2 0 |___|___| (2007-present)
MONTH YEAR

P1C13yr

DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

C19 Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

P1C19

PROBE: **These are written plans that describe goals for the child and the services (he/she) should receive.**

YES 1
NO 0 C24
DON'T KNOW ..... d C24
REFUSED ..... r C24

COHORT 1 AND C19 = 1

C20 Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?

P1C20

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND C19 = 1

C21 Was this plan developed with Early Head Start staff at [PROGRAM], or with some other person or agency?

P1C21

EHS STAFF 1
NOT EHS STAFF 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND C19 = 1

C22 **Is [CHILD] receiving . . .**

P1C22

none of the services identified in the IEP or IFSP,	1	C24
some of the services,	2	
most of the services, or	3	
all of the services identified in the IEP or IFSP?	4	
DON'T KNOW	d	C24
REFUSED	r	C24

COHORT 1 AND C22 = 2-4

C23 **How satisfied are you with those IEP or IFSP services? Are you . . .**

P1C23

very satisfied,	4
somewhat satisfied,	3
somewhat dissatisfied, or	2
very dissatisfied?	1
DON'T KNOW	d
REFUSED	r

HH36 GE 1

Other than [CHILD], IF CHILD BORN

C24 **(Other than [CHILD],) do any other children in your household receive Early Head Start services from [PROGRAM]?**

P1C24

PROBE: **Early Head Start services are for children between 0 and 3 years old.**

YES	1	
NO	0	C26
NOT APPLICABLE	98	C26
DON'T KNOW	d	C26
REFUSED	r	C26

C24 = 1

C25 **Which of the following best describes the kind of care other children in your household receive from Early Head Start at [PROGRAM]?**

CODE ALL THAT APPLY

Home-based services in which Early Head Start services are provided in your home,	1	P1C25_01
Center-based services in which Early Head Start services are provided in a child development center, or	2	P1C25_02
Family child care in which Early Head Start services are provided primarily in a family child care home, or	3	P1C25_03
Some other program option? (SPECIFY) _____	99	P1C25_99
DON'T KNOW	d	
REFUSED	r	

HH36 GE 1

C26 **This next question is about Head Start services your family may have received from [PROGRAM] or some other place. Head Start is for children between 3 and 5 years old.**

Do any other children in your household receive Head Start services?

P1C26

YES	1	
NO	0	C28
NOT APPLICABLE	98	C28
DON'T KNOW	d	C28
REFUSED	r	C28

C26 = 1

C27 **Which of the following best describes the kind of care other children in your household receive from Head Start?**

PROBE: **Head Start services are for children between 3 and 5 years old.**

CODE ALL THAT APPLY

Home-based services in which Head Start services are provided in your home,	1	P1C27_01
Center-based services in which Head Start services are provided in a child development center, or	2	P1C27_02
Family child care in which Head Start services are provided primarily in a family child care home, or	3	P1C27_03
Some other program option? (SPECIFY) _____	99	P1C27_99
DON'T KNOW	d	
REFUSED	r	

PROGRAMMER BOX C27.1

BEGIN LOOP. ASK C28.1 IMMEDIATELY AFTER EACH RESPONSE OF "THREE OR MORE TIMES" TO C28a-g. INTERVIEW RETURNS TO C28 TO ASK ABOUT REMAINING ACTIVITIES.

ALL

C28 **Now I'm going to ask you about activities you or your family may have taken part in through [PROGRAM] Early Head Start.**

In the past year, how often have you or other family members participated in the following activities at [PROGRAM]? For each one, tell me if you did not participate at all or if you participated once or twice, or three or more times.

P1C28a – P1C28i	NOT AT ALL	ONCE OR TWICE	THREE OR MORE TIMES	NA	DON'T KNOW	REFUSED
a. **Attend group activities for parents and their children** ..... NA = no child in EHS	0	1	2	98	d	r
b. **Attend workshops on job skills**	0	1	2		d	r
c. **Attend parent education meetings or workshops on raising children**	0	1	2		d	r
d. **Attend events just for men/fathers**	0	1	2		d	r
e. **Volunteered in an Early Head Start classroom**..... NA = no child in an EHS classroom	0	1	2	98	d	r
f. **Attended an Early Head Start social event**	0	1	2		d	r
g. **Participated on the [PROGRAM] Policy Council**.....	0	1	2		d	r
h. **Volunteered to help out at [PROGRAM] or served on a committee, but not in a classroom or on Policy Council**	0	1	2		d	r
i. **Take part in center activities in some other way?** (SPECIFY) .... *	0	1	2		d	r

* Some specific responses were organized into an additional category in the data file: "Attends/volunteers at field trips" (P1C28j).

ANY C28a-g = 2

C28.1a-g In the past year, how often would you say you participated?

INTERVIEWER: READ LIST IF NECESSARY

P1C28_1a – P1C28_1g

ONE OR MORE TIMES A WEEK..... 4
TWO OR THREE TIMES A MONTH 3
ABOUT ONCE A MONTH 2
LESS THAN ONCE A MONTH..... 1
DON'T KNOW ..... d
REFUSED ..... r

ALL

C29 What do you like most about the Early Head Start program at [PROGRAM]?

RECORD VERBATIM_____ STR LE 250

PROGRAMMER NOTE
BEGIN LOOP. ASK C31 IMMEDIATELY AFTER EACH "YES" RESPONSE TO C30a-m. INTERVIEW RETURNS TO C30 TO ASK ABOUT REMAINING SERVICES.

ALL

C30 **Now I have some questions about your household's experiences with various community agencies. Some examples of community agencies are Early Head Start, health centers, or the Department of Social or Human Services. In the past year, have you or anyone in your household received** [INSERT a-n] **from a community agency?**

P1C30a – P1C30n

		YES	NO	DON'T KNOW	REFUSED
a.	**Help finding good child care**	1	0	d	r
b.	**Help getting to and from work or other places**	1	0	d	r
c.	**Disability services**	1	0	d	r
d.	**Short-term help getting or paying for things you need in an emergency**	1	0	d	r
e.	**Help finding a job**	1	0	d	r
f.	**Education or job training**	1	0	d	r
g.	**Help with a legal problem**	1	0	d	r
h.	**Help finding or paying for housing**	1	0	d	r
i.	**Counseling on how to manage money**	1	0	d	r
j.	**Training on how to read and write**	1	0	d	r
k.	**Classes to learn English**	1	0	d	r
l.	**Health services**	1	0	d	r
m.	**Mental health services**	1	0	d	r
n.	**Some other service** (SPECIFY)* _____	1	0	d	r

WHERE C30a-m = 1

C31a-m **Did [PROGRAM] provide this service directly or refer you to another agency for this service?**

P1C31a – P1C31m

PROVIDED SERVICE DIRECTLY 1
REFERRED TO ANOTHER AGENCY 2
PROGRAM NOT INVOLVED IN SERVICE 3
OTHER (SPECIFY)..... 99
_____
DON'T KNOW..... d
REFUSED..... r

* Some responses were organized into additional categories in the data file: Help obtaining WIC (P1C30o), and Help obtaining food stamps or related benefits (P1C30p).

D. STAFF-PARENT RELATIONSHIPS

END LOOP

VERSION BOX	
COHORT 0:	IF RESPONDENT RECEIVED PRENATAL HOME VISIT (C4 = 1 OR C6 = 1), CONTINUE. ELSE, GO TO SECTION F.
COHORT 1:	CONTINUE

COHORT 0 AND (C4 = 1 OR C6=1); COHORT 1
My IF COHORT 0 AND RECEIVED PRENATAL HOME VISIT (C4 = 1 OR C6=1); **[CHILD]'s** IF COHORT 1
teacher AND **center** IF CENTER-BASED; **home visitor** AND **home visits** IF HOME-BASED; **family child care provider** AND **family child care home** IF FAMILY CHILD CARE

The next part of the interview is about your relationship with . . .

(IF SC55 = 0 (MOTHER PREGNANT) AND (C4 = 1 OR C6=1) (RECEIVED PRENATAL HOME VISIT))
… your home visitor.

(IF HOME-BASED)
…[CHILD]'s home visitor.

PROBE IF ASKING ABOUT HOME VISITOR: If more than one person has visited you at home, please think about the person who you have spent the most time with.

(IF CENTER-BASED)
…[CHILD]'s teacher.

(IF FAMILY CHILD CARE)
…[CHILD]'s family child care provider.

(ALL)
For each statement, tell me whether you strongly disagree, disagree, somewhat agree, agree, or strongly agree. Please answer the statements as you are feeling now.

[READ EACH ITEM]. Do you strongly disagree, disagree, somewhat agree, agree, or strongly agree? *(Note: Additional Parent-Caregiver Relationship items were included in the 2009 interview, but only the listed items are retained in the data files.).*

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
D2. If there is a problem, (my/[CHILD]'s) (teacher/home visitor/family child care provider) and I always talk about it soon.....	P1D02 1	2	3	4	5	d	r
(COHORT 1)							
D4. I feel that [CHILD]'s (home visitor/teacher/family child care provider) genuinely cares for (him/her).....	P1D04 1	2	3	4	5	d	r

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT AGREE	AGRE E	STRONGLY AGREE	DON'T KNOW	REFUSED
D9. (My/[CHILD]'s) (teacher/ home visitor/family child care provider) has the knowledge and skills needed to be a good (teacher/home visitor/family child care provider).	P1D09 1	2	3	4	5	d	r
(COHORT 1) D10. I like to work closely with [CHILD]'s (teacher/home visitor/family child care provider) in order to gain a better understanding of [CHILD].	P1D10 1	2	3	4	5	d	r
(COHORT 1) D21. I know that [CHILD] truly enjoys being with (his/her) (teacher/home visitor/family child care provider).	P1D21 1	2	3	4	5	d	r
(COHORT 1 AND CENTER-BASED OR FAMILY CHILD CARE) D22. I always trust [CHILD]'s (teacher/family child care provider) to give (him/her) good, consistent care.....	P1D22 1	2	3	4	5	d	r
(COHORT 1) D25. [CHILD]'s (teacher/home visitor/family child care provider) gives me valuable suggestions and advice about working with [CHILD].....	P1D25 1	2	3	4	5	d	r
(COHORT 1) D30. I admire the way [CHILD]'s (teacher/home visitor/family child care provider) works with [CHILD].	P1D30 1	2	3	4	5	d	r

B7b = 1, 2 (RESPONDENT SPEAKS ENGLISH NOT AT ALL OR NOT WELL)
your IF COHORT 0 AND RECEIVED PRENATAL HOME VISIT (C4 = 1); **[CHILD]'s** IF COHORT 1
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE

D36 What language did (your/[CHILD]'s) Early Head Start (teacher/home visitor/family child care provider) usually use when talking to you?

P1D36

CODE ONLY ONE

USE LANGUAGE CODES FROM B3		SECTION E
DON'T KNOW	d	SECTION E
REFUSED	r	SECTION E

D36 = 25
your IF COHORT 0 AND RECEIVED PRENATAL HOME VISIT (C4 = 1); **[CHILD]'s** IF COHORT 1
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE

D37 Did someone translate for you so you could talk with (your/[CHILD]'s) Early Head Start (teacher/home visitor/family child care provider)?

P1D37

YES	1	SECTION E
NO	0	
DON'T KNOW	d	SECTION E
REFUSED	r	SECTION E

D37 = 0
your IF COHORT 0 AND RECEIVED PRENATAL HOME VISIT (C4 = 1); **[CHILD]'s** IF COHORT 1
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE

D38 Did you have any trouble understanding (your/[CHILD]'s) Early Head Start (teacher/home visitor/family child care provider)'s English?

P1D38

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

D37 = 0
your IF COHORT 0 AND RECEIVED PRENATAL HOME VISIT (C4 = 1); **[CHILD]'s** IF COHORT 1
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE

D39 Did (your/[CHILD]'s) Early Head Start (teacher/home visitor/family child care provider) have any trouble understanding you?

P1D39

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

D40 Confirm type of caregiver discussed in Section D…

P1D_TYPE

Teacher from sample – answered about teacher 1
Teacher from sample – answered about home visitor 2
Home visitor from sample – answered about home visitor 3
Home visitor from sample – answered about teacher 4
N/A 5

E. CHILD BEHAVIOR

VERSION BOX	
COHORT 0:	GO TO SECTION F
COHORT 1:	CONTINUE

COHORT 1

E1

BITSEA

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E2

ASQ

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F. CHILD HEALTH

VERSION BOX	
COHORT 0:	IF CHILD BORN (SC65 = ANS) CONTINUE. ELSE, GO TO SECTION G.
COHORT 1:	CONTINUE

The next questions are about health and health related issues.

COHORT 0 AND CHILD BORN; COHORT 1

F1 First, let's talk about [CHILD]'s health. Overall, would you say [CHILD]'s health is . . .

P1F001

excellent,	1
very good,	2
good,	3
fair or,	4
poor?	5
DON'T KNOW	d
REFUSED	r

COHORT 0 AND CHILD BORN; COHORT 1

F2 How much did [CHILD] weigh when (he/she) was born?

P1F002_lb

|__|__| POUNDS |__|__| OUNCES — POUNDS LE 25; OUNCES LE 15 — F4

P1F002_oz

P1F002_kg

|__|__| KILOGRAMS — NUM LE 12 — F4

DON'T KNOW	d
REFUSED	r

F2 = d, r

F3 Was [CHILD]'s birth weight . . .

P1F003

normal (5 lbs. 8 oz. [2.5 kilograms] or more),	1
low (at least 3 lbs. 4 oz. [1.5 kilograms] but less than 5 lbs. 8 oz. [2.5 kilograms]), or	2
very low (under 3 lbs. 4 oz. [1.5 kilograms])?	3
DON'T KNOW	d
REFUSED	r

COHORT 0 AND CHILD BORN

F4 **Was [CHILD] born more than two weeks before or two weeks after the doctor expected?**

P1F004

NO, ON TIME	0	F6
YES, BEFORE	1	
YES, AFTER	2	
DON'T KNOW	d	F6
REFUSED	r	F6

F4 = 1, 2
early IF F4 = 1; **late** IF F4 = 2

F5 **How many weeks (early/late) was [CHILD]?**

P1F005

|___|___| WEEKS NUM LE 15

DON'T KNOW	d
REFUSED	r

COHORT 0 AND CHILD BORN; COHORT 1
you IF SC90=2 (BIRTH MOTHER); ELSE **[CHILD]'s mother**

F6 **Did (you/[CHILD]'s mother) ever breast-feed [CHILD]?**

P1F006

YES	1	
NO	0	VERSION BOX F7.1
DON'T KNOW	d	VERSION BOX F7.1
REFUSED	r	VERSION BOX F7.1

F6 = 1 AND HH0 NE 1 (MOTHER LIVING)
Are you IF SC90=2 (BIRTH MOTHER); ELSE **Is [CHILD]'s mother**

F7 **(Are you/Is [CHILD]'s mother) still breast-feeding CHILD now?**

P1F007

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

VERSION BOX F7.1	
COHORT 0:	GO TO F16
COHORT 1:	CONTINUE

COHORT 1 AND F7 = 0

you IF SC90=2 (BIRTH MOTHER); ELSE **[CHILD]'s mother**

F8 **For how many months did (you/[CHILD]'s mother) breast-feed (him/her)?**

P1F008

|___|___| MONTHS NUM LE 48

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

F12 **Do you usually put [CHILD] to bed with a bottle?**

P1F012

YES 1

NO 0 F14

DON'T KNOW ..... d F14

REFUSED ..... r F14

COHORT 1 AND F12 = 1

F13 **Does the bottle usually contain . . .**

P1F013

Juice, ... 1

Milk, ... 2

Water, or 3

Something else? 4

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

F14 **How old was [CHILD] in months when solid food was first introduced? Solid foods include cereal and baby foods in jars, but not finger foods.**

P1F014

|___|___| MONTHS NUM LE 48

DON'T KNOW ..... d

REFUSED ..... r

COHORT 0 AND CHILD BORN; COHORT 1

F16 **Since [CHILD] was released from the hospital after (he/she) was born, has (he/she) stayed overnight in a hospital for any reason?**

P1F016

YES	1	
NO	0	VERSION BOX F19.2
DON'T KNOW	d	VERSION BOX F19.2
REFUSED	r	VERSION BOX F19.2

F16 = 1

F17 **How many <u>different</u> times has [CHILD] stayed in a hospital for at least one night?**

P1F017

PROBE: **Please do not include time spent in hospital at birth.**

|___|___| TIMES NUM LE 30

DON'T KNOW	d
REFUSED	r

F16 = 1

F18 **Altogether, how many nights did [CHILD] stay in a hospital?**

P1F018

PROBE: **Please do not include time spent in hospital at birth.**

|___|___|___| NIGHTS NUM LE 300

DON'T KNOW	d
REFUSED	r

F16 = 1

F19 How many of the [FILL NUMBER FROM F17] hospitalizations were because of . . .

NO F19g IN THIS VERSION

			TIMES	DON'T KNOW	REFUSED
a.	**an accident or injury?**	P1F019a	|___|___|___|	d	r
b.	**dehydration/diarrhea?**	P1F019b	|___|___|___|	d	r
c.	**asthma/pneumonia/acute respiratory infection/bronchitis/breathing problems?**	P1F019c	|___|___|___|	d	r
d.	**jaundice (yellowing of skin)?**	P1F019d	|___|___|___|	d	r
e.	**high fever of unknown cause?**	P1F019e	|___|___|___|	d	r
f.	**an ear infection (otitis media)?**	P1F019f	|___|___|___|	d	r
h.	**some other reason?** (SPECIFY) ..... _____	P1F019h	|___|___|___|	d	r

PROGRAMMER CHECK: PROMPT INTERVIEWER IF SUM OF HOSPITALIZATIONS IN F19 DOES NOT EQUAL RESPONSE IN F17

I have recorded that [CHILD] was hospitalized [FILL FROM F17] times, but the reasons (he/she) was in the hospital totals [FILL SUM OF F19a-h]. Which one of these correct?

VERSION BOX F19.2

COHORT 0: GO TO SECTION G

COHORT 1: CONTINUE

PROGRAMMER NOTE

ASK F22 AFTER EACH "YES" RESPONSE TO F20a-i,l. INTERVIEW RETURNS TO F20 TO ASK ABOUT REMAINING CONDITIONS.

COHORT 1

F20 Has a doctor, nurse, or other medical professional told you that . . .

P1F020a – P1F020m		YES	NO	DON'T KNOW	REFUSED
a.	**[CHILD] has an ear infection?**	1	0	d	r
b.	**[CHILD] has a problem with muscles or with moving such as cerebral palsy?**	1	0	d	r
c.	**[CHILD] has a developmental delay?**	1	0	d	r
d.	**[CHILD] has epilepsy or seizures?**	1	0	d	r
e.	**[CHILD] has a heart defect?**	1	0	d	r
f.	**[CHILD] has mental retardation or cognitive impairment?**	1	0	d	r
g.	**[CHILD] has a lactose intolerance?**	1	0	d	r
h.	**[CHILD] has other food allergy or sensitivity such as to peanuts?**	1	0	d	r
i.	**[CHILD] has problem with allergies other than foods, such as to dust, animals, or medicine?**	1	0	d	r
j.	**[CHILD]'s weight is too low?**	1	0	d	r
k.	**[CHILD]'s weight is too high?**	1	0	d	r
l.	**[CHILD] has asthma?**	1	0	d	r
m.	**[CHILD] has some other serious medical condition?** (SPECIFY)..... _____	1	0	d	r

F20a = 1

F21 **How many times has a doctor, nurse, or other medical professional ever told you that [CHILD] has an ear infection?**

P1F021

Enter '0' if child never had an ear infection.

|___|___| TIMES NUM LE 30

DON'T KNOW ..... d

REFUSED ..... r

WHERE F20a-i, l = 1

F22a-i, l. Did [CHILD] miss regular [PROGRAM] Early Head Start activities as a result of . . .

(IF F20a)
…an ear infection? P1F022a

(IF F20b)
… a problem with muscles or moving? P1F022b

(IF F20c)
… a developmental delay? P1F022c

(IF F20d)
… epilepsy or seizures? P1F022d

(IF F20e)
… a heart defect? P1F022e

(IF F20f)
…mental retardation or a cognitive impairment? P1F022f

(IF F20g)
…a lactose intolerance? P1F022g

(IF F20h)
… a food allergy or sensitivity? P1F022h

(IF F20i)
… allergies other than foods? P1F022i

(IF F20l)
… asthma? P1F022l

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

F23 **Are [CHILD]'s activities restricted as a result of any impairment or health problem?**

P1F023

PROBE: Include any ongoing disabilities, but not temporary health problems like a cold or flu.

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX F23.1
GO TO F32.

COHORT 1

F32 **Now I have some questions about different special needs [CHILD] might have.**

P1F032

Does [CHILD] have difficulty hearing and understanding speech in a normal conversation?

YES	1	
NO	0	F43
DON'T KNOW	d	F43
REFUSED	r	F43

COHORT 1 AND F32 = 1

F33 Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to hear and understand speech in a normal conversation?

P1F033

YES	1	
NO	0	F43
DON'T KNOW	d	F43
REFUSED	r	F43

COHORT 1 AND F33 = 1

F34 Did [PROGRAM] help you get this evaluation for [CHILD]'s hearing?

P1F034

YES	1	
NO	0	F37
DON'T KNOW	d	F38
REFUSED	r	F38

COHORT 1 AND F34 = 1

F35 How did they help you?

CODE ALL THAT APPLY

P1F035_01	PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	1
P1F035_02	MADE REFERRALS, FOR EXAMPLE, PHONE CALLS	2
P1F035_03	PROVIDED EVALUATION DIRECTLY	3
P1F035_99	HELPED IN SOME OTHER WAY (SPECIFY)	99
	_____	STRING LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F34 = 1

F36 How helpful was [PROGRAM] in getting this evaluation? Would you say very helpful, somewhat helpful, or not at all helpful?

P1F036

VERY HELPFUL	3
SOMEWHAT HELPFUL	2
NOT AT ALL HELPFUL	1
DON'T KNOW	d
REFUSED	r

BOX F36.1
GO TO F38

COHORT 1 AND F34 = 0

F37 Why did [PROGRAM] not help you get this evaluation?

P1F037

USED MY OWN HEALTH CARE PROVIDER	1
EVALUATION HAPPENED BEFORE STARTED AT EHS	2
OTHER (SPECIFY)	99
_____	STRING LE 250
DON'T KNOW	d
REFUSED	r

COHORT 1 AND F33 = 1

F38 Did you obtain a diagnosis of a problem from a doctor or other health professional?

P1F038

YES	1	
NO	0	F43
DON'T KNOW	d	F43
REFUSED	r	F43

COHORT 1 AND F38 = 1

F39 What was the diagnosis?

		CODE ALL THAT APPLY	
P1F039_01	EAR INFECTION	1	F43
P1F039_02	HEARING IMPAIRMENT/HARD OF HEARING	2	
P1F039_03	DEAFNESS	3	
P1F039_04	LANGUAGE IMPAIRMENT	4	F43
P1F039_05	AUTISM OR PERVASIVE DEVELOPMENTAL DELAY (PDD)	5	F43
P1F039_06	MENTAL RETARDATION	6	F43
P1F039_07	EMOTIONAL/BEHAVIOR DISABILITY	7	F43
P1F039_08	NO PROBLEM	8	F43
P1F039_99	OTHER (SPECIFY)	99	F43
	_____	STRING LE 250	
	DON'T KNOW	d	F43
	REFUSED	r	F43

COHORT 1 AND F39 = 2, 3

F40 Does [CHILD] usually wear a hearing aid?

P1F040

NOTE: **Hearing Aids are small electronic sound amplifiers worn in or behind the ear that compensates for hearing loss.**

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

COHORT 1 AND F39 = 2, 3

F41 Does [CHILD] have cochlear implants?

P1F041

NOTE: Cochlear Implants are electronic devices that are surgically placed in the inner ear. They are designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

YES	1	
NO	0	F43
DON'T KNOW	d	F43
REFUSED	r	F43

COHORT 1 AND F40 = 1 OR F41 = 1

F42 What is the effect of the device on [CHILD]'s ability to hear and understand speech in normal conversations? Does it . . .

P1F042

greatly improve (his/her) hearing,	1	
somewhat improve (his/her) hearing,	2	
minimally improve (his/her) hearing, or	3	
does not improve (his/her) hearing?	4	
DON'T KNOW	d	
REFUSED	r	

COHORT 1

F43 Now I want to ask you about [CHILD]'s vision. Does [CHILD] have difficulty seeing objects in the distance or letters on paper?

P1F043

YES	1	
NO	0	F53
DON'T KNOW	d	F53
REFUSED	r	F53

COHORT 1 AND F43 = 1

F44 Has [CHILD]'s vision been evaluated by a doctor or other health professional?

P1F044

YES	1	
NO	0	F53
DON'T KNOW	d	F53
REFUSED	r	F53

COHORT 1 AND F44 = 1

F45 Did [PROGRAM] help you get this evaluation for [CHILD]'s vision?

P1F045

YES	1	
NO	0	F48
DON'T KNOW	d	F49
REFUSED	r	F49

COHORT 1 AND F45 = 1

F46 How did they help you?

CODE ALL THAT APPLY

P1F046_01	PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	1
P1F046_02	MADE REFERRALS, FOR EXAMPLE, PHONE CALLS	2
P1F046_03	PROVIDED EVALUATION DIRECTLY	3
P1F046_99	HELPED IN SOME OTHER WAY (SPECIFY)	99
	_____	
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F45 = 1

F47 How helpful was [PROGRAM] in getting this evaluation? Would you say very helpful, somewhat helpful, or not at all helpful?

P1F047	VERY HELPFUL	3
	SOMEWHAT HELPFUL	2
	NOT AT ALL HELPFUL	1
	DON'T KNOW	d
	REFUSED	r

BOX F47.1
GO TO F49

COHORT 1 AND F45 = 0

F48 Why did [PROGRAM] not help you get this evaluation?

P1F048	USED MY OWN HEALTH CARE PROVIDER	1
	EVALUATION HAPPENED BEFORE STARTED AT EHS	2
	OTHER (SPECIFY)	99
	_____	STRING LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F44 = 1

F49 Did you obtain a diagnosis of a problem from a doctor or other health professional?

P1F049

YES	1	
NO	0	F53
DON'T KNOW	d	F53
REFUSED	r	F53

COHORT 1 AND F49 = 1

F50 What was the diagnosis?

CODE ALL THAT APPLY

P1F050_01	NEAR SIGHTED	1
P1F050_02	FAR SIGHTED	2
P1F050_03	LEGALLY BLIND	3
P1F050_04	ASTIGMATISM	4
P1F050_05	LAZY EYE/AMBLYOPIA	5
P1F050_99	OTHER (SPECIFY) _____	99 STR LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F49 = 1

F51 Does [CHILD] usually wear glasses?

P1F051

YES	1	
NO	0	F53
DON'T KNOW	d	F53
REFUSED	r	F53

COHORT 1 AND F51 = 1

F52 Which of these best describes [CHILD]'s eyesight with glasses? Is it . . .

P1F052

correctable with glasses,	1
improvable with glasses, or	2
not correctable with glasses?	3
DON'T KNOW	d
REFUSED	r

COHORT 1

F53 Has [CHILD] been evaluated by a doctor or other health professional because of a concern about the way (he/she) uses (his/her) arms or legs or for any other chronic problem affecting [CHILD]'s physical development?

P1F053

YES	1	
NO	0	BOX F60.1
DON'T KNOW	d	BOX F60.1
REFUSED	r	BOX F60.1

COHORT 1 AND F53 = 1

F54 Did [PROGRAM] help you get this evaluation for [CHILD]'s use of (his/her) arms or legs or for any other chronic problem affecting [CHILD]'s physical development?

P1F054

YES	1	
NO	0	F57
DON'T KNOW	d	F58
REFUSED	r	F58

COHORT 1 AND F54 = 1

F55 How did they help you?

CODE ALL THAT APPLY

P1F055_01	PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	1
P1F055_02	MADE REFERRALS, FOR EXAMPLE, PHONE CALLS	2
P1F055_03	PROVIDED EVALUATION DIRECTLY	3
P1F055_99	HELPED IN SOME OTHER WAY (SPECIFY)	99
	_____	STRING LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F54 = 1

F56 How helpful was [PROGRAM] in getting this evaluation? Would you say very helpful, somewhat helpful, or not at all helpful?

P1F056	VERY HELPFUL	3
	SOMEWHAT HELPFUL	2
	NOT AT ALL HELPFUL	1
	DON'T KNOW	d
	REFUSED	r

BOX F56.1
GO TO F58

COHORT 1 AND F54 = 0

F57 Why did [PROGRAM] not help you get this evaluation?

P1F057	USED MY OWN HEALTH CARE PROVIDER	1
	EVALUATION HAPPENED BEFORE STARTED AT EHS	2
	OTHER (SPECIFY)	99
	_____	STRING LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F53 = 1

F58 Did you obtain a diagnosis of a problem from a doctor or other health professional?

P1F058	YES	1	
	NO	0	BOX F60.1
	DON'T KNOW	d	BOX F60.1
	REFUSED	r	BOX F60.1

COHORT 1 AND F58 = 1

F59 What was the diagnosis?

CODE ALL THAT APPLY

P1F059_01	CEREBRAL PALSY	1
P1F059_02	EPILEPSY OR SEIZURES	2
P1F059_03	NO PROBLEM	3
P1F059_99	OTHER PHYSICAL IMPAIRMENT (SPECIFY)	99
	_____	STRING LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND F58 = 1

F60 Does [CHILD] use special equipment, such as a brace, a wheelchair, or corrective shoes?

P1F060	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

BOX F60.1

GO TO F88

PROGRAMMER NOTE

BEGIN LOOP. ASK F89 – F92 IMMEDIATELY AFTER EACH "YES" RESPONSE TO F88a-j. INTERVIEW RETURNS TO F88 TO ASK ABOUT REMAINING SERVICES.

COHORT 1 AND F30, F38, F49, OR F58 = 1

P1F088a – P1F088j

F88 **I'm going to read a list of services. For each service, please tell me if [CHILD] or anyone in your household has received this service to help with [CHILD]'s special needs. Please count services from Early Head Start or any other agency.**

(IF F88a-e, j)
Has [CHILD] ever received [FILL SERVICE a–e, j] to help with (his/her) special needs?

(IF F88f-h)
Has [CHILD] or anyone in your household ever received [FILL SERVICE f–h] to help with [CHILD]'s special needs?

(IF F88i)
Has anyone in your household ever received [FILL SERVICE i] to help with [CHILD]'s special needs?

		YES	NO	DON'T KNOW	REFUSED
a.	**speech or language therapy**	1	0	d	r
b.	**occupational therapy or OT**	1	0	d	r
c.	IF F30 OR F58 = 1) (**physical therapy or PT**	1	0	d	r
d.	(IF F49 = 1) **vision services**	1	0	d	r
e.	(IF F38 = 1) **hearing or audiology services** ..... PROBE: **This does not include a temporary loss of hearing due to a cold or congestion.**	1	0	d	r
f.	(IF F39 = 2, 3) **instruction in sign language, cued speech, ASL, or TOCO** PROBE: **These are standard ways of using gestures instead of speaking words to communicate.**	1	0	d	r
g.	**social work services**	1	0	d	r
h.	**psychological services**.....	1	0	d	r
i.	**parent support or training**	1	0	d	r
j.	**special classes with other children, some or all of whom also had special needs**	1	0	d	r

BOX F88.1
FOR EACH SERVICE WHERE F88a-j = 1, ASK F89.
ELSE, GO TO F93.

COHORT 1 WHERE F88a-j = 1

F89a-j **Did [PROGRAM] help…**

P1F089a – P1F089j

(IF F88a = 1)
…[CHILD] get speech or language therapy?

(IF F88b = 1)
…[CHILD] get occupational therapy or OT?

(IF F88c = 1)
… [CHILD] get physical therapy or PT?

(IF F88d = 1)
… [CHILD] get vision services?

(IF F88e = 1)
… [CHILD] get hearing or audiology services?

(IF F88f = 1)
…[CHILD] or your family get instruction in sign language, cued speech, ASL, or TOCO?

(IF F88g = 1)
… [CHILD] or your family get social work services?

(IF F88h = 1)
… [CHILD] or your family get psychological services?

(IF F88i = 1)
… your family get parent support or training?

(IF F88j = 1)
… [CHILD] get special classes with other children?

YES	1	
NO	0	F92
DON'T KNOW	d	
REFUSED	r	

COHORT 1 WHERE F89a-j = 1

F90a-j How did they help you?

CODE ALL THAT APPLY

P1F090a01 – P1F090j01	PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	1
P1F090a02 – P1F090j02	MADE REFERRALS, FOR EXAMPLE, PHONE CALLS	2
P1F090a03 – P1F090j03	PROVIDED SERVICE DIRECTLY	3
P1F090a99 – P1F090j99	HELPED IN SOME OTHER WAY (SPECIFY)	99
	_____	STR LE 250
	DON'T KNOW	d
	REFUSED	r

COHORT 1 WHERE F89a-j = 1

F91a-j How helpful was [PROGRAM] in getting this service? Would you say very helpful, somewhat helpful, or not at all helpful?

P1F091a – P1F091j	VERY HELPFUL	3
	SOMEWHAT HELPFUL	2
	NOT AT ALL HELPFUL	1
	DON'T KNOW	d
	REFUSED	r

BOX F91.1

IF LOOP LE F88j, GO TO F88 TO ASK ABOUT REMAINING SERVICES.
ELSE, END LOOP AND GO TO F93.

COHORT 1 WHERE F89a-j = 0

F92a-j Why did [PROGRAM] not help you get this service?

P1F092a – P1F092j

RECEIVED SERVICES THROUGH MY OWN HEALTH CARE PROVIDER	1
SERVICES STARTED BEFORE STARTING AT EHS	2
OTHER (SPECIFY)	99
_____	STR LE 250
DON'T KNOW	d
REFUSED	r

BOX F92.1

IF LOOP LE F88j, GO TO F88 TO ASK ABOUT REMAINING SERVICES.

ELSE, END LOOP AND GO TO F93.

COHORT 1 AND F30, F58, F38, OR F49 = 1

F93 Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from . . .

P1F093a – P1F093c

		YES	NO	DON'T KNOW	REFUSED
a.	**your local school district, a state or local health or social service agency?**	1	0	d	r
b.	**a doctor, clinic, or other health care provider?**	1	0	d	r
c.	**some other source?** (SPECIFY) _____	1	0	d	r

BOX F93.1

IF NO PROBLEM EVALUATED (F33, F44, AND F53 = 0, d, r) THEN GO TO F94.

ELSE GO TO F99.

COHORT 1 AND F33, F44, AND F53 = 0, d, r

F94 Has anyone ever suggested that you get [CHILD] evaluated for a possible special condition or need?

P1F094	YES	1	
	NO	0	SECTION G
	DON'T KNOW	d	SECTION G
	REFUSED	r	SECTION G

COHORT 1 AND F94 = 1

F95 What special condition or need?

CODE ALL THAT APPLY

P1F095_01	BEHAVIOR PROBLEM	1
P1F095_02	EMOTIONAL PROBLEM	2
P1F095_03	ATTENTION PROBLEM	3
P1F095_04	DEVELOPMENTAL DELAY	4
P1F095_05	PROBLEM WITH USE OF ARMS OR LEGS	5
P1F095_06	OPPOSITIONAL DEFIANT DISORDER	6
P1F095_07	SPEECH PROBLEM	7
P1F095_08	HEARING PROBLEM	8
P1F095_09	VISION PROBLEM	9
P1F095_99	OTHER (SPECIFY)	99
	_____	STR LE 250
	DON'T KNOW	d
	REFUSED	r

The next few questions are about ways in which children can get hurt.

COHORT 1

F99 **If you had to get the phone number of the poison control center in an emergency, do you know how to find it?**

P1F099

PROBE: **This is a hotline that provides information to callers on what to do for specific types of poisoning.**

YES	1	
NO	0	F102
DON'T KNOW	d	F102
REFUSED	r	F102

F99 = 1

F100 **What would you do?**

P1F100

	CIRCLE ONE	
CALL 411 OR 911	1	F102
WOULD HAVE TO LOOK IT UP	2	F102
SEARCH AROUND FOR NUMBER	3	F102
HAVE AVAILABLE	4	
CALL HOSPITAL	5	
CALL PEDIATRICIAN OR FAMILY DOCTOR'S OFFICE/CALL NURSES LINE	6	
OTHER (SPECIFY) _____	99	F102
DON'T KNOW	d	
REFUSED	r	

F100 = 4, 5, 6, d, r

F101 Where do you keep the number?

P1F101

CIRCLE ONE

NEXT TO OR NEAR PHONE, ON SPEED DIAL	1
TAPED TO CABINET, KITCHEN WALL, OR REFRIGERATOR	2
IN OWN PHONE BOOK, PHONE LIST	3
OTHER (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

COHORT 1

F102 Do you use gates for the top of the stairs or use something else so [CHILD] stays off them?

P1F102

CIRCLE ONE

HAS GATES	1
DON'T NEED GATES/NO STAIRS	2
NEED GATES BUT DON'T HAVE	3
HAS DOOR	4
HAS SOMETHING ELSE (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

COHORT 1

F103 **Do you use guards or gates for your windows?**

P1F103 PROBE: **Do not include gates for burglars.**

CIRCLE ONE

HAVE GUARDS/GATES 1

DON'T HAVE GUARD/GATES 2

PARENT STATES DOESN'T NEED GUARDS/GATES 3

PARENT STATES HAS SCREENS OR STORM WINDOWS, DOESN'T NEED GUARDS/GATES 4

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

F104 **Do you have covers <u>on all</u> your electrical outlets that don't have plugs in them?**

P1F104 PROBE: **Covers can be plastic safety covers, tape or other coverings**.

YES 1 F106

NO 0

DON'T KNOW ..... d

REFUSED ..... r

F104 = 0, d, r

F105 **Do you have covers <u>on</u> the electrical outlets that [CHILD] can reach?**

P1F105

CIRCLE ONE

HAS OUTLET COVERS 1

DOESN'T HAVE OUTLET COVERS 2

PARENT STATES ALL OUTLETS ARE INACCESSIBLE 3

PARENT STATES DOESN'T NEED COVERS 4

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

F106 Do you have smoke alarms where you live?

P1F106

YES	1	
NO	0	F108
DON'T KNOW	d	F108
REFUSED	r	F108

F106 = 1

F107 As far as you know, are the batteries working in the smoke alarms?

P1F107

CIRCLE ONE

YES	1
HARD WIRED TO ELECTRICAL SYSTEM	2
NO	0
DON'T KNOW	d
REFUSED	r

COHORT 1

F108 How often does [CHILD] ride in a private car? Would you say . . .

P1F108

CIRCLE ONE

Every day,	4	
A few times a week,	3	
A few times a month, or	2	
Never?	1	SECTION G
DON'T KNOW	d	SECTION G
REFUSED	r	SECTION G

F108 = 2-4

F109 **When you take [CHILD] in a car, do you always put (him/her) in a car seat, booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?**

P1F109

CIRCLE ONE

CAR SEAT	1
BOOSTER SEAT	2
REGULAR SEATBELT	3
PARENT'S LAP	4
NO RESTRAINT	5
DON'T KNOW	d
REFUSED	r

G. CHILD CARE

VERSION BOX	
COHORT 0:	GO TO SECTION H
COHORT 1:	CONTINUE

COHORT 1

G1 **Is [CHILD] now receiving care from a relative other than a parent on a regular basis at least once a week, for example, from grandparents, brothers or sisters, or any other relatives?**

P1G01

YES	1	
NO	0	G14
DON'T KNOW	d	G14
REFUSED	r	G14

COHORT 1 AND G1 = 1

G2 **How many different regular care arrangements do you have with relatives?**

P1G02

PROGRAMMER: ALLOW MAXIMUM OF 5 ARRANGEMENTS

|___|___| ARRANGEMENTS NUM LE 5

DON'T KNOW	d	G14
REFUSED	r	G14

COHORT 1 AND G2 GE 1

G3 (IF G2 GE 2) **(Let's talk about the relative who provides the most care.) Is that [CHILD]'s . . .**

P1G03

(IF G2 = 1) **Is the relative who cares for [CHILD] (his/her) . . .**

Grandmother, ... 1
Grandfather,..... 2
Aunt, ... 3
Uncle, ... 4
Brother, ... 5
Sister, ... 6
Another female relative, or..... 7
Another male relative? 8
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND G2 GE 1

G5 **Is this care provided in your home or another home?**

P1G05

OWN HOME.....	1	
OTHER HOME.....	2	G8.1
BOTH/VARIES	3	G8.1
DON'T KNOW	d	G8.1
REFUSED	r	G8.1

G5 = 1

G6 **Does this person who cares for [CHILD] live in your household?**

P1G06

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND G2 GE 1
IF G3 = 1-6, FILL RESPONSE FROM G3; ELSE FILL **relative**

G8 **How many <u>hours</u> each week does [CHILD] receive care from (his/her) ([RELATIVE FROM G3]/relative)?**

P1G08

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF G8.1 GE 60]: I **want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM G8.1] hours each week?**

[HARD WARNING IF G8.1 GE 169]: **The number of hours is out of range.**

|___|___| HOURS NUM LE 168

DON'T KNOW ..... d

REFUSED ..... r

BOX G8.2 GO TO G12

COHORT 1 AND G1 = 1

G12 **Is there any charge or fee for any of the care [CHILD] receives from a relative?**

P1G12

PROBE: **This can be paid either by you or someone else.**

YES 1

NO 0 G14

DON'T KNOW ..... d G14

REFUSED ..... r G14

COHORT 1 AND G12 = 1

G13 **Childcare is paid for in different ways. Please tell me the ways [CHILD]'s child care from a relative is paid for.**

P1G13a – P1G13f

		YES	NO	DON'T KNOW	REFUSED
a.	**Do you pay for some or all of it yourself?**.....	1	0	d	r
b.	**Does a government agency pay for some or all of it?**.....	1	0	d	r
c.	**Does an employer pay for some or all of it?**.....	1	0	d	r
d.	**Does someone else pay for some or all of it?**	1	0	d	r
e.	**Do you trade child care with someone else?**	1	0	d	r
f.	**Any other way?** (SPECIFY)	1	0	d	r

_____

COHORT 1

G14 **Now let's talk about any care [CHILD] receives from someone not related to (him/her), either in your home or someone else's. This includes home child care providers or neighbors, but not day care centers or preschools.**

P1G14

Is [CHILD] now receiving care in your home or another home on a regular basis at least once a week from someone who is not related to (him/her)?

YES 1

NO ..... 0 BOX G25.1

DON'T KNOW ..... d BOX G25.1

REFUSED ..... r BOX G25.1

COHORT 1 AND G14 = 1

G15 **How many different regular care arrangements do you have with nonrelatives?**

P1G15 PROGRAMMER: ALLOW MAXIMUM OF 5 ARRANGEMENTS

|___|___| ARRANGEMENTS

DON'T KNOW ..... d BOX G25.1

REFUSED ..... r BOX G25.1

COHORT 1 AND G15 GE 1

G16 (IF G15 GE 2) **(Let's talk about the non-relative who provides the most care.)**

P1G16

(ALL) **Is this care provided in your own home or in another home?**

OWN HOME	1	
OTHER HOME	2	G21
BOTH/VARIES	3	G21
DON'T KNOW	d	G21
REFUSED	r	G21

G16 = 1

G17 **Does this person who cares for [CHILD] live in your household?**

P1G17

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

COHORT 1 AND G15 GE 1

G21 **How many <u>hours</u> each week does [CHILD] receive care from that person?**

P1G21

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF G21.1 GE 60]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM G21.1] hours each week?**

[HARD WARNING IF G21.1 GE 169]: **The number of hours is out of range.**

|___|___| HOURS NUM LE 168

DON'T KNOW	d
REFUSED	r

COHORT 1 AND G14 = 1

G24 **Is there any charge or fee for any of the care [CHILD] receives from someone who is not a relative?**

P1G24

PROBE: **This can be paid either by you or someone else.**

YES	1	
NO	0	BOX G25.1
DON'T KNOW	d	BOX G25.1
REFUSED	r	BOX G25.1

COHORT 1 AND G24 = 1

G25 **Childcare is paid for in different ways. Please tell me the ways [CHILD]'s child care from a non-relative is paid for.**

P1G25a – P1G25f

		YES	NO	DON'T KNOW	REFUSED
a.	**Do you pay for some or all of it yourself?**	1	0	d	r
b.	**Does a government agency pay for some or all of it?**	1	0	d	r
c.	**Does an employer pay for some or all of it?**	1	0	d	r
d.	**Does someone else pay for some or all of it?**	1	0	d	r
e.	**Do you trade child care with someone else?**	1	0	d	r
f.	**Any other way?** (SPECIFY) _____	1	0	d	r

BOX G25.1

IF CHILD RECEIVES EHS CENTER CARE (C12 = 1), CONTINUE.

ELSE, GO TO G34.

COHORT 1 AND C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

G28 **Now let's talk about any day care centers and early childhood programs [CHILD] attends.**

P1G28 **Let's start with the Early Head Start program [CHILD] attends. How many <u>days</u> each week does [CHILD] go to [PROGRAM]?**

|___| DAYS NUM LE 5

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1 AND C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

G29 **How many <u>hours</u> each week does [CHILD] go to [PROGRAM]?**

P1G29 PROBE: **Your best estimate is fine.**

[SOFT WARNING IF G29 GE 40]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM G29] hours each week?**

[HARD WARNING IF G29 GE 61]: **The number of hours is out of range.**

|___|___| HOURS NUM LE 60

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1 AND C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

G32 **Is there any charge or fee for any of the care [CHILD] receives from [PROGRAM]?**

P1G32 PROBE: **This can be paid either by you or someone else.**

YES 1

NO 0 G34

DON'T KNOW ..... d G34

REFUSED ..... r G34

COHORT 1 AND G33.1 = 1

G33 **Childcare is paid for in different ways. Please tell me the ways [CHILD]'s child care from [PROGRAM] is paid for.**

P1G33a – P1G33f

		YES	NO	DON'T KNOW	REFUSED
a.	**Do you pay for some or all of it yourself?**.....	1	0	d	r
b.	**Does a government agency pay for some or all of it?**.....	1	0	d	r
c.	**Does an employer pay for some or all of it?**.....	1	0	d	r
d.	**Does someone else pay for some or all of it?**	1	0	d	r
e.	**Do you trade child care with someone else?**	1	0	d	r
f.	**Any other way?** (SPECIFY)	1	0	d	r

_____

COHORT 1

G34 (IF C12 NE 1) **(Now let's talk about any other day care centers and early childhood programs [CHILD] attends.)**

P1G34

(ALL) **Is [CHILD] now attending any other day care center, preschool, or prekindergarten program, not including Early Head Start?**

YES 1

NO ..... 0 SECTION H

DON'T KNOW ..... d SECTION H

REFUSED ..... r SECTION H

COHORT 1 AND G34 = 1

G35 **How many different day care centers, preschools, or prekindergarten programs does [CHILD] currently go to, not including Early Head Start?**

P1G35

PROGRAMMER: ALLOW MAXIMUM OF 5

|___|___| CENTERS NUM LE 5

DON'T KNOW ..... d SECTION H

REFUSED ..... r SECTION H

COHORT 1 AND G35 GE 1

G36 (IF G35 GE 2) **(Let's talk about the program where [CHILD] spends the most time.)**

P1G36

(ALL) **Does [CHILD] go to that program on a <u>regularly scheduled</u> basis at least once <u>each week</u>?**

YES	1	
NO	0	SECTION H
DON'T KNOW	d	SECTION H
REFUSED	r	SECTION H

COHORT 1 AND G36 = 1

G38 **How many <u>days</u> each week does [CHILD] go to that program?**

P1G38

|___| DAYS NUM LE 7

DON'T KNOW	d
REFUSED	r

COHORT 1 AND G36 = 1

G39 **How many <u>hours</u> each week does [CHILD] go to that program?**

P1G39

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF G39 GE 50]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM G39] hours each week?**

[HARD WARNING IF G39 GE 71]: **The number of hours is out of range.**

|___|___| HOURS NUM LE 70

DON'T KNOW	d
REFUSED	r

COHORT 1 AND G34 = 1

G42 **Is there any charge or fee for any of the care [CHILD] receives from a center other than Early Head Start?**

P1G42

PROBE: **This can be paid either by you or someone else.**

YES	1	
NO	0	SECTION H
DON'T KNOW	d	SECTION H
REFUSED	r	SECTION H

COHORT 1 AND G42 = 1

G43 **Childcare is paid for in different ways. Please tell me the ways [CHILD]'s child care from a non-Early Head Start center is paid for.**

P1G43a – P1G43f

		YES	NO	DON'T KNOW	REFUSED
a.	**Do you pay for some or all of it yourself?**.....	1	0	d	r
b.	**Does a government agency pay for some or all of it?**.....	1	0	d	r
c.	**Does an employer pay for some or all of it?**.....	1	0	d	r
d.	**Does someone else pay for some or all of it?**	1	0	d	r
e.	**Do you trade child care with someone else?**	1	0	d	r
f.	**Any other way?** (SPECIFY)	1	0	d	r

_____

H. ABOUT CHILD'S MOTHER

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

(IF HH0 = 1 (MOTHER DECEASED)) **I am sorry to hear about the passing of ([MOTHER] /[CHILD]'s birth mother). I would like to ask you a few questions about her.**

(ELSE) **Now I'm going to ask you some questions about (yourself/[MOTHER]/[CHILD]'s birth mother)**

SC90 NE 2 (RESPONDENT NOT BIRTH MOTHER)
is [MOTHER]'s IF COHORT 0; **is [CHILD]'s mother's** IF COHORT 1 AND HH0 NE 1 (MOTHER LIVING); **was [CHILD]'s mother** IF COHORT 1 AND HH0 = 1 (MOTHER DECEASED)

H1 **What (is/was) ([MOTHER]'s/[CHILD]'s mother's) birth date?** *(Data file uses year only).*

P1H01

|___|___| / |___|___| / 1 9 |___|___| (1940-1999)
Month Day Year

DON'T KNOW ..... d

REFUSED ..... r

BOX H1.1
IF SC90 NE 2 (RESPONDENT NOT BIRTH MOTHER) AND HH25.1 NE 2 FOR ALL HOUSEHOLD MEMBERS (NON-RESIDENT MOTHER), CONTINUE.
ELSE GO TO VERSION BOX H6.1

SC90 NE 2 (RESPONDENT NOT BIRTH MOTHER) AND HH25.1 NE 2 (NON-RESIDENT MOTHER)
Was she IF HH0 = 1 (MOTHER DECEASED); ELSE, **Is she**

H2 **(Is she/Was she) of Spanish, Hispanic, or Latino origin?**

P1H02

YES	1	
NO	0	H4
DON'T KNOW	d	H4
REFUSED	r	H4

H2 = 1
described IF HH0 = 1 (MOTHER DECEASED); ELSE, **describes**

H3 **Which one of these best describe(s/d) her Spanish, Hispanic, or Latino origin. Would you say . . .**

P1H03

NOTE: IF MORE THAN ONE CODE AS OTHER

Mexican, Mexican American, Chicano, ... 1

Puerto Rican, ... 2

Cuban, or..... 3

another Spanish/Hispanic/ Latino group? (SPECIFY).... 4

_____

DON'T KNOW ..... d

REFUSED ..... r

SC90 NE 2 (RESPONDENT NOT BIRTH MOTHER) AND HH25.1 NE 2 (NON-RESIDENT MOTHER)
was IF HH0 = 1 (MOTHER DECEASED); ELSE, **is**

H4 **What (is/was) her race? You may name more than one if you like.**

CODE ALL THAT APPLY

WHITE	11	P1H04_11
BLACK OR AFRICAN AMERICAN	12	P1H04_12
AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) _____	13	P1H04_13
ASIAN INDIAN	14	P1H04_14
CHINESE	15	P1H04_15
FILIPINO	16	P1H04_16
JAPANESE	17	P1H04_17
KOREAN	18	P1H04_18
VIETNAMESE	19	P1H04_19
ASIAN (NOT FURTHER SPECIFIED)	20	P1H04_20
NATIVE HAWAIIAN	21	P1H04_21
GUAMANIAN OR CHAMORRO	22	P1H04_22
SAMOAN	23	P1H04_23
OTHER PACIFIC ISLANDER (SPECIFY) _____	24	P1H04_24
ANOTHER RACE (SPECIFY) _____	99	P1H04_99
DON'T KNOW	d	
REFUSED	r	

SC90 NE 2 (RESPONDENT NOT BIRTH MOTHER) AND HH25.1 NE 2 (NON-RESIDENT MOTHER)

H5 **In what country was she born?**

P1H05

VERSION BOX H6.1

USA	059
MEXICO	303
GUATEMALA	313
CUBA	327
DOMINICAN REPUBLIC	329
INDIA	210
CHINA	207
PHILIPPINES	233
JAPAN	215
KOREA	217
VIETNAM	247
GUAM	066
SAMOA	527
OTHER (SPECIFY) _____	600
DON'T KNOW	d
REFUSED	r

H5 = 2-15, d, r

did she live IF HH0 = 1 (MOTHER DECEASED); ELSE, **has she lived**

H6 **How many years (has she/did she) live(d) in the United States?**

P1H06

PROBE: **Your best estimate is fine.**

|__|__| YEARS (NUM LE 70)

DON'T KNOW	d
REFUSED	r

VERSION BOX H6.1

COHORT 0: IF HH0 = 1 (MOTHER DECEASED), GO TO SECTION I. ELSE, GO TO BOX H9.1

COHORT 1: CONTINUE

COHORT 1
were you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); ELSE, **was she**

H7 **How old (were you/was she) when (you/she) gave birth for the first time?**

P1H07

PROBE: **Your best estimate is fine.**

|__|__| YEARS (RANGE 10-60)

DON'T KNOW ..... d

REFUSED ..... r

BOX H7.1
IF HH0 = 1 (MOTHER DECEASED), GO TO SECTION I. ELSE, CONTINUE

COHORT 1
Are you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); ELSE, **Is [CHILD]'s mother**

H8 **(Is/Are) (you/[CHILD]'s mother) currently pregnant?**

P1H08

YES	1	
NO	0	BOX H9.1
DON'T KNOW	d	BOX H9.1
REFUSED	r	BOX H9.1

H8 = 1 (MOTHER PREGNANT)
Are you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); ELSE, **Is she**

H9 **(Are you/Is she) pregnant with more than one baby?**

P1H09

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

BOX H9.1
IF RESPONDENT IS BIRTH MOTHER (SC90 = 2), CONTINUE. ELSE, GO TO H16.

SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER)

H10 **How many times have you been pregnant in your lifetime?**

IF SC55 = 0 OR H8 = 1, PROBE: **Please include the current pregnancy.**

P1H10

|___|___| PREGNANCIES (NUM LE 60)

DON'T KNOW ..... d

REFUSED ..... r

SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER)

H11 **How many living children have you given birth to?**

PROBE: Please do not include miscarriages or stillbirths.

P1H11

|___|___| CHILDREN (NUM LE 30)

DON'T KNOW ..... d

REFUSED ..... r

H0 NE 1 (BIRTH MOTHER LIVING)

you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER);
[MOTHER] IF COHORT 0 AND SC90 NE 2 (SOMEONE ELSE);
[CHILD]'s mother IF COHORT 1 AND SC90 NE 2 (SOMEONE ELSE)

H16 **During the past week, did (you/[MOTHER]/[CHILD]'s mother) work at a job for pay or income, including self employment?**

P1H16

YES	1	H20
NO	0	
RETIRED	2	H23
DISABLED/UNABLE TO WORK.....	3	H23
DON'T KNOW	d	H23
REFUSED	r	H23

H16 = 0
Were you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **Was she** IF SC90 NE 2 (SOMEONE ELSE)

H17 **(Were you/Was she) on leave or vacation from a job for the past week?**

P1H17

NOTE: PAST WEEK: PAST 7 DAYS.

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX H17.2
COHORT 0: GO TO H19
COHORT 1: CONTINUE

COHORT 1 AND H16 = 0
Have you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **Has she** IF SC90 NE 2 (SOMEONE ELSE)

H18 **(Have you/Has she) actively been looking for work in the past four weeks?**

P1H18

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

H16 = 0
you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **[MOTHER]** IF COHORT 0 AND SC90 NE 2 (SOMEONE ELSE); **[CHILD]'s mother** IF COHORT 1 AND SC90 NE 2 (SOMEONE ELSE)

H19 **Did (you/[MOTHER]/[CHILD]'s mother) work at a job for pay or income, including self-employment, in the past 12 months?**

P1H19

YES	1	
NO	0	H23
DON'T KNOW	d	H23
REFUSED	r	H23

H16 = 1 OR H19 = 1
do you IF H16 = 1 AND SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **does she** IF H16 = 1 AND SC90 NE 2 (SOMEONE ELSE); **did you** IF H19 = 1 AND SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **did she** IF H19 = 1 AND SC90 NE 2 (SOMEONE ELSE)

H20 **About how many total hours per week (do/does/did) (you/she) usually work for pay or income, counting all jobs?**

P1H20

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF NUM GE 60]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM H20] hours each week?**

[HARD WARNING IF NUM GE 169]: **The number of hours is out of range.**

|__|__| NUMBER (NUM LE 168)

DON'T KNOW ..... d

REFUSED ..... r

H16 = 1 OR H17 = 1
do you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **does she** IF SC90 NE 2 (SOMEONE ELSE)

H21 (**Do you/Does she) usually work in the…**

CODE ALL THAT APPLY

P1H21_1	**daytime,**	1
P1H21_2	**evening,**	2
P1H21_3	**weekends, or**	3
P1H21_4	**does (your/her) schedule vary?**	4
	DON'T KNOW	d
	REFUSED	r

H16 = 1 OR H17 = 1
you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **her** IF SC90 NE 2 (SOMEONE ELSE)

H22 **Did [PROGRAM] Early Head Start help (you/her) find a job?**

P1H22

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL
your/you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **her/she** IF SC90 NE 2 (SOMEONE ELSE)

H23 (HH0 NE 1) **The next questions are about (your/her) past education and the kinds of educational activities (you/she) may take part in now. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

P1H23

(ALL) **What is the highest grade or year of school that (you/she) completed?**

NOTE: If 'high school', PROBE: **What is the last grade you completed?**

NOTE: If 'college', PROBE: **Did you receive a degree? What type of degree?**

	CODE ONLY ONE	
UP TO 8TH GRADE	1	H25
9TH TO 11TH GRADE	2	H25
12TH GRADE BUT NO DIPLOMA	3	H25
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	
SOME COLLEGE BUT NO DEGREE	7	
ASSOCIATE'S DEGREE	8	H25
BACHELOR'S DEGREE	9	H25
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	H25
MASTER'S DEGREE (MA, MS)	11	H25
DOCTORATE DEGREE (PHD, EDD)	12	H25
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	H25
DON'T KNOW	d	H25
REFUSED	r	H25

H23 = 4-7
do you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **does she** IF SC90 NE 2 (SOMEONE ELSE)

H24 **Which (do you/does she) have, a high school diploma or a GED?**

P1H24

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	d
REFUSED	r

H0 NE 1 (BIRTH MOTHER LIVING)
Are you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **Is she** IF SC90 NE 2 (SOMEONE ELSE)

H25 **(Are you/Is she) now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

P1H25

YES	1	
NO	0	BOX H26.1
DON'T KNOW	d	BOX H26.1
REFUSED	r	BOX H26.1

H25 = 1
Are you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **Is she** IF SC90 NE 2 (SOMEONE ELSE)

H26 **(Are you/Is she) currently taking courses full-time or part-time?**

P1H26

FULL-TIME	1
PART-TIME	2
DON'T KNOW	d
REFUSED	r

BOX H26.1
IF MOTHER IS RETIRED OR UNABLE TO WORK (H16 = 2, 3), GO TO BOX H27.1. ELSE, CONTINUE.

H16 = 0, 1, d, r
Are you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **Is she** IF SC90 NE 2 (SOMEONE ELSE)

H27 **(Are you/Is she) currently participating in a job-training or on-the-job-training program?**

P1H27

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX H27.1
IF H25 = 1 (is taking courses) OR H27 = 1 (is participating in job-training), CONTINUE. ELSE, GO TO H31.

H25 = 1 OR H27 = 1
you/you are IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **she/she is** IF SC90 NE 2 (SOMEONE ELSE)

H28 **Did [PROGRAM] Early Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you are/she is) taking?**

P1H28

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

GO TO SECTION I

H25 NE 1 AND H27 NE 1
you IF SC90 = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **she** IF SC90 NE 2 (SOMEONE ELSE)

H31 **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/she) did not take any programs, courses, classes, or workshops?**

P1H31

PROBE: **Which was the main reason?**

CODE ONLY ONE

ADMISSION REQUIREMENT/ QUALIFICATION 1
TOO OLD TO TAKE ANY COURSES 2
HEALTH PROBLEM/DISABILITY 3
NOT INTERESTED 4
LACK OF CONFIDENCE 5
NO INFORMATION ABOUT OFFERING 6
LACK OF CHILD CARE 7
TIME CONSTRAINTS (HOME OR WORK) 8
COST 9
INCONVENIENT LOCATION/TRANSPORTATION NOT AVAILABLE ... 10
DID NOT NEED MORE 11
OTHER (SPECIFY) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

BOX H31.1
IF RESPONDENT IS FATHER/MALE GUARDIAN (SC85 = 6 OR SC98 = 1 AND SC51 = 1) AND BIRTH MOTHER IS NOT IN HOUSEHOLD (HH25.1 NE 2), CONTINUE. ELSE, GO TO SECTION I.

(SC85 = 6 OR SC98 = 1 AND SC51 = 1) AND HH25.1 NE 2
will be AND **the new baby** IF SC65 NOT ANS; ELSE FILL **is** AND **[CHILD]**

H32 Is there another woman who (will be/is) like a mother to (the new baby/[CHILD])?

P1H32

YES	1	
NO	0	SECTION I
DON'T KNOW	d	SECTION I
REFUSED	r	SECTION I

(SC85 = 6 OR SC98 = 1 AND SC51 = 1) AND HH25.1 NE 2

H33 What is her relationship to you?

P1H33

WIFE	1
PARTNER	2
GIRLFRIEND OF CHILD'S FATHER	3
FRIEND	4
MOTHER OF CHILD'S FATHER	5
OTHER FEMALE RELATIVE OF CHILD'S FATHER	6
MOTHER OF CHILD'S MOTHER	7
OTHER FEMALE RELATIVE OF CHILD'S MOTHER	8
OTHER (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

(SC85 = 6 OR SC98 = 1 AND SC51 = 1) AND HH25.1 NE 2
and [CHILD] IF COHORT 1

H34 Does she live with you (and [CHILD]) . . .

P1H34

All the time,	2	
Some of the time, or	1	
None of the time?	0	SECTION I
DON'T KNOW	d	SECTION I
REFUSED	r	SECTION I

VERSION BOX H35.1

COHORT 0: GO TO SECTION I

COHORT 1: CONTINUE

COHORT 1 AND H34 = 1, 2

H36 Has she been living with you since [CHILD] was born?

P1H36

YES	1	SECTION I
NO	0	
DON'T KNOW	d	SECTION I
REFUSED	r	SECTION I

COHORT 1 AND H36 = 0

H37 Since [CHILD] was born, how many months altogether has she lived with you and [CHILD]?

P1H37

|___|___| MONTHS NUM LE 18

DON'T KNOW	d
REFUSED	r

I. ABOUT CHILD'S FATHER

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

BOX I.0
IF BIRTH FATHER IS UNKNOWN (HH42 = 4), GO TO SECTION J. ELSE, CONTINUE

PROGRAMMER NOTE
FILL NAME OF BIOLOGICAL FATHER FROM HOUSEHOLD GRID (IF SC91 = 7 OR WHERE HH25.2 = 7). IF FATHER IS NOT IN HOUSEHOLD, FILL FIRST NAME FROM HH58.1.

IF SC91 = 7, FILL **yourself**; ELSE FILL **[FATHER]**

(HH42 NE 2, 4) **Now I'm going to ask you some questions about (yourself/[FATHER])**

SC91 NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH25.2 NE 7 (NON-RESIDENT BIRTH FATHER) AND HH42 NE 2, 4 (FATHER KNOWN AND LIVING)
[CHILD] is not living IF SC65 = ANS OR SC66 = 1 OR SC70 = ANS; ELSE **the baby will not be living**
FILL BIRTH FATHER'S NAME WHERE HH25.2 = 7 (FATHER IN HOUSEHOLD) OR FROM HH58.1 (NON-RESIDENT FATHER). IF NO NAME PROVIDED, FILL: (IF COHORT 0 AND SC90 = 2 AND SC65 NOT ANS (BIRTH MOTHER AND CHILD NOT BORN)) **…your unborn child's father.** (IF COHORT 0 AND SC90 = 2 AND SC65 NOT ANS (BIRTH MOTHER AND CHILDREN NOT BORN)) **…your unborn children's father.** (IF COHORT 0 AND SC90 NE 2 AND SC65 NOT ANS (NOT BIRTH MOTHER AND CHILD NOT BORN)) **…the unborn child's father.** (IF COHORT 0 AND SC90 NE 2 AND SC65 NOT ANS (NOT BIRTH MOTHER AND CHILDREN NOT BORN)) **…the unborn children's father.** (ELSE, FILL ALL NAME(S) FROM CHILD INFO SCREEN (SC65, SC66 AND SC70)) **…[CHILD]'s father.**

I1 **There are many reasons for children not living with their fathers. Please tell me why ([CHILD] is not living/the baby will not be living) with (her/his) father.**

PROBE: **Are there any other reasons?**

P1I01_01 – P1I01_12 and P1I01_99

CODE ALL THAT APPLY

FATHER DID NOT HAVE ENOUGH MONEY TO RAISE CHILD 1
FATHER GOT TOO SICK TO TAKE CARE OF CHILD 2
FATHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF CHILD..... 3
FATHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF CHILD 4
FATHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF CHILD 5
FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL..... 6
CHILD WAS NEGLECTED OR ABUSED WHILE LIVING WITH FATHER..... 7
SOMEONE AT THE CHILD WELFARE OFFICE SAID CHILD COULD NOT LIVE WITH FATHER ANY MORE 8
FATHER DID NOT WANT CHILD 9
DIVORCED/SEPARATED 10
NO EXPLANATION GIVEN 11
SOMETHING ELSE (SPECIFY)* 99

_____

DON'T KNOW ..... d
REFUSED ..... r

SC91 NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH25.2 NE 7 (NON-RESIDENT BIRTH FATHER) AND HH42 NE 2, 4 (FATHER KNOWN AND LIVING)

I1.0 **Does [CHILD]'s father currently live in the same city or county as [CHILD]?**

P1I01_0

YES 1
NO 0
DON'T KNOW.....d
REFUSED.....r

* Some specific responses were organized into additional categories in the data file: GEOGRAPHICALLY SEPARATED, INCLUDING MILITARY (P1I01_12), YOUNG COUPLE/ LIVING WITH PARENTS (P1I01_13), and NOT MARRIED (P1I01_14).

SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER)
FILL BIRTH FATHER'S NAME WHERE HH25.2 = 7 (FATHER IN HOUSEHOLD) OR FROM HH58.1 (NON-RESIDENT FATHER). IF NO NAME PROVIDED, FILL: (IF COHORT 0 AND SC90 = 2 AND SC65 NOT ANS (BIRTH MOTHER AND CHILD NOT BORN)) **…your unborn child's father.** (IF COHORT 0 AND SC90 = 2 AND SC65 NOT ANS (BIRTH MOTHER AND CHILDREN NOT BORN)) **…your unborn children's father.** (IF COHORT 0 AND SC90 NE 2 AND SC65 NOT ANS (NOT BIRTH MOTHER AND CHILD NOT BORN)) **…the unborn child's father.** (IF COHORT 0 AND SC90 NE 2 AND SC65 NOT ANS (NOT BIRTH MOTHER AND CHILDREN NOT BORN)) **…the unborn children's father.** (ELSE, FILL ALL NAME(S) FROM CHILD INFO SCREEN (SC65, SC66 AND SC70)) **…[CHILD]'s father.**
was his IF HH42=2 (FATHER DECEASED); ELSE, **is his**

I1.1 (IF HH42 = 2 (FATHER DECEASED)) **I am sorry to hear about the passing of [FATHER]. I would like to ask you a few questions about him.**

P1I01_1

(IF SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER))
What (is/was) his birth date? *(Data file uses year only)*

|___|___| / |___|___| /|___|___|___|___| (1920-1999)
MONTH DAY YEAR

DON'T KNOW ..... d

REFUSED ..... r

BOX I1.1
IF BIRTH FATHER NOT IN HOUSEHOLD (HH25.2 NE 7 FOR ANY HOUSEHOLD MEMBERS), CONTINUE. ELSE GO TO VERSION BOX I6.1

SC91 NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH25.2 NE 7 (NON-RESIDENT BIRTH FATHER)
Was he IF HH42 = 2 (FATHER DECEASED); ELSE **Is he**

I2 (Is he/Was he) of Spanish, Hispanic, or Latino origin?

P1I02

YES	1	
NO	0	I4
DON'T KNOW	d	I4
REFUSED	r	I4

I2 = 1
described IF HH42 = 2 (FATHER DECEASED); ELSE **describes**

I3 Which one of these best describe(s/d) his Spanish, Hispanic, or Latino origin. Would you say . . .

NOTE: IF MORE THAN ONE CODE AS OTHER

P1I03_1	**Mexican, Mexican American, Chicano,**	1
P1I03_2	**Puerto Rican,**	2
P1I03_3	**Cuban, or**	3
P1I03_4	**another Spanish/Hispanic/ Latino group?** (SPECIFY) _____	4
	DON'T KNOW	d
	REFUSED	r

SC91 NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH25.2 NE 7 (NON-RESIDENT BIRTH FATHER)
was IF HH42 = 2 (FATHER DECEASED); ELSE **is**

I4 What (is/was) his race? You may name more than one if you like.

CODE ALL THAT APPLY

P1I04_11	WHITE	11
P1I04_12	BLACK OR AFRICAN AMERICAN	12
P1I04_13	AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) _____	13
P1I04_14	ASIAN INDIAN	14
P1I04_15	CHINESE	15
P1I04_16	FILIPINO	16
P1I04_17	JAPANESE	17
P1I04_18	KOREAN	18
P1I04_19	VIETNAMESE	19
P1I04_20	ASIAN (NOT FURTHER SPECIFIED)	20
P1I04_21	NATIVE HAWAIIAN	21
P1I04_22	GUAMANIAN OR CHAMORRO	22
P1I04_23	SAMOAN	23
P1I04_24	OTHER PACIFIC ISLANDER (SPECIFY) _____	24
P1I04_99	ANOTHER RACE (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

SC91 NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH25.2 NE 7 (NON-RESIDENT BIRTH FATHER)

I5 **In what country was he born?**

P1I05

VERSION BOX I6.1

USA	059
MEXICO	303
GUATEMALA	313
CUBA	327
DOMINICAN REPUBLIC	329
INDIA	210
CHINA	207
PHILIPPINES	233
JAPAN	215
KOREA	217
VIETNAM	247
GUAM	066
SAMOA	527
OTHER (SPECIFY) _____	600
DON'T KNOW	d
REFUSED	r

I5 = 2-15, d, r

did he live IF HH42 = 2 (FATHER DECEASED); ELSE, **has he lived**

I6 **How many years (has he/did he) live(d) in the United States?**

P1I06

|___|___| NUMBER (NUM LE 90)

DON'T KNOW	d
REFUSED	r

BOX I6.1

IF BIRTH FATHER IS DECEASED (HH42 = 2), GO TO SECTION J.

IF RESPONDENT IS BIRTH MOTHER (SC90 = 2), CONTINUE.

IF RESPONDENT IS BIRTH FATHER (HH25.2 = 7), GO TO I9.
ELSE, GO TO I8.

SC90 = 2 (BIRTH MOTHER) AND HH42 NE 2 (BIRTH FATHER LIVING) AND HH59 NE 1

I7 What is his relationship to you?

P1I07 INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

HUSBAND	1
PARTNER/BOYFRIEND	2
NONE AT THIS TIME	0
DON'T KNOW	d
REFUSED	r

HH42 NE 2 (BIRTH FATHER LIVING)

and [CHILD] IF COHORT 1

I8 Does he live with you (and [CHILD]) . . .

P1I08

All the time,	2	
Some of the time, or	1	
None of the time?	0	I9
DON'T KNOW	d	I9
REFUSED	r	I9

COHORT 1 AND I8 = 1, 2

I8.1 Has he been living with you since [CHILD] was born?

P1I08_1

YES	1	I9
NO	0	
DON'T KNOW	d	I9
REFUSED	r	I9

COHORT 1 AND I8.1 = 0

I8.2 Since [CHILD] was born, how many months altogether has he lived with you and [CHILD]?

P1I08_2

|___|___| MONTHS NUM LE 18

DON'T KNOW	d
REFUSED	r

HH42 NE 2 (BIRTH FATHER LIVING)
you IF SC91 = 7 (BIRTH FATHER); **he** IF SC91 NE 7 (SOMEONE ELSE)

I9 **During the past week, did (you/he) work at a job for pay or income, including self employment?**

P1I09

NOTE: PAST WEEK = PAST 7 DAYS.

YES	1	I13
NO	0	
RETIRED	2	I16
DISABLED/UNABLE TO WORK	3	I16
DON'T KNOW	d	I16
REFUSED	r	I16

I9 = 0
Were you IF SC91 = 7 (BIRTH FATHER); **Was he** IF SC91 NE 7 (SOMEONE ELSE)

I10 **(Were you/Was he) on leave or vacation from a job for the past week?**

P1I10

NOTE: PAST WEEK: PAST 7 DAYS

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

I9 = 0
Have you IF SC91 = 7 (BIRTH FATHER); **Has he** IF SC91 NE 7 (SOMEONE ELSE)

I11 **(Have you/Has he) actively been looking for work in the past four weeks?**

P1I11

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

I9 = 0
you IF SC91 = 7 (BIRTH FATHER); **he** IF SC91 NE 7 (SOMEONE ELSE)

I12 **Did (you/he) work at a job for pay or income, including self employment, in the past 12 months?**

P1I12

YES	1	
NO	0	I16
DON'T KNOW	d	I16
REFUSED	r	I16

I9 = 1 OR I12 = 1
do you IF I9 = 1 AND SC91 = 7 (BIRTH FATHER); **does he** IF I9 = 1 AND SC91 NE 7 (SOMEONE ELSE); **did you** IF I12 = 1 AND SC91 = 7; **did he** IF I12 = 1 AND SC91 NE 7

I13 **About how many total hours per week (do/does/did) (you/he) usually work for pay or income, counting all jobs?**

P1I13

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF NUM GE 60]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM I13] hours each week?**

[HARD WARNING IF NUM GE 169]: **The number of hours is out of range.**

|___|___| NUMBER (NUM LE 168)

DON'T KNOW	d
REFUSED	r

I9 = 1 OR I10 = 1
Do you AND **your** IF SC91 = 7 (BIRTH FATHER); **Does he** AND **his** IF SC91 NE 7 (SOMEONE ELSE)

I14 (**Do you/Does he) usually work in the…**

CODE ALL THAT APPLY

P1I14_1	**daytime,**	1
P1I14_2	**evening,**	2
P1I14_3	**weekends, or**	3
P1I14_4	**does (your/his) schedule vary?**	4
	DON'T KNOW	d
	REFUSED	r

I9 = 1 OR I10 = 1
you IF SC91 = 7 (BIRTH FATHER); **him** IF SC91 NE 7 (SOMEONE ELSE)

I15 **Did [PROGRAM] Early Head Start help (you/him) find a job?**

P1I15

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

HH42 NE 2
your/you IF SC91 = 7 (BIRTH FATHER); **his/he** IF SC91 NE 7 (SOMEONE ELSE)

I16 **The next questions are about (your/his) past education and the kinds of educational activities (you/he) may take part in now. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

P1I16

(ALL) **What is the highest grade or year of school that (you/he) completed?**

NOTE: If 'high school', PROBE: **What is the last grade (you/he) completed?**

NOTE: If 'college', PROBE: **Did (you/he) receive a degree. If yes, what type of degree?**

	CODE ONLY ONE	
UP TO 8TH GRADE	1	I18
9TH TO 11TH GRADE	2	I18
12TH GRADE BUT NO DIPLOMA	3	I18
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	
SOME COLLEGE BUT NO DEGREE	7	
ASSOCIATE'S DEGREE	8	I18
BACHELOR'S DEGREE	9	I18
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	I18
MASTER'S DEGREE (MA, MS)	11	I18
DOCTORATE DEGREE (PHD, EDD)	12	I18
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	I18
DON'T KNOW	d	I18
REFUSED	r	I18

I16 = 4-7
do you IF SC91 = 7 (BIRTH FATHER); **does he** IF SC91 NE 7 (SOMEONE ELSE)

I17 **Which (do you/does he) have, a high school diploma or a GED?**

P1I17

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	d
REFUSED	r

HH42 NE 2 (BIRTH FATHER LIVING)
Are you IF SC91 = 7 (BIRTH FATHER); **Is he** IF SC91 NE 7 (SOMEONE ELSE)

I18 **(Are you/Is he) now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

P1I18

YES	1	
NO	0	BOX I19.1
DON'T KNOW	d	BOX I19.1
REFUSED	r	BOX I19.1

I18 = 1
Are you IF SC91 = 7 (BIRTH FATHER); **Is he** IF SC91 NE 7 (SOMEONE ELSE)

I19 **(Are you/Is he) currently taking courses full-time or part-time?**

P1I19

FULL-TIME	1
PART-TIME	2
DON'T KNOW	d
REFUSED	r

BOX I19.1
IF FATHER IS RETIRED OR UNABLE TO WORK (I9 = 2, 3), GO TO BOX I20.1. ELSE, CONTINUE.

I9 = 0, 1, d, r
Are you IF SC91 = 7 (BIRTH FATHER); **Is he** IF SC91 NE 7 (SOMEONE ELSE)

I20 **(Are you/Is he) currently participating in a job-training or on-the-job-training program?**

P1I20

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX I20.1
IF I18 = 1 (is taking courses) OR I20 = 1 (is participating in job-training), CONTINUE. ELSE, GO TO I24.

I18 = 1 OR I20 = 1
you/you are IF SC91 = 7 (BIRTH FATHER); **him/he is** IF SC91 NE 7 (SOMEONE ELSE)

I21 **Did [PROGRAM] Early Head Start help (you/him) to take or locate the programs, courses, classes, or workshops that (you are/he is) taking?**

P1I21

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

GO TO VERSION BOX I24.1

I18 NE 1 AND I20 NE 1
you IF SC91 = 7 (BIRTH FATHER); **he** IF SC91 NE 7 (SOMEONE ELSE)

P1I24

I24 **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/he) did not take any programs, courses, classes, or workshops?**

PROBE: **Which was the main reason?**

CODE ONLY ONE

ADMISSION REQUIREMENT/QUALIFICATION ..	1
TOO OLD TO TAKE ANY COURSES	2
HEALTH PROBLEM/DISABILITY	3
NOT INTERESTED	4
LACK OF CONFIDENCE	5
NO INFORMATION ABOUT OFFERING	6
LACK OF CHILD CARE	7
TIME CONSTRAINTS (HOME OR WORK)	8
COST	9
INCONVENIENT LOCATION/ TRANSPORTATION NOT AVAILABLE	10
DID NOT NEED MORE	11
OTHER (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

VERSION BOX I24.1	
COHORT 0:	GO TO SECTION J
COHORT 1:	CONTINUE

BOX I24.2
IF RESPONDENT IS BIRTH MOTHER (SC90 = 2) OR BIRTH FATHER (SC91 = 7), CONTINUE.
ELSE, GO TO VERSION BOX I28.1.

COHORT 1 AND SC90 = 2 (BIRTH MOTHER) OR SC91 = 7 (BIRTH FATHER)

I25 P1I25

(IF SC90 = 2)
How soon after you found out you were pregnant, did [CHILD]'s father learn that you were pregnant?

(IF SC91 = 7)
How soon after [CHILD]'s mother found out she was pregnant, did she tell you that she was pregnant?

	CODE ONE	
WITHIN ONE WEEK	1	
WITHIN ONE MONTH	2	
MORE THAN A MONTH LATER	3	
AFTER BABY WAS BORN	4	
NEVER LEARNED	5	GO TO SECTION J
DON'T KNOW	d	
REFUSED	r	

COHORT 1 AND SC90 = 2 (BIRTH MOTHER) OR SC91 = 7 (BIRTH FATHER) AND I25 = 1, 2, 3, 4, d, r

I26 P1I26

(IF SC90 = 2)
Was (his/her) father present when [CHILD] was born, either in the hospital or wherever the birth was?

(IF SC91 = 7)
Were you present when [CHILD] was born, either in the hospital or wherever the birth was?

	CODE ONE
YES, IN HOSPITAL	1
YES, ELSEWHERE	2
NO	0
DON'T KNOW	d
REFUSED	r

COHORT 1 AND SC90 = 2 (BIRTH MOTHER) OR SC91 = 7 (BIRTH FATHER) AND I25 = 1, 2, 3, 4, d, r

I27 (IF SC90 = 2)
When [CHILD] was in the hospital after (he/she) was born, did (his/her) father come to see (him/her)?

P1I27

(IF SC91 = 7)
When [CHILD] was in the hospital after (he/she) was born, did you come to see (him/her)?

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 AND SC90 = 2 (BIRTH MOTHER) OR SC91 = 7 (BIRTH FATHER) AND I25 = 1, 2, 3, d, r

Your AND **you** IF SC90 = 2; **her** IF SC91 = 7

I28 (IF SC90 = 2)
While you were pregnant, did [CHILD]'s father do any of the following?

P1I28a – P1I28e

(IF SC91 = 7)
While [CHILD]'s mother was pregnant, did you do any of the following?

	YES	NO	NA	DON'T KNOW	REFUSED
a. **Discuss how (your/her) pregnancy was going with (you/her)?**	1	0		d	r
b. **Go to the doctor with (you/her)?**	1	0	98	d	r
c. **Attend child birth or Lamaze classes with (you/her)?** ..	1	0	98	d	r
d. **Help prepare the house for the new baby?**	1	0		d	r
e. **Talk with (you/her) about caring for the new baby?**	1	0		d	r

BOX I28.1
CONTINUE IF RESPONDENT IS NOT BIRTH FATHER (SC91 NE 7).
ELSE, GO TO SECTION J

COHORT 1 AND SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER)

I29 **In the first three months of (his/her) life, about how often did [CHILD] see (his/her) father? Was it . . .**

P1I29

PROBE: **That would be between the time (he/she) was born to the same date three months later.**

CODE ONE

Every day or almost every day,	6
A few times a week,	5
A few times a month,	4
About once a month,	3
Less often than that, or	2
Never?	1
DON'T KNOW	d
REFUSED	r

BOX I29.1
IF BIRTH FATHER IS LIVING BUT NOT IN HOUSEHOLD (HH25.2 NE 7 AND HH42 NE 2, 4), CONTINUE.
ELSE, GO TO I31.

COHORT 1 AND HH25.2 NE 7 AND HH42 NE 2, 4

I30 **And, in the last three months, about how often has [CHILD] seen (his/her) father? Was it . . .**

P1I30

PROBE: **That would be in the last 90 days.**

CODE ONE

Every day or almost every day,	6
A few times a week,	5
A few times a month,	4
About once a month,	3
Less often than that, or	2
Never?	1
DON'T KNOW	d
REFUSED	r

COHORT 1 AND SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 NE 2, 4

I31 **In a typical day, does [CHILD]'s father give you a lot, some, or no help in caring for [CHILD]? Would you say…**

P1I31

	CODE ONE
A lot,	1
Some, or	2
No help?	3
DON'T KNOW	d
REFUSED	r

COHORT 1 AND SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 NE 2, 4

I32 **In the past month, how often did [CHILD]'s father spend one or more hours a day with [CHILD]? Was it . . .**

P1I32

PROBE: **In the last 30 days.**

	CODE ONE
Every day or almost every day,	1
A few times a week,	2
A few times a month,	3
Once or twice, or	4
Never?	5
DON'T KNOW	d
REFUSED	r

COHORT 1 AND SC91 NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 NE 2, 4

I33 **Please tell me how often [CHILD]'s father has done any of the following for [CHILD].**

(READ ITEM) **Has he done this often, sometimes or never?**

P1I33a – P1I33h

	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. **Bought clothes, toys or presents for [CHILD]?**	3	2	1	d	r
b. **Paid for [CHILD]'s medical insurance, doctor bills, or medicines?**	3	2	1	d	r
c. **Given you extra money to help out?** .	3	2	1	d	r
d. **Taken [CHILD] to the doctor?**.....	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) e. **Taken [CHILD] to child care?**	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) f. **Picked up [CHILD] from child care?** ..	3	2	1	d	r
g. **Put [CHILD] to bed?**	3	2	1	d	r
h. **Fed [CHILD]?**.....	3	2	1	d	r

COHORT 1 AND HH25.2 NE 7 (BIRTH FATHER NOT IN HOUSEHOLD) AND HH42 NE 2 (FATHER LIVING).

I34 **(Have you/Has your family) ever received any child support payments for [child] from (his/her) father?**

P1I34

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1 AND HH25.2 NE 7 (BIRTH FATHER NOT IN HOUSEHOLD) AND HH42 NE 2 (FATHER LIVING).

I35 **(Have you/Has your family) ever received any other financial support for [CHILD] from (his/her) father?**

P1I35

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

J. ABOUT FATHER FIGURE

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

NOTE BOX

IF BIRTH FATHER LIVES IN HOUSEHOLD ALL OF THE TIME (I8 = 2), GO TO SECTION K.

IF RESPONDENT IS FATHER/MALE GUARDIAN (SC85 = 6 OR SC98 = 1 AND SC51 = 1), GO TO SECTION K.

ELSE, CONTINUE

IF SC51=1 AND SC85 NE 6:

J1a **Are you like a father to (the new baby/[CHILD])?**

P1J01a

YES	1	SECTION K
NO	0	
DON'T KNOW	d	
REFUSED	r	

I8 NE 2 AND (SC85 NE 6) OR (SC98 NE 1 AND SC51 NE 1) or J1a NE 1
will be AND **the new baby** IF COHORT 0 AND SC65 NOT ANS; ELSE FILL **is** AND **[CHILD]**

J1 **Is there another man who (will be/is) like a father to (the new baby/[CHILD])?**

P1J01

YES	1	
NO	0	SECTION K
DON'T KNOW	d	SECTION K
REFUSED	r	SECTION K

I8 NE 2 AND (SC85 NE 6) OR (SC98 NE 1 AND SC51 NE 1) AND SC 85 NE 17, 24, 26, 28)

J2 **What is his relationship to you?**

P1J02

HUSBAND	1
PARTNER	2
BOYFRIEND OF CHILD'S MOTHER	3
FRIEND	4
FATHER OF CHILD'S MOTHER	5
OTHER MALE RELATIVE OF CHILD'S MOTHER	6
FATHER OF CHILD'S FATHER	7
OTHER MALE RELATIVE OF CHILD'S FATHER	8
OTHER (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

I8 NE 2 AND (SC85 NE 6) OR (SC98 NE 1 AND SC51 NE 1)
and [CHILD] IF COHORT 1

J3 **Does he live with you (and [CHILD]) . . .**

P1J03 INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

All the time,	2	
Some of the time, or	1	
None of the time?	0	VERSION BOX J3.2
DON'T KNOW	d	VERSION BOX J3.2
REFUSED	r	VERSION BOX J3.2

VERSION BOX J3.2	
COHORT 0:	IF J3 = 1, 2, GO TO J6. ELSE GO TO SECTION K.
COHORT 1:	IF J3 = 1, 2, CONTINUE. ELSE, GO TO J22.

COHORT 1 AND J3 = 1, 2

J4 Has he been living with you since [CHILD] was born?

P1J04

YES	1	J6
NO	0	
DON'T KNOW	d	J6
REFUSED	r	J6

COHORT 1 AND J4 = 0

J5 Since [CHILD] was born, how many months altogether has he lived with you and [CHILD]?

P1J05

|___|___| MONTHS NUM LE 18

DON'T KNOW	d
REFUSED	r

J3 = 1, 2

J6 During the past week, did he work at a job for pay or income, including self employment?

P1J06

NOTE: PAST WEEK = PAST 7 DAYS.

YES	1	J10
NO	0	
RETIRED	2	J13
DISABLED/UNABLE TO WORK	3	J13
DON'T KNOW	d	J13
REFUSED	r	J13

J6 = 0

J7 Was he on leave or vacation from a job for the past week?

P1J07

NOTE: PAST WEEK: PAST 7 DAYS

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

J6 = 0

J8 **Has he actively been looking for work in the past four weeks?**

P1J08

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

J6 = 0

J9 **Did he work at a job for pay or income, including self-employment, in the past 12 months?**

P1J09

YES 1
NO 0 J13
DON'T KNOW ..... d J13
REFUSED ..... r J13

J6 = 1 OR J9 = 1

does he IF J6 = 1; **did he** IF J9 = 1

J10 **About how many total hours per week (does/did) he usually work for pay or income, counting all jobs?**

P1J10

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF NUM GE 60]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM J10] hours each week?**

[HARD WARNING IF NUM GE 169]: **The number of hours is out of range.**

|___|___| NUMBER (NUM LE 168)

DON'T KNOW ..... d
REFUSED ..... r

J6 = 1 OR J7 = 1

J11 Does he usually work in the…

CODE ALL THAT APPLY

P1J11 1	**daytime,**	1
P1J11 2	**evening,**	2
P1J11 3	**weekends, or**	3
P1J11 4	**does his schedule vary?**	4
	DON'T KNOW	d
	REFUSED	r

J6 = 1 OR J7 = 1

J12 Did [PROGRAM] Early Head Start help him find a job?

P1J12	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

J3 = 1, 2

J13 **The next questions are about his past education and the kinds of educational activities he may take part in now. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

P1J13

(ALL) **What is the highest grade or year of school that he completed?**

NOTE: If 'high school', PROBE: **What is the last grade he completed?**

NOTE: If 'college', PROBE: **Did he receive a degree. If yes, what type of degree?**

	CODE ONLY ONE	
UP TO 8TH GRADE	1	J15
9TH TO 11TH GRADE	2	J15
12TH GRADE BUT NO DIPLOMA	3	J15
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	
SOME COLLEGE BUT NO DEGREE	7	
ASSOCIATE'S DEGREE	8	J15
BACHELOR'S DEGREE	9	J15
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	J15
MASTER'S DEGREE (MA, MS)	11	J15
DOCTORATE DEGREE (PHD, EDD)	12	J15
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	J15
DON'T KNOW	d	J15
REFUSED	r	J15

J13 = 4-7

J14 **Which does he have, a high school diploma or a GED?**

P1J14

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	d
REFUSED	r

J3 = 1, 2

J15 **Is he now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

P1J15

YES	1	
NO	0	BOX J16.1
DON'T KNOW	d	BOX J16.1
REFUSED	r	BOX J16.1

J15 = 1

J16 **Is he currently taking courses full-time or part-time?**

P1J16

FULL-TIME	1
PART-TIME	2
DON'T KNOW	d
REFUSED	r

BOX J16.1

IF FATHER FIGURE IS RETIRED OR UNABLE TO WORK (J6 = 2, 3), GO TO BOX J17.1.

ELSE, CONTINUE.

J6 = 0, 1, d, r

J17 Is he currently participating in a job-training or on-the-job-training program?

P1J17

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX J17.1

IF J15 = 1 (is taking courses) OR J17 = 1 (is participating in job-training), CONTINUE.

ELSE, GO TO J21.

J15 = 1 OR J17 = 1

J18 Did [PROGRAM] Early Head Start help him to take or locate the programs, courses, classes, or workshops that he is taking?

P1J18

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

GO TO J21

J15 NE 1 AND J17 NE 1

J21 **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason he did not take any programs, courses, classes, or workshops?**

P1J21

PROBE: **Which was the main reason?**

CODE ONLY ONE

ADMISSION REQUIREMENT/QUALIFICATION ..	1
TOO OLD TO TAKE ANY COURSES	2
HEALTH PROBLEM/DISABILITY	3
NOT INTERESTED	4
LACK OF CONFIDENCE	5
NO INFORMATION ABOUT OFFERING	6
LACK OF CHILD CARE	7
TIME CONSTRAINTS (HOME OR WORK)	8
COST	9
INCONVENIENT LOCATION/ TRANSPORTATION NOT AVAILABLE	10
DID NOT NEED MORE	11
OTHER (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

COHORT 1 AND J1 = 1

J22 **In a typical day, does he give you a lot, some, or no help in caring for [CHILD]? Would you say…**

P1J22

CODE ONE

A lot, ...	1
Some, or	2
No help?	3
DON'T KNOW	d
REFUSED	r

COHORT 1 AND J1 = 1

J23 **In the past month, how often did he spend one or more hours a day with [CHILD]? Was it . . .**

P1J23

PROBE: **In the last 30 days.**

	CODE ONE
Every day or almost every day,	1
A few times a week,	2
A few times a month,	3
Once or twice, or	4
Never?	5
DON'T KNOW	d
REFUSED	r

COHORT 1 AND J1 = 1

J24 **Please tell me how often he has done any of the following for [CHILD].**

(READ ITEM) **Has he done this often, sometimes or never?**

P1J24a – P1J24h

	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. **Bought clothes, toys or presents for [CHILD]?**	3	2	1	d	r
b. **Paid for [CHILD]'s medical insurance, doctor bills, or medicines?**	3	2	1	d	r
c. **Given you extra money to help out?**	3	2	1	d	r
d. **Taken [CHILD] to the doctor?**	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) e. **Taken [CHILD] to child care?**	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) f. **Picked up [CHILD] from child care?**	3	2	1	d	r
g. **Put [CHILD] to bed?**	3	2	1	d	r
h. **Fed [CHILD]?**	3	2	1	d	r

K. ABOUT RESPONDENT

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

NOTE BOX

IF RESPONDENT IS BIRTH MOTHER (SC90 = 2) OR BIRTH FATHER (SC91 = 7), GO TO SECTION L.

ELSE, CONTINUE.

My next questions are about you.

SC90 NE 2 AND SC91 NE 7

K1 **During the past week, did you work at a job for pay or income, including self-employment?**

P1K01

YES	1	K5
NO	0	
RETIRED	2	K8
DISABLED/UNABLE TO WORK	3	K8
DON'T KNOW	d	K8
REFUSED	r	K8

K1 = 0

K2 **Were you on leave or vacation from a job for the past week?**

P1K02

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

K1 = 0

K3 **Have you actively been looking for work in the past four weeks?**

P1K03

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

K1 = 0

K4 **Did you work at a job for pay or income, including self-employment, in the past 12 months?**

P1K04

YES	1	
NO	0	K8
DON'T KNOW	d	K8
REFUSED	r	K8

K1 = 1 OR K4 = 1

K5 **About how many total hours per week do you usually work for pay or income, counting all jobs?**

P1K05

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

[SOFT WARNING IF NUM GE 60]: **I want to be sure I recorded your answer correctly. Did you say [FILL HOURS FROM K5] hours each week?**

[HARD WARNING IF NUM GE 169]: **The number of hours is out of range.**

|___|___| NUMBER (NUM LE 168)

DON'T KNOW	d
REFUSED	r

K1 = 1 OR K2 = 1

K6 Do you usually work in the…

CODE ALL THAT APPLY

P1K06_1	**daytime,**	1
P1K06_2	**evening,**	2
P1K06_3	**weekends, or**	3
P1K06_4	**does your schedule vary?**	4
	DON'T KNOW	d
	REFUSED	r

K1 = 1 OR K2 = 1

K7 Did [PROGRAM] Early Head Start help you find a job?

P1K07	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

SC90 NE 2 AND SC91 NE 7

K8 **The next questions are about your past education and the kinds of educational activities you may take part in now. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

P1K08

What is the highest grade or year of school that you completed?

NOTE: If 'high school', PROBE: **What is the last grade you completed?**

NOTE: If 'college', PROBE: **Did you receive a degree. If yes, what type of degree?**

	CODE ONE	
UP TO 8TH GRADE	1	K10
9TH TO 11TH GRADE	2	K10
12TH GRADE BUT NO DIPLOMA	3	K10
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	
SOME COLLEGE BUT NO DEGREE	7	
ASSOCIATE'S DEGREE	8	K10
BACHELOR'S DEGREE	9	K10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	K10
MASTER'S DEGREE (MA, MS)	11	K10
DOCTORATE DEGREE (PHD, EDD)	12	K10
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	K10
DON'T KNOW	d	K10
REFUSED	r	K10

K8 = 4-7

K9 **Which do you have, a high school diploma or a GED?**

P1K09

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	d
REFUSED	r

SC90 NE 2 AND SC91 NE 7

K10 **Are you now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

P1K10

YES	1	
NO	0	BOX K11.1
DON'T KNOW	d	BOX K11.1
REFUSED	r	BOX K11.1

K10 = 1

K11 **Are you currently taking courses full-time or part-time?**

P1K11

FULL-TIME	1
PART-TIME	2
DON'T KNOW	d
REFUSED	r

BOX K11.1

IF RESPONDENT IS RETIRED OR UNABLE TO WORK (K1 = 2, 3), GO TO BOX K12.1.

ELSE, CONTINUE.

K1 = 0, 1, d, r

K12 **Are you currently participating in a job-training or on-the-job-training program?**

P1K12

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX K12.1

IF RESPONDENT IS TAKING COURSES (K10 = 1) OR PARTICIPATING IN JOB-TRAINING (K12 = 1), CONTINUE.

ELSE, GO TO K16.

K10 = 1 OR K12 = 1

K13 **Did Early Head Start help you to take or locate the programs, courses, classes, or workshops that you are taking?**

P1K13

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

GO TO SECTION L

K10 NE 1 AND K12 NE 1

K16 **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason you did not take any programs, courses, classes, or workshops?**

P1K16

PROBE: **Which was the main reason?**

CODE ONLY ONE

ADMISSION REQUIREMENT/QUALIFICATION	1
TOO OLD TO TAKE ANY COURSES	2
HEALTH PROBLEM/DISABILITY	3
NOT INTERESTED	4
LACK OF CONFIDENCE	5
NO INFORMATION ABOUT OFFERING	6
LACK OF CHILD CARE	7
TIME CONSTRAINTS (HOME OR WORK)	8
COST	9
INCONVENIENT LOCATION/ TRANSPORTATION NOT AVAILABLE	10
DID NOT NEED MORE	11
OTHER (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

L. HEALTH CARE SERVICES

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

ALL
[CHILD]'s and IF COHORT 1

L1 **The next questions are about ([CHILD]'s and) your health care. First, do you have a regular health care provider?**

P1L01

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L2 **Where do you usually go for health care?**

P1L02

CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO	1
AN OUTPATIENT CLINIC RUN BY A HOSPITAL	2
THE EMERGENCY ROOM AT A HOSPITAL	3
PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER	4
A MIGRANT HEALTH CLINIC	5
THE INDIAN HEALTH SERVICE	6
NOWHERE/NEVER USE HEALTH CARE	7
SOMEPLACE ELSE (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

VERSION BOX L2.1	
COHORT 0:	GO TO L12
COHORT 1:	CONTINUE

COHORT 1

L3 **Does [CHILD] have a regular health care provider?**

P1L03

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

COHORT 1

L4 **Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?**

P1L04

CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO	1
AN OUTPATIENT CLINIC RUN BY A HOSPITAL	2
THE EMERGENCY ROOM AT A HOSPITAL	3
PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER	4
A MIGRANT HEALTH CLINIC	5
THE INDIAN HEALTH SERVICE	6
CHILD DOES NOT GO ANYWHERE FOR MEDICAL CARE	7
SOMEPLACE ELSE (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

COHORT 1

Has Early Head Start helped IF L3 = 0, d, r; **Did Early Head Start help** IF L3 = 1

L5 **(Has [PROGRAM] Early Head Start helped/Did [PROGRAM] Early Head Start help) you find a regular health care provider for [CHILD]?**

P1L05

YES	1	
NO	0	L7
DON'T KNOW	d	L8
REFUSED	r	L8

L5 = 1

L6 **How did they help you?**

P1L06

NOTE: IF MORE THAN ONE RESPONSE SAY: **What was the main way they helped you?**

CODE ONLY ONE

PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	1
MADE REFERRALS, FOR EXAMPLE, PHONE CALLS	2
PROVIDED HEALTH CARE DIRECTLY	3
HELPED IN SOME OTHER WAY (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

GO TO L8

L5 = 0

L7 **Why is that?**

P1L07

HAD A HEALTH CARE PROVIDER PRIOR TO ENROLLMENT	1
FOUND A HEALTH CARE PROVIDER ON MY OWN	2
OTHER (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

COHORT 1

L8 **When was the last time [CHILD] saw a doctor for a regular checkup? Was it . . .**

P1L08

6 months ago or less,	1
more than 6 months ago but not more than 1 year ago,	2
more than 1 year ago but not more than 2 years ago,	3
more than 2 years ago, or	4
never?	5
DON'T KNOW	d
REFUSED	r

COHORT 1

L9 **Since [CHILD] was born, how many times has (he/she) gone for well-baby checkups? Was it . . .**

P1L09

never,	1	
once or twice,	2	
3-4 times,	3	
5-9 times, or	4	
10 times or more?	5	
DON'T KNOW	d	
REFUSED	r	

COHORT 1

L10 What is [CHILD]'s immunization status? Would you say . . .

P1L10

completely up-to-date,	4	L12
mostly up-to-date (has received a majority of required shots),	3	
somewhat up-to-date (has received less than half of required shots), or	2	
(he/she) never received any immunizations?	1	
DON'T KNOW	d	L12
REFUSED	r	L12

L10 = 1-3

L11 **What are the reasons [CHILD] has incomplete immunization status?**

PROBE: **Are there any other reasons?**

CODE ALL THAT APPLY

P1L11 01	UNABLE TO SCHEDULE OR ATTEND APPOINTMENTS	1
P1L11 02	TOO COSTLY	2
P1L11 03	WORRIED ABOUT COMPLICATIONS (ILLNESS, DISABILITIES)	3
P1L11 04	RELIGIOUS BELIEFS	4
P1L11 99	OTHER (SPECIFY)* _____	99
	DON'T KNOW	d
	REFUSED	r

ALL

L12 **Have you or other members of your family who live with you visited a dentist in the past year?**

P1L12

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

VERSION BOX L12.1

COHORT 0: GO TO L21

COHORT 1: IF L12 = 1, CONTINUE. ELSE GO TO L21.

COHORT 1 AND L12 = 1

L13 **Has [CHILD] ever gone to the dentist?**

P1L13

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

* Some specific responses were organized into the following categories in the data file: HAS APPOINTMENT SCHEDULED (P1L11_05), SUPPLY SHORTAGE (P1L11_06).

ALL

L21 **Did you receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, in the past year?**

P1L21

YES	1	
NO	0	L22
DON'T KNOW	d	L22
REFUSED	r	L22

L21 = 1

L21.1 **Did [PROGRAM] Early Head Start help you get this treatment for an emotional, personal, or mental problem?**

P1L21_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L22 **Did you receive treatment for a drug or alcohol problem in the past year?**

P1L22

YES	1	
NO	0	BOX L22.1
DON'T KNOW	d	BOX L22.1
REFUSED	r	BOX L22.1

L22 = 1

L22.1 **Did [PROGRAM] Early Head Start help you get this treatment for a drug or alcohol problem?**

P1L22_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX L22.1

IF RESPONDENT IS NOT BIRTH MOTHER (SC90 NE 2) AND BIRTH MOTHER IS LIVING (HH0 NE 1), CONTINUE.

ELSE, GO TO BOX L24.1.

SC90 NE 2 AND HH0 NE 1

L23 Did [MOTHER] receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, in the past year?

P1L23

YES	1	
NO	0	L24
DON'T KNOW	d	L24
REFUSED	r	L24

L23 = 1

L23.1 Did [PROGRAM] Early Head Start help her get this treatment for an emotional, personal, or mental problem?

P1L23_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

SC90 NE 2 AND HH0 NE 1

L24 Did she receive treatment for a drug or alcohol problem in the past year?

P1L24

YES	1	
NO	0	BOX L24.1
DON'T KNOW	d	BOX L24.1
REFUSED	r	BOX L24.1

L24 = 1

L24.1 Did [PROGRAM] Early Head Start help her get this treatment for a drug or alcohol problem?

P1L24_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX L24.1

IF RESPONDENT IS NOT BIRTH FATHER (SC91 NE 7) AND BIRTH FATHER IS LIVING (HH42 NE 2, 4), CONTINUE.

ELSE, GO TO L27.

SC91 NE 7 AND HH42 NE 2, 4

L25 Did [FATHER] receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, in the past year?

P1L25

YES	1	
NO	0	L26
DON'T KNOW	d	L26
REFUSED	r	L26

L25 = 1

L25.1 Did [PROGRAM] Early Head Start help him get this treatment for an emotional, personal, or mental problem?

P1L25 1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

SC91 NE 7 AND HH42 NE 2, 4

L26 Did he receive treatment for a drug or alcohol problem in the past year?

P1L26

YES	1	
NO	0	BOX L26.1
DON'T KNOW	d	BOX L26.1
REFUSED	r	BOX L26.1

L26 = 1

L26.1 Did [PROGRAM] Early Head Start help him get this treatment for a drug or alcohol problem?

P1L26 1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX L26.1

BEGIN LOOP. FOR EACH INSURANCE PLAN (WHERE L27a-f = 1), ASK L28.
ELSE, GO TO BOX L29.

PROGRAMMER NOTE

ASK L28 IMMEDIATELY AFTER EACH "YES" RESPONSE TO L27a-f. INTERVIEW RETURNS TO L27 TO ASK ABOUT REMAINING PLANS.

ALL

L27 **The next questions are about the health insurance plans for you and your household. Do you or anyone in your household have coverage through the following?**

P1L27a – P1L27f

	YES	NO	DON'T KNOW	REFUSED
a. **A private health insurance plan (from employer, workplace, or purchased directly, or purchased through a state or local government program or community program)?**	1	0	d	r
b. **A Medicaid plan such as [STATE PROGRAM NAME FROM BOX L27.1]?**	1	0	d	r
c. **CHIP (Children's Health Insurance Program) or [NAME OF STATE PROGRAM FROM BOX L27.2]?**	1	0	d	r
d. **Military health care/TRICARE/CHAMPUS/ CHAMP-VA?**	1	0	d	r
e. **Indian Health Service?**	1	0	d	r
f. **Another government program such as Medicare?** (SPECIFY) ..... _____	1	0	d	r

BOX L27.1 STATE MEDICAID AGENCIES			
Alabama	Alabama Medicaid	Nebraska	NE Medicaid
Alaska	Alaska Medicaid	Nevada	HIWA (Health Insurance for Work Enhancement)
Arizona	Arizona Health Care Cost Containment System (AHCCCS)	New Hampshire	Medicaid
Arkansas	Arkansas Medical Assistance/ Connect Care	New Jersey	New Jersey FamilyCare
California	Medi-Cal	New Mexico	SALUD/Molina/Lovelace/Presbyterian
Colorado	Medicaid	New York	New York Medicaid CHOICE/Family Health
Connecticut	HUSKY/CONNECT Card	North Carolina	Health Check/Carolina ACCESS
Delaware	Diamond State Health Plan	North Dakota	Medicaid
District of Columbia	Medical Assistance (MA)	Ohio	Ohio Disability Assistance Medical Program/Accessing Better Care (ABC)
Florida	MediPass	Oklahoma	SoonerCare
Georgia	Georgia Better Health Care	Oregon	Oregon Health Plan
Hawaii	Hawaii Medicaid:FFS (fee for service) and QUEST	Pennsylvania	HealthChoices/Lancaster Community Health Plan'
Idaho	Idaho Medicaid Access Card	Rhode Island	Medicaid/Medical Assistance
Illinois	Family Care/Medical Assistance/MediPlan	South Carolina	South Carolina Health Access Plan (SCHAP)
Indiana	Hoosier Healthwise	South Dakota	Medicaid/Medical Assistance
Iowa	Medical Assistance	Tennessee	TennCare
Kansas	MediKan	Texas	LoneSTAR Select/Texas Health Steps
Kentucky	KYHealthChoices/Kentucky Patient Access and Care System(KenPAC)	Utah	Utah Medical Assistance Program (UMAP)
Louisiana	CommunityCARE Program/ Louisiana KIDMED	Vermont	VHAP(Health insurance for adults who are not covered by Medicaid)/ Healthy Vermonters
Maine	MaineCare		
Maryland	HealthChoice Program		
Massachusetts	MassHealth	Virginia	Medicaid/Medallion/Medallion II
Michigan	Wayne County Plus Care Program, Medical Assistance Program	Washington	Healthy Options/medical coupons
Minnesota	MinnesotaCare	West Virginia	West Virginia Physician Assured Access System (PAAS)/Mountain Health Trust-(MHT)
Mississippi	Mississippi Medicaid	Wisconsin	BadgerCare/Medical Assistance
Missouri	Missouri Medicaid	Wyoming	Medicaid
Montana	Montana Medicaid		

BOX L27.2 CHIP - STATE AGENCIES			
Alabama	ALLKids	**Nebraska**	Kids Connection
Alaska	DenaliKid Care	**Nevada**	Nevada Check UP
Arizona	KidsCare	**New Hampshire**	HealthyKids
Arkansas	ARKids First	**New Jersey**	New Jersey FamilyCare (formerly NJ KidCare)
California	Healthy Families	**New Mexico**	NewMexiKids
Colorado	CHP+ (Child Health Plan Plus)	**New York**	Child Health Plus (CHPLus)
Connecticut	HUSKY (Healthcare for Uninsured Kids and Youth)	**North Carolina**	NC Health Choice for Children
Delaware	Healthy Children	**North Dakota**	Healthy Steps
District of Columbia	Healthy DC Kids/Healthy Families	**Ohio**	Healthy Start/Healthy Families'
Florida	Florida KidCare	**Oklahoma**	The State Children's Health Insurance Program (SCHIP)/SoonerCare'
Georgia	PeachCare for Kids	**Oregon**	Oregon SCHIP/Oregon Health Plan'
Hawaii	Hawaii Covering Kids	**Pennsylvania**	Pennsylvania's Children's Health Insurance Program
Idaho	Idaho CHIP	**Rhode Island**	RIte Care
Illinois	All Kids	**South Carolina**	CHIP
Indiana	Hoosier Healthwise for Children	**South Dakota**	PHC (Partners for Healthy Children
Iowa	HAWK-I (Healthy and Well Kids in Iowa	**Tennessee**	TennderCare
Kansas	Health Wave	**Texas**	TexCare Partnership (CHIP)/ Waxman kids
Kentucky	Kentucky Children's Health Insurance Program	**Utah**	CHIP
Louisiana	LaCHIP (Louisiana Children's Health Insurance)	**Vermont**	Dr.Dynasaur
Maine	MaineCare (formerly CubCare		
Maryland	Maryland Children's Health Program (MCHP)		
Massachusetts	MassHealth	**Virginia**	FAMIS (Family Access to Medical Insurance Security)/Virginia Children's Medical Security Insurance Plan (VCMSIP)
Michigan	MIChild/Healthy Kids	**Washington**	CHIP/Healthy Options
Minnesota	MinnesotaCare/PMAP (Prepaid Medical Assistance Program)/General Assistance Medical Care Program (GAMC)	**West Virginia**	'West Virginia Children's Health Insurance Program (WV CHIP
Mississippi	SCHIP	**Wisconsin**	BadgerCare
Missouri	MC+ for Kids	**Wyoming**	KidCare
Montana	SCHIP		

L27a-f = 1

L28a-f **Who does this health insurance plan cover?**

PROBE: **Is anyone else covered?**

PROBE (IF SC65 = ANS OR SC66 = 1 OR SC70 = ANS): **Is [CHILD] covered?**

		CODE ALL THAT APPLY
P1L28a1 – P1L28f1	SELF	1
P1L28a2 – P1L28f2	[CHILD]	2
P1L28a3 – P1L28f3	OTHER FAMILY MEMBERS	3
	DON'T KNOW	d
	REFUSED	r

END LOOP

BOX L28.1
IF RESPONDENT HAS HEALTH INSURANCE (L28a-f = 1), CONTINUE.
ELSE, GO TO L30.

ANY L28a-f = 1 (RESPONDENT WITH HEALTH INSURANCE)

L29 **In the past year, have you ever been without health care coverage?**

P1L29

YES	1	
NO	0	VERSION BOX L30.1
DON'T KNOW	d	VERSION BOX L30.1
REFUSED	r	VERSION BOX L30.1

L29 = 1 OR ALL L28a-f NE 1 (RESPONDENT WITHOUT HEALTH INSURANCE)

were you IF ANY L28a-f = 1; **have you been** IF L28a-f NE 1

L30 **Overall, how long (were you/have you been) without health care coverage in the past year? You can tell me in days, weeks, or months.**

INTERVIEWER: IF ENTIRE TIME, ENTER '99'

P1L30amt |___|___|

P1L30unit

DAYS (1-98)	1
WEEKS (1-52)	2
MONTHS (1-12)	3
ENTIRE TIME	99
DON'T KNOW	d
REFUSED	r

VERSION BOX L30.1

COHORT 0: GO TO L36.1

COHORT 1: CONTINUE

BOX L30.2

IF CHILD DOES NOT HAVE HEALTH INSURANCE (L28a-f NE 2), CONTINUE.
ELSE, GO TO L34.

COHORT 1 AND ALL L28a-f NE 2

L31 Since (he/she) was born, has [CHILD] ever had health care coverage or health insurance?

P1L31

YES	1	
NO	0	L36
DON'T KNOW	d	L36
REFUSED	r	L36

L31 = 1

L32 About how many months has it been since [CHILD] last had health care coverage or health insurance?

P1L32

|___|___| NUMBER OF MONTHS NUM LE 18

DON'T KNOW	d
REFUSED	r

COHORT 1 AND ANY L28a-f = 2

L34 Since [CHILD] was born, was there any time when (he/she) did not have any health insurance or coverage?

P1L34

YES	1	
NO	0	L36.1
DON'T KNOW	d	L36.1
REFUSED	r	L36.1

L34 = 1

L35 About how many months was [CHILD] without health insurance or health care coverage?

P1L35	|___|___| NUMBER OF MONTHS	NUM LE 18
	DON'T KNOW	d
	REFUSED	r

COHORT 1 AND ALL L28a-f NE 2 OR L34 = 1

L36 Please tell me the reason(s) (he/she)…

(IF ALL L28a-f NE 2) **is not covered by health insurance.**

(IF L34 = 1) **was not covered by health insurance for this period of time.**

		CODE ALL THAT APPLY
P1L36_01	GOT DIVORCED/SEPARATED/WIDOWED	1
P1L36_02	GOT MARRIED OR REMARRIED	2
P1L36_03	PERSON IN FAMILY WITH INSURANCE LOST JOB OR CHANGED EMPLOYERS	3
P1L36_04	EMPLOYER DOES NOT OFFER COVERAGE	4
P1L36_05	NOT ELIGIBLE FOR COVERAGE	5
P1L36_06	COST IS TOO HIGH	6
P1L36_07	INSURANCE COMPANY REFUSED COVERAGE	7
P1L36_08	LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME	8
P1L36_09	LOST MEDICAID (OTHER REASON)	9
P1L36_10	BECAME INELIGIBLE FOR CHIP	10
P1L36_99	OTHER REASON (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

SC65 = ANS OR SC66 = 1 OR SC70 = ANS

Has AND **helped** IF ALL L28a-f NE 2; **Did** AND **help** IF ANY L28a-f = 2

L36.1 (Has/Did) [PROGRAM] Early Head Start help(ed) you find health insurance for [CHILD]?

P1L36A		
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

ALL

L37 **In the past year, has there been a time when you or anyone living in your household needed to see a doctor or go to the hospital but couldn't go?**

P1L37

YES	1	
NO	0	L40
DON'T KNOW	d	L40
REFUSED	r	L40

IF L37 = 1

L38 **Who was that?**

PROBE (IF COHORT 1): **Was there ever a time when [CHILD] needed health care, but you couldn't obtain it?**

CODE ALL THAT APPLY

P1L38_1	SELF	1	
P1L38_2	[CHILD]	2	
P1L38_3	OTHER FAMILY MEMBERS	3	
	DON'T KNOW	d	L40
	REFUSED	r	L40

L38 = 1-3

you IF L38 = 1 ONLY; **he/she** IF L38 = 2 ONLY; **they** IF L38 = 3 ONLY; ELSE FILL **these members of your household**

L39 **What were the reasons (you/(he/she)/they/these members of your household) couldn't go?**

CODE ALL THAT APPLY

P1L39_01	DIDN'T HAVE THE MONEY	1
P1L39_02	DIDN'T HAVE INSURANCE	2
P1L39_03	DIDN'T KNOW WHERE TO GO	3
P1L39_04	COULDN'T TAKE TIME OFF FROM WORK	4
P1L39_05	TRANSPORTATION PROBLEMS	5
P1L39_99	OTHER (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

ALL

L40 Are you or other members of your family currently covered by dental insurance, either through a health insurance plan or an HMO?

P1L40

YES	1	
NO	0	L41.1
DON'T KNOW	d	L41.1
REFUSED	r	L41.1

L40 = 1

L41 Who does the dental insurance cover?

PROBE: **Is anyone else is covered?**

PROBE (COHORT 1**): Is [CHILD] covered?**

CODE ALL THAT APPLY

P1L41_1
P1L41_2
P1L41_3

SELF	1
[CHILD]	2
OTHER FAMILY MEMBERS	3
DON'T KNOW	d
REFUSED	r

SC65 = ANS OR SC66 = 1 OR SC70 = ANS

Did AND **help** IF L41 = 2; ELSE **Has** AND **helped**

L41.1 (Has/Did) [PROGRAM] Early Head Start help(ed) you find dental insurance for [CHILD]?

P1L41A

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L42 In the past year, has there been a time when you or anyone living in your household needed to see a dentist but couldn't go?

P1L42

YES	1	
NO	0	SECTION M
DON'T KNOW	d	SECTION M
REFUSED	r	SECTION M

L42 = 1

L43 Who was that?

PROBE (IF COHORT 1): **Was there ever a time when [CHILD] needed dental care, but you couldn't obtain it?**

CODE ALL THAT APPLY

P1L43_1	SELF	1
P1L43_2	[CHILD]	2
P1L43_3	OTHER FAMILY MEMBERS	3
	DON'T KNOW	d
	REFUSED	r

L43 = 1-3
you IF L43 = 1 ONLY; **he/she** IF L43 = 2 ONLY; **they** IF L43 = 3 ONLY; ELSE FILL **these members of your household**

L44 What were the reasons (you/(he/she)/they/these members of your household) couldn't go?

CODE ALL THAT APPLY

P1L44_01	DIDN'T HAVE THE MONEY	1
P1L44_02	DIDN'T HAVE INSURANCE	2
P1L44_03	DIDN'T KNOW WHERE TO GO	3
P1L44_04	COULDN'T TAKE TIME OFF FROM WORK	4
P1L44_05	TRANSPORTATION PROBLEMS	5
P1L44_99	OTHER (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

M. PARENT HEALTH

VERSION BOX
COHORT 0: CONTINUE
COHORT 1: CONTINUE

The next questions are about your health and health-related behaviors.

(IF BIRTH MOTHER (SC90 = 2))
I will also be asking questions about your pregnancy.

ALL

M1 **Would you say your health in general is . . .**

P1M01

excellent,	1
very good,	2
good,	3
fair, or	4
poor?	5
DON'T KNOW	d
REFUSED	r

BOX M1.1
IF RESPONDENT IS BIRTH MOTHER (SC90 = 2), CONTINUE. ELSE, GO TO M5.

SC90 = 2 (BIRTH MOTHER)
this IF SC55 =0; **your most recent** IF SC65 = ANS OR SC66 = 1 OR SC70 = ANS

M2 **During (this/your most recent) pregnancy, did you see a physician or go to a clinic for prenatal care?**

P1M02

PROBE: **Prenatal care is when a doctor or nurse checks to see how your pregnancy is going. They usually check your blood pressure, take a urine sample to test, listen for the baby's heartbeat, measure your stomach, and give you a chance to talk about yourself and your pregnancy.**

YES	1	
NO	0	M5
DON'T KNOW	d	M5
REFUSED	r	M5

M2 = 1
This IF SC55=0; **your most recent** IF SC65 = ANS OR SC66 = 1 OR SC70 = ANS

M3 **In which month of (this/your most recent) pregnancy did you first see a physician or go to a clinic for prenatal care?**

P1M03

FIRST	1	
SECOND	2	
THIRD	3	
FOURTH	4	
FIFTH	5	
SIXTH	6	
SEVENTH	7	
EIGHTH	8	
NINTH	9	
DID NOT SEE A PHYSICIAN OR GO TO A CLINIC	n	M5
DON'T KNOW	d	M5
REFUSED	r	M5

M3 = 1-9
this IF SC55 =0; **that** IF SC65 = ANS OR SC66 = 1 OR SC70 = ANS

M4 **How many times did you visit a physician or clinic for prenatal care during (this/that) pregnancy?**

P1M04

PROBE: **Your best estimate is fine.**

|__|__| NUMBER OF VISITS (NUM LE 25)

DON'T KNOW	d
REFUSED	r

ALL

M5 Has a doctor ever told you that you have . . .

P1M05a – P1M05g	YES	NO	DON'T KNOW	REFUSED
a. **asthma?**	1	0	d	r
b. **allergies?**	1	0	d	r
c. **a serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?**	1	0	d	r
d. **diabetes?**	1	0	d	r
e. **depression?**	1	0	d	r
f. **a learning disability?**	1	0	d	r
g. **some other serious illness?** (SPECIFY)* ..... _____	1	0	d	r

* Some specific responses were organized into an additional category in the data file: high blood pressure (P1M05h).

ALL

M6 **I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week.**

CESD

How often during the past week have you felt [FILL ITEM a-t]—would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

PROBE: **During the last 7 days.**

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR M6-c "SHAKE OFF THE BLUES."

HELP SCREEN:
Feelings of depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

P1M06a – P1M06t	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)	DON'T KNOW	REFUSED
a. **Bothered by things that usually don't bother you**.....	1	2	3	4	d	r
b. **You did not feel like eating; your appetite was poor**	1	2	3	4	d	r
c. **That you could not shake off the blues, even with help from family and friends**.....	1	2	3	4	d	r
d. **That you were as good as other people**	1	2	3	4	d	r
e. **You had trouble keeping your mind on what you were doing**	1	2	3	4	d	r
f. **Depressed**	1	2	3	4	d	r
g. **That everything you did was an effort**	1	2	3	4	d	r
h. **Hopeful about the future**.....	1	2	3	4	d	r
i. **Your life has been a failure**....	1	2	3	4	d	r
j. **Fearful**.....	1	2	3	4	d	r
k. **Your sleep was restless**.....	1	2	3	4	d	r

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)	DON'T KNOW	REFUSED
l. **You were happy**	1	2	3	4	d	r
m. **You talked less than usual**	1	2	3	4	d	r
n. **Lonely**	1	2	3	4	d	r
o. **People were unfriendly**	1	2	3	4	d	r
p. **You enjoyed life**	1	2	3	4	d	r
q. **You had crying spells**	1	2	3	4	d	r
r. **Sad**	1	2	3	4	d	r
s. **That people dislike you**	1	2	3	4	d	r
t. **You could not get "going"**	1	2	3	4	d	r

BOX M7.1
IF RESPONDENT IS BIRTH MOTHER (SC90 = 2), CONTINUE.
ELSE, GO TO BOX M9.1.

SC90 = 2 (BIRTH MOTHER)

M8 **In the <u>3 months before</u> you got pregnant, how many cigarettes or packs did you smoke on an average day?**

PROBE: **A pack has 20 cigarettes**

P1M08amt

|___|___| NUMBER OF |___| CODE

P1M08unit

CIGARETTES 1
PACKS 2

ENTER '0' IF RESPONDENT DID NOT SMOKE.
ENTER "1" IF RESPONDENT SMOKED LESS THAN 1 CIGARETTE A DAY

DON'T KNOW ..... d
REFUSED ..... r

SC90 = 2 (BIRTH MOTHER) AND SC65 = ANS OR SC66 = 1 OR SC70 = ANS

M9 **In the <u>last 3 months</u> of your pregnancy, how many cigarettes or packs did you smoke on an average day?**

PROBE: **A pack has 20 cigarettes**

P1M09amt |___|___| NUMBER OF |___| CODE

P1M09unit

CIGARETTES 1

PACKS 2

ENTER '0' IF RESPONDENT DID NOT SMOKE.
ENTER "1" IF RESPONDENT SMOKED LESS THAN 1 CIGARETTE A DAY

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER NOTE

BEGIN LOOP. ASK M10 – M13 FOR (a) RESPONDENT AND (b) OTHER HOUSEHOLD MEMBERS.

ALL

M10a-b In the last 30 days, did (you/anyone else in your household) smoke tobacco such as cigarettes or cigars?

P1M10a
P1M10b

YES	1	
NO	0	BOX M13.1
DON'T KNOW	d	BOX M13.1
REFUSED	r	BOX M13.1

M10 = 1

M11a-b How many cigarettes or packs of cigarettes do (you/other household members) smoke on an average day?

PROBE: **A pack has 20 cigarettes**

P1M11a_amt
P1M11b_amt

|___|___| NUMBER OF |___| CODE

CIGARETTES	1
PACKS	2

P1M11a_unit
P1M11b_unit

ENTER "1" IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY

DON'T KNOW	d
REFUSED	r

M10 = 1

M12a-b Do (you/other household members) smoke anywhere inside the home?

P1M12a
P1M12b

YES	1	
NO	0	BOX M13.1
DON'T KNOW	d	BOX M13.1
REFUSED	r	BOX M13.1

M12 = 1

M13a-b In an average day, how many cigarettes do (you/other household members) smoke inside the home? Would you say . . .

P1M13a
P1M13b

1 to 5,	1	
6 to 10,	2	
11 to 15,	3	
16 to 20, or	4	
More than one pack a day?	5	
DON'T KNOW	d	BOX M13.1
REFUSED	r	BOX M13.1

BOX M13.1

IF M10 - M13 ASKED FOR (a) RESPONDENT ONLY, GO TO M10 TO ASK ABOUT (b) OTHER HOUSEHOLD MEMBERS.

ELSE, CONTINUE.

BOX M13.2

IF OTHER HOUSEHOLD MEMBERS SMOKE IN HOME (M12b = 1), CONTINUE.

ELSE, GO TO BOX M14.1.

M12b = 1

Including yourself, IF M10a = 1

M14 (Including yourself,) how many people currently smoke inside your home?

P1M14

|___|___| SMOKERS	NUM LE 15
DON'T KNOW	d
REFUSED	r

BOX M14.1

IF RESPONDENT IS BIRTH MOTHER (SC90 = 2), CONTINUE.

ELSE, GO TO M17.

SC90 = 2 (BIRTH MOTHER)

M15 **The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a can or bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.**

P1M15

In the <u>3 months before</u> you got pregnant, how many alcoholic drinks did you have in an average week?

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCES

HELP SCREEN:
ALCOHOL EQUIVALENTS:

Beer:		**Hard Liquor:**	
1 12 or 16 oz. bottle	= 1 drink	1 highball	= 1 drink
1 case of beer	= 24 drinks	1 shot glass	= 1 drink
Wine:		1/2 pint of liquor	= 6 drinks
1 4 oz. glass of wine	= 1 drink	1 pint of liquor	= 12 drinks
1 liter of wine	= 6 drinks	1 fifth of liquor	= 20 drinks
1 wine cooler	= 1 drink	1 quart of liquor	= 24 drinks

DIDN'T DRINK THEN 0
LESS THAN 1 DRINK 1
1 TO 3 DRINKS 2
4 TO 6 DRINKS 3
7 TO 13 DRINKS 4
14 TO 19 DRINKS 5
20 OR MORE DRINKS 6
DON'T KNOW ..... d
REFUSED ..... r

SC90 = 2 (BIRTH MOTHER) AND SC65 = ANS OR SC66 = 1 OR SC70 = ANS

M16 **In the <u>last 3 months</u> of your pregnancy, how many alcoholic drinks did you have in an average week?**

P1M16

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCES

DIDN'T DRINK THEN	0
LESS THAN 1 DRINK	1
1 TO 3 DRINKS	2
4 TO 6 DRINKS	3
7 TO 13 DRINKS	4
14 TO 19 DRINKS	5
20 OR MORE DRINKS	6
DON'T KNOW	d
REFUSED	r

ALL

M17 (IF SC90 NE 2)

P1M17

The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a can or bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

(ALL)

<u>During the last 30 days</u>, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say . . .

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCES

less than once a week,	1	
1 or 2 days per week,	2	
3 or 4 days per week,	3	
5 or 6 days per week,	4	
every day, or	5	
never?	0	M19
DON'T KNOW	d	M19
REFUSED	r	M19

M17 = 1-5

M18 **On the days that you drank alcoholic beverages (including beer, wine, and liquor) <u>in the last 30 days</u>, how many drinks did you usually have per day?**

P1M18

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCES

|___|___| DRINKS (NUM LE 30)

DON'T KNOW ..... d

REFUSED ..... r

ALL

M19 **Before I ask you the next question, I'd like to remind you that all the information you give us on this interview is confidential and will not be shared with [PROGRAM] Early Head Start or any other program. The next question is about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use drugs on your own during the past 12 months?**

P1M19

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ALL

M20 **Have you ever had a drinking or drug problem or have other people thought you had one?**

P1M20

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

N. RAISING A CHILD

VERSION BOX	
COHORT 0:	GO TO SECTION O
COHORT 1:	CONTINUE

COHORT 1

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PMS

COHORT 1

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PSI

COHORT 1

N3 **Sometimes children mind pretty well and sometimes they don't. In the past week, have you or has anyone in the household spanked [CHILD] because (he/she) was misbehaving or acting up?**

HOME

P1N03 PROBE: **Last seven days.**

YES	1	
NO	0	N5
DON'T KNOW	d	N5
REFUSED	r	N5

N3 = 1

N4 **How often did this happen in the past week?**

P1N04 |___|___| TIMES (NUM LE 40)

DON'T KNOW	d
REFUSED	r

BOX N4.1
IF RESPONDENT IS CHILD'S MOTHER/FEMALE GUARDIAN (SC85 = 1

OR SC98 = 1 AND SC51 = 2) AND THERE IS NO BIOLOGICAL FATHER OR FATHER FIGURE IN HOUSEHOLD (HH25.2 NE 7 AND J3 = 0, d, r), GO TO SECTION O.

IF RESPONDENT IS CHILD'S FATHER/MALE GUARDIAN (SC85 = 6 OR SC98 = 1 AND SC51 = 1), AND THERE IS NO BIOLOGICAL MOTHER OR MOTHER FIGURE IN HOUSEHOLD (HH25.1 NE 2 AND H34 = 0, d, r), GO TO SECTION O.

ELSE, CONTINUE.

COHORT 1 AND ((SC85 = 1 OR (SC98 = 1 AND SC51 = 2) AND (HH25.2 = 7 OR J3 = 1, 2)) OR ((SC85 = 6 OR (SC98 = 1 AND SC51 = 1) AND (HH25.1 = 2 OR H34 = 1, 2))

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PAM

O. FAMILY ROUTINES

VERSION BOX	
COHORT 0:	GO TO O23
COHORT 1:	CONTINUE

My next questions are about some of the typical routines in your household.

COHORT 1

O1 **In a typical week, please tell me the number of days at least some of the family eats the evening meal together.**

P1O01

PROBE IF VARIES: **On average, how many days?**

|___|___| NUMBER (NUM LE 7)

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O2 **In a typical day, is [CHILD] fed at regular times?**

P1O02

YES	1	
NO	0	O3
DON'T KNOW	d	O3
REFUSED	r	O3

O2 = 1

O2.1 **In a typical day, how many meals does [CHILD] eat?**

P1O02_1

|___| NUMBER (NUM LE 5)

DON'T KNOW ..... d

REFUSED ..... r

O2 = 1

O2.2 **In a typical day, how many snacks does [CHILD] eat?**

P1O02_2

PROBE: **Include all the times (he/she) ate in between meals.**

|__| NUMBER (NUM LE 5)

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O3 **Now, I'd like to ask you about [CHILD]'s eating habits. I want to know about the food [CHILD] ate or drank during the past 7 days. Think about all the meals and snacks [CHILD] had from the time (he/she) got up until (he/she) went to bed. Be sure to include food [CHILD] ate at home, Early Head Start, restaurants, play dates, anywhere else, and over the weekend.**

P1O03

Let's start with the kinds of milk [CHILD] drinks. Include cow's milk, soy milk, or any other kind of milk other than breast milk or formula. Include the milk (he/she) drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.

During the past 7 days, how many times did [CHILD] drink milk? Was it…

four or more times a day, ... 6

two to three times a day, ... 5

once a day, ... 4

almost every day, ... 3

1 to 3 times during the past 7 days, or 2

(he/she) did not drink milk? 1 O5

DON'T KNOW ..... d O5

REFUSED ..... r O5

O3 = 2-6

O3.2. **How old was [CHILD] in months when (he/she) began drinking milk?**

P1O03_2

|___|___| MONTHS (1-18)

DON'T KNOW ..... d

REFUSED ..... r

O3 = 2-6

O4 What kind of milk did [CHILD] usually drink during the past 7 days?

NOTE: IF RESPONDENT MENTIONS 'COW'S MILK', 'CHOCOLATE MILK', 'STRAWBERRY', 'ORGANIC', 'POWDERED', OR 'CANNED', PROBE TO FIND OUT TYPE OF MILK USED.

READ CATEGORIES IF NECESSARY

CODE ALL THAT APPLY

P1O04_01	WHOLE MILK	1
P1O04_02	REDUCED FAT OR 2% MILK	2
P1O04_03	LOW FAT OR 1% MILK	3
P1O04_04	SKIM, NONFAT, OR FAT-FREE MILK	4
P1O04_05	SOY, RICE, ALMOND, OR GOAT'S MILK	5
P1O04_06	LACTOSE FREE MILK (LACTAID)	6
P1O04_99	SOME OTHER KIND OF MILK (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

COHORT 1

O5 During the past 7 days, how many times did [CHILD] drink 100% fruit juice? Was it…

P1O05	**four or more times a day,**	6
	two to three times a day,	5
	once a day,	4
	almost every day,	3
	1 to 3 times during the past 7 days, or	2
	(he/she) did not drink juice?	1
	DON'T KNOW	d
	REFUSED	r

COHORT 1

O6 **During the past 7 days, how many times did [CHILD] drink fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks), sports drinks (for example, Gatorade), or Soda pop (for example, Coke, Pepsi, or Mountain Dew)? Was it…**

P1O06

four or more times a day, ... 6

two to three times a day, ... 5

once a day, ... 4

almost every day, ... 3

1 to 3 times during the past 7 days, or 2

(he/she) did not drink these beverages? 1

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O7 **During the past 7 days, how many times did [CHILD] eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider eating in, carry out, and delivery of meals in your residence. Was it…**

P1O07

four or more times a day, ... 6

two to three times a day, ... 5

once a day, ... 4

almost every day, ... 3

1 to 3 times during the past 7 days, or 2

(he/she) did eat not fast food? 1

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O8 **During the past 7 days, how many <u>times</u> did [CHILD] eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets? Was it…**

P1O08

four or more times a day, ... 6
two to three times a day, ... 5
once a day, ... 4
almost every day, ... 3
1 to 3 times during the past 7 days, or 2
(he/she) did not eat sweets? 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O9 **During the past 7 days, how many <u>times</u> did [CHILD] eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods? Was it…**

P1O09

four or more times a day, ... 6
two to three times a day, ... 5
once a day, ... 4
almost every day, ... 3
1 to 3 times during the past 7 days, or 2
(he/she) did not eat salty snacks? 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O10 **During the past 7 days, how many <u>times</u> did [CHILD] eat fresh, canned or frozen fruit like bananas, peaches, or apples? Was it…**

P1O10

four or more times a day, ... 6
two to three times a day, ... 5
once a day, ... 4
almost every day, ... 3
1 to 3 times during the past 7 days, or 2
(he/she) did not eat fruit? 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O11 **During the past 7 days, how many times did [CHILD] eat vegetables other than potatoes (for example, carrots, tomatoes, or green beans)? Please count fresh, frozen, or canned vegetables served raw or cooked. Was it…**

P1O11

four or more times a day, ... 6
two to three times a day, ... 5
once a day, ... 4
almost every day, ... 3
1 to 3 times during the past 7 days, or 2
(he/she) did not eat vegetables? 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O12 **How many times do you offer a new food before you decide [CHILD] does not like it?**

P1O12

ONCE 1
TWICE 2
THREE TO FIVE TIMES 3
SIX TO TEN TIMES 4
MORE THAN TEN TIMES 5
CHILD LIKES EVERYTHING 6
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O13 **Do you consider [CHILD] . . .**

P1O13

a very picky eater, ... 1
a somewhat picky eater, or 2
not a picky eater? 3
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O13.1 Do you consider [CHILD]'s diet to be…

P1O13 1

very healthy, ... 4
somewhat healthy, ... 3
not too healthy, or 2
not at all healthy? 1
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O14 When is [CHILD]'s regular bedtime?

PROBE: **We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep**.

NOTE: IF VARIES, PROBE**: 'On average?'**

NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

P1O14

|___|___|:|___|___| P.M.

P1O14ampm

NO USUAL TIME 98 O16
DON'T KNOW ..... d O16
REFUSED ..... r O16

O14 = ANS

O15 How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?

P1O15

|___| DAYS NUMBER LE 5

DON'T KNOW ..... d
REFUSED ..... r

COHORT 1

O16 During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?

P1O16

|__|__| NUMBER NUM LE 9

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O17 How long does [CHILD] usually sleep each night?

P1O17

|__|__| HOURS (NUM LE 12)

|__|__| MINUTES (NUM LE 59)

NO USUAL HOURS 98

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1

O18 How many naps does [CHILD] take in a typical day?

P1O18

|__|__| NUMBER (NUM LE 6)

NO USUAL NUMBER 98

CHILD DOES NOT NAP 0 O20

DON'T KNOW ..... d O23

REFUSED ..... r O23

O18 = ANS, 98

O19 On average, how long does each nap usually last?

P1O19

|__|__| HOURS (NUM LE 6)

|__|__| MINUTES (NUM LE 59)

DON'T KNOW ..... d

REFUSED ..... r

O18 = 0

O20 **How old was [CHILD] when (he/she) stopped taking naps?**

P1O20yr |__|__| YEARS (NUM LE 4)

P1O20mo |__|__| MONTHS (NUM LE 11)

DON'T KNOW ..... d

REFUSED ..... r

COHORT 0 AND COUNT OF HOUSEHOLD MEMBERS GE 2

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FES

Q. FAMILY GOALS

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

ALL

Q1 **This next part of the interview is about your family's goals. Most families have goals or hopes for the future. When you think of you and your family five years from now, how do you hope your lives will be different? Do you or other family members hope to [INSERT a-bb] . . .**

P1Q01_01 – P1Q01_29

		Q1.			
		YES	NO	DON'T KNOW	REFUSED
a.	**get more education?**	1	0	d	r
b.	**learn new job skills?**	1	0	d	r
c.	**find a job?**	1	0	d	r
d.	**find a better job?**	1	0	d	r
e.	**have more income or not have to worry about money?**	1	0	d	r
f.	**get off of public assistance?**	1	0	d	r
g.	**get married?**	1	0	d	r
h.	**have more children?**	1	0	d	r
i.	**arrange (better) child care?**	1	0	d	r
j.	**move to other type of housing?**	1	0	d	r
k.	**live in a different place?**	1	0	d	r
l.	**have more leisure time/take vacation?**	1	0	d	r
m.	**get along better with family or friends?**	1	0	d	r
n.	**have better health or health care?**	1	0	d	r
o.	**move into your own house or apartment?**	1	0	d	r
p.	**move in with your partner, friends or relatives?**	1	0	d	r
q.	**become a better parent?**	1	0	d	r
r.	**obtain reliable transportation?**	1	0	d	r
s.	**get help for a child with a disability?**	1	0	d	r
t.	**become more involved in a community group?**	1	0	d	r
u.	**improve English speaking, reading, and/or writing skills?**	1	0	d	r
v.	**own a business?**	1	0	d	r
w.	**repair or upgrade your home?**	1	0	d	r

P1Q01 01 – P1Q01 29

	Q1.			
	YES	NO	DON'T KNOW	REFUSED
x. **get U.S. citizenship?**	1	0	d	r
(B1 NE 0)				
y. **learn English?**	1	0	d	r
z. **find (better) preschool/school?**	1	0	d	r
aa. **be a good parent?**	1	0	d	r
bb. **have more emotional support?**	1	0	d	r
cc. **do something else?** (SPECIFY)	1	0	d	r
(PROBE: **Is there anything else you hope will change for your family in the next five years?)** _____				

ALL

Q1.1 Do you have a family partnership agreement with [PROGRAM] Early Head Start?

PROBE: **Having a family partnership agreement means that staff from Early Head Start has talked with you about goals for yourself and your family, and the specific steps it will take to reach these goals.**

P1Q01_1

YES	1	
NO	0	BOX Q1.3
DON'T KNOW	d	BOX Q1.3
REFUSED	r	BOX Q1.3

Q1.1 = 1

Q1.2 From the goals you just mentioned, which are part of your family partnership agreement with [PROGRAM] Early Head Start?

P1Q01_2_01 – P1Q01_2_29

PROGRAMMER: LIST GOALS AND ITEM LETTER FROM Q1a-cc (WHERE Q1a-cc = 1)

INTERVIEWER: READ GOALS IF NECESSARY AND CODE ALL THAT APPLY.

BOX Q1.3
IF RESPONDENT INDICATES MORE THAN THREE GOALS (SUM OF Q1a-cc GE 4), CONTINUE.
ELSE, GO TO BOX Q2.1.

SUM OF Q1a-cc GE 4

Q2 **From the goals you mention: [LIST GOALS FROM Q1], which three are most important for you and your family?**

P1Q02_1 – P1Q02_3

PROGRAMMER: LIST GOALS AND ITEM LETTER FROM Q1a-cc (WHERE Q1a-cc = 1).

CODE MAXIMUM OF 3 ITEMS

BOX Q2.1
IF (Q1a = 1 AND SUM OF Q1a-cc LE 3) OR Q2a = 1, CONTINUE.
ELSE, GO TO BOX Q5.1.

Q2a = 1

Q3 **You mentioned that one of your goals is to obtain more education. What is the highest level of education you would like to get?**

P1Q03

	CODE ONLY ONE
FINISH HIGH SCHOOL OR HIGH SCHOOL DIPLOMA	1
GET A GED	2
ATTEND TWO-YEAR COLLEGE OR ASSOCIATE'S DEGREE	3
ATTEND FOUR-YEAR COLLEGE OR BACHELOR'S DEGREE	4
ATTEND GRADUATE SCHOOL OR MA, Ph.D., MD	5
VOCATIONAL, TECHNICAL, TRADE, BUSINESS OR SECRETARIAL DIPLOMA, CERTIFICATE, OR DEGREE	6
TAKE COURSE ONLY/NO DEGREE	7
ESL/ENGLISH CLASSES/CERTIFICATION	8
OTHER (SPECIFY)	99
DON'T KNOW	d
REFUSED	r

BOX Q5.1
IF (Q1d = 1 AND SUM OF Q1a-cc LE 3) OR Q2d = 1, CONTINUE.
ELSE, GO TO SECTION R.

Q2d = 1
also IF Q2a = 1

Q6 You (also) mentioned you would like to find a better job. How would you like your job to be better?

CODE ALL THAT APPLY

P1Q06_01	JOB WITH BETTER PAY	1
P1Q06_02	JOB WITH MORE CONVENIENT HOURS	2
P1Q06_03	FULL-TIME JOB	3
P1Q06_04	JOB CLOSER TO HOME	4
P1Q06_05	JOB WITH BETTER BENEFITS	5
P1Q06_06	JOB WITH MORE SECURITY	6
P1Q06_07	MORE INTERESTING OR CHALLENGING JOB	7
P1Q06_08	JOB WITH BETTER CO-WORKERS OR BOSS	8
P1Q06_09	JOB WITH LESS STRESS	9
P1Q06_99	OTHER (SPECIFY)_____	99
	DON'T KNOW	d
	REFUSED	r

R. SOCIAL SUPPORT

VERSION BOX

COHORT 0: CONTINUE
COHORT 1: CONTINUE

ALL

R1 **The next questions are about how you solve problems and who you turn to for help. For each question, please tell me whether it applies to you all or most of the time, sometimes, or not at all. Is there someone who you can count on to help you with [FILL ITEM a-g]**

PROBE: **Would you say all or most of the time, sometimes, or not at all?**

(R1f AND R1g) INTERVIEWER: CODE NA IF NO CHILDREN IN HOUSEHOLD.

P1R01a – P1R01m

	ALL OR MOST OF THE TIME	SOMETIMES	NOT AT ALL	NA	DON'T KNOW	REFUSED
a. **food shopping?**.....	3	2	1		d	r
b. **planning and cooking meals?**	3	2	1		d	r
c. **cleaning the house?**.....	3	2	1		d	r
d. **handling the bills?**.....	3	2	1		d	r
e. **deciding how the money should be spent?**.....	3	2	1		d	r
f. **taking care of the children?**....	3	2	1	98	d	r
g. **disciplining the children?**	3	2	1	98	d	r

Is there someone who you can count on to [FILL ITEM h-m]

PROBE: **Would you say all or most of the time, sometimes, or not at all?**

	ALL OR MOST OF THE TIME	SOMETIMES	NOT AT ALL	DON'T KNOW	REFUSED
h. **comfort you when you are sad?** ...	3	2	1	d	r
i. **take care of you when you are sick**.....	3	2	1	d	r
j. **have fun with**.....	3	2	1	d	r
k. **talk with you about things that upset you**.....	3	2	1	d	r
l. **talk with you about your private feelings**	3	2	1	d	r
m. **tell you that you are okay the way you are**.....	3	2	1	d	r

ALL

R2 **Now we would like to know about people in your life with whom you are not getting along. I will read a list and you tell me whether you are having regular arguments or problems with that person or group of people. Are you having problems with . . .**

P1R02a – P1R02g	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. **your neighbors?**	1	0	98	d	r
b. **your landlord?**.....	1	0	98	d	r
c. **your current partner or steady (girl/boy)friend**?	1	0	98	d	r
d. **a former spouse or partner?**	1	0	98	d	r
IF COUNT OF HOUSEHOLD MEMBERS GE 2 (DOES NOT LIVE ALONE))					
e. **people living with you?**.....	1	0	98	d	r
f. **bill collectors or a credit agency?**	1	0	98	d	r
IF SC90 = 2 AND H16 OR H17 = 1; SC91 = 7 AND I9 OR I10 = 1; OR K1 OR K2 = 1 (RESPONDENT IS WORKING)					
g. **people you work with?**.....	1	0	98	d	r

ALL

R6 **Are you a member of the following . . .**

P1R06a – P1R06g	YES	NO	DON'T KNOW	REFUSED
a. **a religious group, for example, a church, synagogue, mosque, prayer group, or bible study group?**.....	1	0	d	r
b. **a community group, such as a neighborhood council, tenant association, or neighborhood watch?**	1	0	d	r
c. **a support group?**.....	1	0	d	r
d. **a school group, such as a PTA, school council, or parent organization?**	1	0	d	r
e. **Early Head Start or another early childhood parent group? Please do not include parent classroom volunteer.**.....	1	0	d	r
f. **a political advocacy group?**	1	0	d	r
g. **Do you belong to other groups?** (SPECIFY)..... _____	1	0	d	r

S. NEEDS AND RESOURCES

VERSION BOX	
COHORT 0:	CONTINUE
COHORT 1:	CONTINUE

S1
ALL

Now I have some questions about how things are going for you these days. Please tell me if there has been a time in the past year when your household [INSERT a-e] . . .

P1S01a – P1S01e

CODE ONE FOR EACH

	YES	NO	DON'T KNOW	REFUSED
a. **could not pay the full amount of the rent or mortgage that you were supposed to pay.**	1	0	d	r
b. **was evicted from your home or apartment.**	1	0	d	r
c. **could not pay the full amount of the gas, oil, or electricity bills.**	1	0	d	r
d. **had service turned off by the gas or electric company, or oil company would not deliver oil.**	1	0	d	r
e. **had service disconnected by the telephone company because payments were not made.**	1	0	d	r

S2
ALL
you/I/my IF COUNT OF HOUSEHOLD MEMBERS = 1 (RESPONDENT LIVES ALONE); ELSE FILL **your household/we/our**

I am 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 (you/your household) in the last 12 months, that is, since last [CURRENT MONTH].

P1S02a – P1S02e

	OFTEN	SOMETIMES	NEVER	NA	DON'T KNOW	REFUSED
a. **(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.**.....	2	1	0		d	r
b. **The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.**	2	1	0		d	r
c. **(I/We) couldn't afford to eat balanced meals.**.....	2	1	0		d	r
d. **(I/We) relied on only a few kinds of low-cost food to feed the children because (I was/we were) running out of money to buy food**.....	2	1	0	98	d	r
e. **(I/We) couldn't feed the children a balanced meal because (I/we) couldn't afford that.**	2	1	0	98	d	r

U. INCOME AND HOUSING

VERSION BOX

COHORT 0: CONTINUE

COHORT 1: CONTINUE

BOX U0.1

BEGIN LOOP. ASK U2 IMMEDIATELY AFTER EACH "YES" RESPONSE TO U1a-h. INTERVIEW RETURNS TO U1 TO ASK ABOUT REMAINING INCOME SUPPORTS.

ALL

U1a-h The next questions are about income support you or someone in your household may have received. In the past 12 months, did you or anyone in your household receive any income or support from [INSERT a-h]

P1U01a – P1U01h

	YES	NO	DON'T KNOW	REFUSED
a. **[State Welfare name from Box U1] or welfare?**	1	0	d	r
b. **unemployment insurance?**	1	0	d	r
c. **Food Stamps?**	1	0	d	r
d. **WIC - Special Supplemental Food Program for Women, Infants, and Children?**	1	0	d	r
e. **child support?**	1	0	d	r
f. **SSI or Social Security Retirement, Disability, or Survivor's benefits?**	1	0	d	r
g. **payments for providing foster care?**	1	0	d	r
h. **energy assistance?**	1	0	d	r

BOX U1.1

FOR EACH SERVICE WHERE U1a-h = 1, ASK U2.

ELSE, GO TO U3.

BOX U1 STATE WELFARE AGENCIES			
Alabama	FA (Family Assistance Program)	**Nebraska**	Employment First
Alaska	ATAP (Alaska Temporary Assistance Program)	**Nevada**	TANF
Arizona	EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)	**New Hampshire**	FAP (Family Assistance Program), financial aid for work exempt families NHEP (New Hampshire Employment Program), financial aid for work-mandated families
Arkansas	TEA (Transitional Employment Assistance)	**New Jersey**	WFNJ (Work First New Jersey)
California	CALWORKS (California Work Opportunity and Responsibility for Kids)	**New Mexico**	NM Works
Colorado	Colorado Works	**New York**	FA (Family Assistance Program)
Connecticut	JOBS FIRST	**North Carolina**	Work First
Delaware	ABC (A Better Chance)	**North Dakota**	TEEM (Training, Employment, Education Management)
District of Columbia	TANF	**Ohio**	OWF (Ohio Works First)
Florida	Welfare Transition Program	**Oklahoma**	TANF
Georgia	TANF	**Oregon**	JOBS (Job Opportunities and Basic Skills)
Hawaii	TANF	**Pennsylvania**	Pennsylvania TANF
Idaho	Temporary Assistance For Families in Idaho	**Rhode Island**	FIP (Family Independence Program)
Illinois	TANF	**South Carolina**	Family Independence
Indiana	TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program	**South Dakota**	TANF
Iowa	FIP (Family Investment Program)	**Tennessee**	Families First
Kansas	Kansas Works	**Texas**	Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission, TANF work program
Kentucky	K-TAP (Kentucky Transitional Assistance Program)	**Utah**	FEP (Family Employment Program)
Louisiana	FITAP (Family Independence Temporary Assistance Program) cash assistance STEP (Strategies to Empower People)	**Vermont**	ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program
Maine	General Assistance		
Maryland	Temporary Cash Assistance		
Massachusetts	TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program	**Virginia**	VIEW (Virginia Initiative for Employment, Not Welfare)
Michigan	FIP (Family Independence Program)	**Washington**	WorkFirst
Minnesota	MFIP (Minnesota Family Investment Program)	**West Virginia**	West Virginia Works
Mississippi	TANF	**Wisconsin**	W-2 (Wisconsin Works)
Missouri	Beyond Welfare	**Wyoming**	POWER (Personal Opportunities With Employment Responsibility)
Montana	FAIM (Families Achieving Independence in Montana)		

WHERE U1a-h = 1

U2a-h **Did [PROGRAM] refer you to another agency for [INSERT a-h]?**

P1U02a – P1U02h

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

BOX U2.2

IF LOOP LE U1h, GO TO U1 TO ASK ABOUT REMAINING INCOME SUPPORTS.

ELSE, END LOOP.

ALL

U3 **Including yourself, how many adults contribute to your household income?**

P1U03

|___|___| NUMBER NUM LE 14
DON'T KNOW ..... d
REFUSED ..... r

ALL

U4 **In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.**

$|___|___|___|,|___|___|___| . PER |___|___| CODE

P1U04per

per week, ... 1 U8
every two weeks (bimonthly), ... 2 U8
month, or 3 U8
year? 4 U8
DON'T KNOW ..... d
REFUSED ..... r

U4 = d, r

U5 **I just need a range. Was it . . .**

P1U05

$25,000 or less, or	1	U6
more than $25,000?	0	U7
DON'T KNOW	d	U8
REFUSED	r	U8

U5 = 1

U6 **Was it . . .**

P1U06

$5,000 or less,	1
$5,000 to $10,000,	2
$10,001 to $15,000,	3
$15,001 to $20,000, or	4
$20,001 to $25,000?	5
DON'T KNOW	d
REFUSED	r

BOX U6.1
GO TO U8

U5 = 2

U7 **Was it . . .**

P1U07

$25,001 to $30,000,	6
$30,001 to $35,000,	7
$35,001 to $40,000,	8
$40,001 to $50,000,	9
$50,001 to $75,000, or	10
more than $75,000?	11
DON'T KNOW	d
REFUSED	r

ALL

U8 **The next questions are about housing. Do you now live in . . .**

P1U08

a house, apartment, or trailer with your family only, ... 1
a house, apartment, or trailer you share with another family, ... 2
transitional housing (apartment) or a homeless shelter, or 3
somewhere else? (SPECIFY) 99

_____

DON'T KNOW ..... d
REFUSED ..... r

ALL

U9 **Have you moved in the past year?**

P1U09

YES 1
NO ..... 0 BOX U11.1
DON'T KNOW ..... d BOX U11.1
REFUSED ..... r BOX U11.1

U9 = 1

U10 **How many times have you moved in the past year?**

P1U10

|___|___| NUMBER (NUM LE 12)

DON'T KNOW ..... d
REFUSED ..... r

U9 = 1

U11 **When was the last time you moved?**

P1U11mo

|___|___| / 20 |___|___| (2008-present)
MONTH YEAR

P1U11yr

DON'T KNOW ..... d
REFUSED ..... r

BOX U11.1
IF U8 = 3, GO TO SECTION V.
ELSE, CONTINUE.

U8 = 1, 2, d, r

U12 Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

P1U12

OWNS OR IS BUYING HOME OR APARTMENT	1
RENTS (WITHOUT PUBLIC ASSISTANCE)	2
PUBLIC OR SUBSIDIZED HOUSING	3
LIVING RENT-FREE IN HOME OF RELATIVES OR FRIENDS	4
SOME OTHER ARRANGEMENT (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

ALL

U13 Did [PROGRAM] Early Head Start help you find a place to live?

P1U13

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

V. TRACKING INFORMATION

COLLECT TRACKING INFORMATION

V1 **This completes the interview. Thank you.**

W. INTERVIEWER RATINGS

ALL

W1 **Please rate the following qualities of the respondent, the interviewing situation, and the data:**

P1W01a-P1W01h

The respondent (was/had) . . .

	HIGH						LOW	
a. able to understand questions easily	7	6	5	4	3	2	1	hardly able to understand
b. truthful	7	6	5	4	3	2	1	untruthful
c. accurate	7	6	5	4	3	2	1	inaccurate
d. interested in the interview	7	6	5	4	3	2	1	not interested in the interview
e. cooperative	7	6	5	4	3	2	1	uncooperative
f. no English language problem	7	6	5	4	3	2	1	spoke English with great difficulty
g. interviewed without interruption	7	6	5	4	3	2	1	interrupted often
h. your opinion about the overall quality of the data								
High	7	6	5	4	3	2	1	Low