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**EARLY HEAD START EVALUATION
PARENT SERVICES
FOLLOW-UP INSTRUMENT**

July 26, 2000

Submitted to:

U.S. Department of Health and Human Services
Administration on Children, Youth and Families
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Items C1-C39. FRS. *Family Resource Scale*. Dunst, Carl J., and Hope E. Leet. "Measuring the Adequacy of Resources in Households with Young Children." *Child Care, Health, and Development*, vol. 13, 1987, pp.111-125. Available in Dunst, C.J., C.M. Trivette, and A.G. Deal, editors. *Supporting and Strengthening Families*. Cambridge, MA: Brookline Books, 1994. May be reproduced without permission with proper citation and acknowledgment.

Items L45 a-x. CRS. *Client-Relationship Scale*. Adapted from the *Nurse-Client Relationship Scale*. K. Barnard, University of Washington. See Barnard, K. "Developing, Implementing and Documenting Interventions with Parents and Young Children." *Zero to Three Bulletin*, vol. 18 (4), 1998, pp. 23-29.

_ _ : _ _	AM	01
TIME BEGAN	PM	02

<p>SECTION A:</p> <p>FAMILY COMPOSITION</p>

A1. **INTERVIEWER: IS THE RESPONDENT THE SAMPLE PERSON FROM THE CONTACT SHEET (NAME ON CONTACT SHEET/NAME FROM IN7)?**

The first few questions are about you and other family members living in your household at the present time.

YES 1
 NO (GO TO A1F) 0

INTERVIEWER: CONFIRM SPELLING OF RESPONDENT'S NAME (NAME ON CONTACT SHEET/NAME FROM IN7)

YES, NAME IS SAME AND SPELLED CORRECTLY 0
 NEED TO CHANGE FIRST NAME 1
 NEED TO CHANGE LAST NAME 2

A1F. **ENTER RESPONDENT'S CORRECT FIRST NAME.**

ta1L. **INTERVIEWER: DO YOU NEED TO CHANGE LAST NAME?**

YES 1
 NO 0

A1L. **RECORD RESPONDENT'S LAST NAME.**

Amth. **INTERVIEWER: IF NEW RESPONDENT ASK, OTHERWISE GO TO AA3:**

When did you begin having responsibility for FOCUS CHILD?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

SINCE BIRTH 97
DON'T KNOW 98
REFUSED 99

INTENTIONALLY BLANK

	PERSON <u>01</u>	PERSON <u>02</u>	PERSON <u>03</u>
<p>AA3. IF THE RESPONDENT COMPLETED THE LAST ROUND OF THE PSI DATA COLLECTION, ASK:</p> <p>Last time we talked, your family included NUMBER OF PEOPLE IN FAMILY people, including LIST OF NAMES FROM PREVIOUS PSI. I would like to verify the information we have about each of these family members and find out about any family members who have left and any family members who have joined your household since LAST INTERVIEW DATE. (If you consider them part of your family) include (FOCUS CHILD)'s parents who may not live in your household.</p> <p>IF THE RESPONDENT DID NOT COMPLETE THE LAST ROUND OF THE PSI DATA COLLECTION, ASK:</p> <p>The last time this interview was conducted, we recorded the following people in FOCUS CHILD's family. (If you consider them part of your family) include (FOCUS CHILD)'s parents who may not live in your household.</p> <p>PROBE: (Is there anyone else in your family?/Has anyone else joined your family since we last talked?)</p>	<hr/> FIRST NAME #01	<hr/> FOCUS CHILD #02	<hr/> FIRST NAME #03
<p>A3. Do any of these people no longer live with you?</p> <p>IF YES: Who no longer lives with you?</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>

PERSON <u>04</u>	PERSON <u>05</u>	PERSON <u>06</u>	PERSON <u>07</u>
<hr/> <p style="text-align: center;">FIRST NAME #04</p>	<hr/> <p style="text-align: center;">FIRST NAME #05</p>	<hr/> <p style="text-align: center;">FIRST NAME #06</p>	<hr/> <p style="text-align: center;">FIRST NAME #07</p>
<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>	<p>INTERVIEWER CODE THE NUMBER OF THE PERSON TO BE DELETED FROM THE FAMILY.</p>

	PERSON 01	PERSON 02	PERSON 03
A5. In our last interview, I recorded that NAME is your RELATIONSHIP FROM PREVIOUS INTERVIEW. Is that correct?	BIOLOGICAL CHILD 1	BIOLOGICAL CHILD 1	BIOLOGICAL CHILD 1
	STEPCHILD OR	STEPCHILD OR	STEPCHILD OR
	ADOPTED CHILD 2	ADOPTED CHILD 2	ADOPTED CHILD 2
	OTHER CUSTODIAL CHILD . . . 3	OTHER CUSTODIAL CHILD . . . 3	OTHER CUSTODIAL CHILD . . . 3
	GRANDCHILD 4	GRANDCHILD 4	GRANDCHILD 4
IF THE RESPONDENT DID NOT COMPLETE THE LAST ROUND OF THE PSI DATA COLLECTION, ASK:	PARENT 5	PARENT 5	PARENT 5
	STEPPARENT 6	STEPPARENT 6	STEPPARENT 6
	FOSTER PARENT 7	FOSTER PARENT 7	FOSTER PARENT 7
What is NAME's relationship to you?	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8
PROBE IF RESPONSE IS CHILD: Is NAME your biological child, your stepchild, your adopted child, or a custodial child?	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9
	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10
	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11
	COUSIN 12	COUSIN 12	COUSIN 12
INTERVIEWER: FOR COHABITANT'S CHILD OR ANY OTHER CHILD WHO IS NOT NATURAL, ADOPTED, OR STEP, BUT FOR WHOM THE SAMPLE MEMBER TAKES RESPONSIBILITY, CODE 03 "OTHER CUSTODIAL CHILD."	HUSBAND OR WIFE 13	HUSBAND OR WIFE 13	HUSBAND OR WIFE 13
	BOYFRIEND OR GIRLFRIEND/PARTNER 14	BOYFRIEND OR GIRLFRIEND/PARTNER 14	BOYFRIEND OR GIRLFRIEND/PARTNER 14
	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15
	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16
	NON-RELATIVE 17	NON-RELATIVE 17	NON-RELATIVE 17
	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0
	_____	_____	_____
	DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
	REFUSED 99	REFUSED 99	REFUSED 99
	CONTINUE TO A6	CONTINUE TO A6	CONTINUE TO A6

PERSON <u>04</u> 	PERSON <u>05</u> 	PERSON <u>06</u> 	PERSON <u>07</u>
BIOLOGICAL CHILD 1	BIOLOGICAL CHILD 1	BIOLOGICAL CHILD 1	BIOLOGICAL CHILD 1
STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2
OTHER CUSTODIAL CHILD . . . 3	OTHER CUSTODIAL CHILD . . . 3	OTHER CUSTODIAL CHILD . . . 3	OTHER CUSTODIAL CHILD . . . 3
GRANDCHILD 4	GRANDCHILD 4	GRANDCHILD 4	GRANDCHILD 4
PARENT 5	PARENT 5	PARENT 5	PARENT 5
STEPPARENT 6	STEPPARENT 6	STEPPARENT 6	STEPPARENT 6
FOSTER PARENT 7	FOSTER PARENT 7	FOSTER PARENT 7	FOSTER PARENT 7
AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 8
GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9
SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10
NEPHEW OR NIECE 11	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11
COUSIN 12	COUSIN 12	COUSIN 12	COUSIN 12
HUSBAND OR WIFE 13	HUSBAND OR WIFE 13	HUSBAND OR WIFE 13	HUSBAND OR WIFE 13
BOYFRIEND OR GIRLFRIEND/ PARTNER 14	BOYFRIEND OR GIRLFRIEND/ PARTNER 14	BOYFRIEND OR GIRLFRIEND/ PARTNER 14	BOYFRIEND OR GIRLFRIEND/ PARTNER 14
FORMER BOYFRIEND OR FORMER GIRLFRIEND 15	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15	FORMER BOYFRIEND OR FORMER GIRLFRIEND 15
OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16
NON-RELATIVE 17	NON-RELATIVE 17	NON-RELATIVE 17	NON-RELATIVE 17
OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0
_____	_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99	REFUSED 99
CONTINUE TO A6	CONTINUE TO A6	CONTINUE TO A6	CONTINUE TO A6

	PERSON <u>01</u>	PERSON <u>02</u> FOCUS CHILD	PERSON <u>03</u>
A6. INTERVIEWER: VERIFY OR ASK: How is NAME related to FOCUS CHILD?	BIOLOGICAL MOTHER 02 BIOLOGICAL FATHER 03 STEPPARENT 06 FOSTER PARENT 07 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08 GRANDPARENT OR GREAT-GRANDPARENT 09 SIBLING (BROTHER OR SISTER) 10 NEPHEW OR NIECE 11 COUSIN 12 OTHER RELATIVE OR IN-LAW 16 NON-RELATIVE 17 OTHER (SPECIFY) 0 <hr/> DON'T KNOW 98 REFUSED 99		BIOLOGICAL MOTHER 02 BIOLOGICAL FATHER 03 STEPPARENT 06 FOSTER PARENT 07 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08 GRANDPARENT OR GREAT-GRANDPARENT 09 SIBLING (BROTHER OR SISTER) 10 NEPHEW OR NIECE 11 COUSIN 12 OTHER RELATIVE OR IN-LAW 16 NON-RELATIVE 17 OTHER (SPECIFY) 0 <hr/> DON'T KNOW 98 REFUSED 99
A7v. In our last interview, I recorded that NAME was born on DATE FROM PREVIOUS INTERVIEW. Is that correct?	YES . . . (GO TO A8) 1 NO, NOT CORRECT BIRTHDATE 0 DON'T KNOW . . (GO TO A7A) 8 REFUSED. . (GO TO A7A) . . . 9	YES . . . (GO TO A8) 1 NO, NOT CORRECT BIRTHDATE 0 DON'T KNOW . . (GO TO A7A) 8 REFUSED. . (GO TO A7A) . . . 9	YES . . . (GO TO A8) 1 NO, NOT CORRECT BIRTHDATE 0 DON'T KNOW . . (GO TO A7A) 8 REFUSED. . (GO TO A7A) . . . 9
A7. When was NAME born? ZERO FILL BLANK BOXES.	_ _ _ / _ _ _ 19 _ _ _ MONTH DAY YEAR ***GO TO A8*** DON'T KNOW. .(GO TO A7A) 98 REFUSED . . . (GO TO A7A) 99	_ _ _ / _ _ _ 19 _ _ _ MONTH DAY YEAR ***GO TO A8*** DON'T KNOW. .(GO TO A7A) 98 REFUSED . . . (GO TO A7A) 99	_ _ _ / _ _ _ 19 _ _ _ MONTH DAY YEAR ***GO TO A8*** DON'T KNOW. .(GO TO A7A) 98 REFUSED . . . (GO TO A7A) 99
A7A. IF RESPONDENT DOES NOT KNOW OR REFUSES, ASK: Is (he/she) less than 10, between 10 and 17, between 18 and 49, between 50 and 65, or over 65?	LESS THAN 10 11 11 TO 17 17 18 TO 49 30 50 TO 65 55 OVER 65 70	LESS THAN 10 11 11 TO 17 17 18 TO 49 30 50 TO 65 55 OVER 65 70	LESS THAN 10 11 11 TO 17 17 18 TO 49 30 50 TO 65 55 OVER 65 70

PERSON <u>04</u>	PERSON <u>05</u>	PERSON <u>06</u>	PERSON <u>07</u>
BIOLOGICAL MOTHER 02	BIOLOGICAL MOTHER 02	BIOLOGICAL MOTHER 02	BIOLOGICAL MOTHER 02
BIOLOGICAL FATHER 03	BIOLOGICAL FATHER 03	BIOLOGICAL FATHER 03	BIOLOGICAL FATHER 03
STEPPARENT 06	STEPPARENT 06	STEPPARENT 06	STEPPARENT 06
FOSTER PARENT 07	FOSTER PARENT 07	FOSTER PARENT 07	FOSTER PARENT 07
AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 08
GRANDPARENT OR GREAT-GRANDPARENT 09	GRANDPARENT OR GREAT-GRANDPARENT 09	GRANDPARENT OR GREAT-GRANDPARENT 09	GRANDPARENT OR GREAT-GRANDPARENT 09
SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10	SIBLING (BROTHER OR SISTER) 10
NEPHEW OR NIECE 11	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11	NEPHEW OR NIECE 11
COUSIN 12	COUSIN 12	COUSIN 12	COUSIN 12
OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16	OTHER RELATIVE OR IN-LAW 16
NON-RELATIVE 17	NON-RELATIVE 17	NON-RELATIVE 17	NON-RELATIVE 17
OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0
_____	_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99	REFUSED 99
YES ... (GO TO A8) 1	YES ... (GO TO A8) 1	YES ... (GO TO A8) 1	YES ... (GO TO A8) 1
NO, NOT CORRECT BIRTHDATE 0	NO, NOT CORRECT BIRTHDATE 0	NO, NOT CORRECT BIRTHDATE 0	NO, NOT CORRECT BIRTHDATE 0
DON'T KNOW .. (GO TO A7A) 8	DON'T KNOW .. (GO TO A7A) 8	DON'T KNOW .. (GO TO A7A) 8	DON'T KNOW .. (GO TO A7A) 8
REFUSED. . (GO TO A7A) 9	REFUSED. . (GO TO A7A) 9	REFUSED. . (GO TO A7A) 9	REFUSED. . (GO TO A7A) 9
_ _ / _ _ 19 _ _ MONTH DAY YEAR	_ _ / _ _ 19 _ _ MONTH DAY YEAR	_ _ / _ _ 19 _ _ MONTH DAY YEAR	_ _ / _ _ 19 _ _ MONTH DAY YEAR
GO TO A8	***GO TO A8***	***GO TO A8***	***GO TO A8***
DON'T KNOW. .(GO TO A7A) 98	DON'T KNOW. .(GO TO A7A) 98	DON'T KNOW. .(GO TO A7A) 98	DON'T KNOW. .(GO TO A7A) 98
REFUSED (GO TO A7A) 99	REFUSED (GO TO A7A) 99	REFUSED (GO TO A7A) 99	REFUSED (GO TO A7A) 99
LESS THAN 10 11	LESS THAN 10 11	LESS THAN 10 11	LESS THAN 10 11
11 TO 17 17	11 TO 17 17	11 TO 17 17	11 TO 17 17
18 TO 49 30	18 TO 49 30	18 TO 49 30	18 TO 49 30
50 TO 65 55	50 TO 65 55	50 TO 65 55	50 TO 65 55
OVER 65 70	OVER 65 70	OVER 65 70	OVER 65 70

	PERSON <u>01</u>	PERSON <u>02</u> FOCUS CHILD	PERSON <u>03</u>
CAPI CHECK: IS NAME AGE 17 OR YOUNGER BUT NOT CUSTODIAL CHILD OF RESPONDENT (A5 IS NOT 1, 2, OR 3) ?	YES 1 NO... (GO TO A8) 0		YES 1 NO... (GO TO A8) 0
A5b. Are you the person who has primary responsibility for NAME? PROBE: Are you the person who makes decisions about the child's care, including (his/her) daily routine, health care, and child care?	YES 1 NO 0 DON'T KNOW 8 REFUSED 9		YES 1 NO 0 DON'T KNOW 8 REFUSED 9
A8. CODE SEX. IF NECESSARY, ASK: Is NAME male or female?	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9
A9. Does NAME live with you all the time, some of the time?	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9
A10. INTERVIEWER: CHECK A4. IS THERE ANOTHER PERSON TO ASK ABOUT?	YES. (GO TO A5, PERSON 02, PAGE 4) 1 NO... (GO TO A11) 0	YES. (GO TO A5, PERSON 03, PAGE 4) 1 NO... (GO TO A11) 0	YES. (GO TO A5, PERSON 04, PAGE 5) 1 NO... (GO TO A11) 0

PERSON <u>04</u>	PERSON <u>05</u>	PERSON <u>06</u>	PERSON <u>07</u>
YES 1 NO... (GO TO A8) 0	YES 1 NO... (GO TO A8) 0	YES 1 NO... (GO TO A8) 0	YES 1 NO... (GO TO A8) 0
YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9	FEMALE 1 MALE 0 DON'T KNOW 8 REFUSED 9
ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9	ALL THE TIME 1 SOME OF THE TIME 2 DON'T KNOW 8 REFUSED 9
YES. .(GO TO A5, PERSON 05, PAGE 5) 1 NO.... (GO TO A11) 0	YES. .(GO TO A5, PERSON 06, PAGE 5) 1 NO.... (GO TO A11) 0	YES. .(GO TO A5, PERSON 07, PAGE 5) 1 NO.... (GO TO A11) 0	YES. .(GO TO A5, PERSON 08, PAGE 6) 1 NO.... (GO TO A11) 0

A11. **CAPI CHECK: IS THIS THE SAME PRIMARY CAREGIVER WHO WAS INTERVIEWED LAST TIME AND IS ANY CHILD THAT WAS IN THE FAMILY AT THE TIME OF THE LAST INTERVIEW NOT LISTED IN A4 AND A5?**

YES 1
 NO (GO TO A13) 0

A12. **INTERVIEWER: FOR EACH CHILD NO LONGER IN FAMILY ASK:** Last time we spoke with you, CHILD NAME FROM LAST INTERVIEW was part of your family. Where is CHILD NAME FROM LAST INTERVIEW now?

NAME OF CHILD NO LONGER IN FAMILY	WHERE CHILD IS NOW
<p>_____</p> <p style="text-align: center;">NAME 1</p>	<p>CHILD LIVES WITH RELATIVE 1</p> <p>CHILD IS IN FOSTER CARE 2</p> <p>CHILD WAS ADOPTED 3</p> <p>CHILD LIVES WITH FRIENDS 4</p> <p>CHILD DIED 5</p> <p>OTHER (SPECIFY) 0</p> <p>_____</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>_____</p> <p style="text-align: center;">NAME 2</p>	<p>CHILD LIVES WITH RELATIVE 1</p> <p>CHILD IS IN FOSTER CARE 2</p> <p>CHILD WAS ADOPTED 3</p> <p>CHILD LIVES WITH FRIENDS 4</p> <p>CHILD DIED 5</p> <p>OTHER (SPECIFY) 0</p> <p>_____</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>_____</p> <p style="text-align: center;">NAME 3</p>	<p>CHILD LIVES WITH RELATIVE 1</p> <p>CHILD IS IN FOSTER CARE 2</p> <p>CHILD WAS ADOPTED 3</p> <p>CHILD LIVES WITH FRIENDS 4</p> <p>CHILD DIED 5</p> <p>OTHER (SPECIFY) 0</p> <p>_____</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

A13. Are there other people living in your household who are not members of your family?

- YES 1
- NO (GO TO A15) 0
- DON'T KNOW 8
- REFUSED 9

A14. How many other people currently live in your household?

- OTHER HOUSEHOLD MEMBERS |__|__|
- DON'T KNOW 98
- REFUSED 99

A15. Who do you consider to be the head of your household?

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PROBE: By head of household we mean the person or persons who make the decisions.

ACCEPT RESPONDENT EVEN IF 17 OR YOUNGER.

CIRCLE ALL THAT APPLY

CIRCLE ALL THAT APPLY

- | | |
|--|--|
| PERSON 1 FROM GRID
(RESPONDENT) 1 | PERSON 13 FROM SUPPLEMENT 13 |
| FOCUS CHILD | PERSON 14 FROM SUPPLEMENT 14 |
| PERSON 3 FROM GRID 3 | PERSON 15 FROM SUPPLEMENT 15 |
| PERSON 4 FROM GRID 4 | PERSON 16 FROM SUPPLEMENT 16 |
| PERSON 5 FROM GRID 5 | PERSON 17 FROM SUPPLEMENT 17 |
| PERSON 6 FROM GRID 6 | PERSON 18 FROM SUPPLEMENT 18 |
| PERSON 7 FROM GRID 7 | PERSON 19 FROM SUPPLEMENT 19 |
| PERSON 8 FROM GRID 8 | PERSON 20 FROM SUPPLEMENT 20 |
| PERSON 9 FROM GRID 9 | OTHER PERSON IN HOUSEHOLD,
NOT IN RESPONDENT'S FAMILY 0 |
| PERSON 10 FROM GRID 10 | DON'T KNOW 98 |
| PERSON 11 FROM SUPPLEMENT 11 | REFUSED 99 |
| PERSON 12 FROM SUPPLEMENT 12 | |

A16. **INTERVIEWER: IF THERE IS NO NEW PRIMARY CAREGIVER, SKIP TO A18.**

How do you primarily identify your racial or ethnic background?

ASIAN OR PACIFIC ISLANDER	1
BLACK (NOT HISPANIC) (GO TO A18)	2
WHITE (NOT HISPANIC) (GO TO A18)	3
AMERICAN INDIAN OR ALASKA NATIVE (GO TO A18)	4
HISPANIC (GO TO A17B)	5
OTHER (SPECIFY) (GO TO A18)	0
<hr/>	
DON'T KNOW (GO TO A18)	8
REFUSED (GO TO A18)	9

A17A. Are you . . .

Cambodian,	1
Chinese,	2
Hmong,	3
Indian,	4
Japanese,	5
Korean,	6
Pacific Islander,	7
Vietnamese, or	8
From another Asian group? (SPECIFY)	0
<hr/>	
DON'T KNOW	8
REFUSED	9

GO TO A18

A17B. Are you . . .

Central American,	1
Cuban,	2
Mexican or Chicano,	3
Puerto Rican,	4
South American,	5
Dominican or,	6
From some other background? (SPECIFY)	0
<hr/>	
DON'T KNOW	8
REFUSED	9

A18. Are you currently married, separated, divorced, widowed, living together unmarried, or have you never been married?

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MARRIED	1
SEPARATED	2
DIVORCED	3
WIDOWED	4
LIVING TOGETHER UNMARRIED	5
NEVER MARRIED, NOT LIVING TOGETHER UNMARRIED	0
DON'T KNOW	8
REFUSED	9

A19. The next questions are about your background.

INTERVIEWER: IF THERE IS NO NEW PRIMARY CAREGIVER, SKIP TO A20.

First, what is your Social Security Number?

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

DO NOT HAVE A SOCIAL SECURITY NUMBER	7
DON'T KNOW	8
REFUSED	9

A20. **INTERVIEWER: IF THERE IS NO NEW PRIMARY CAREGIVER, SKIP TO A23.**

Were you born in the United States?

- YES (GO TO A23) 1
- NO 0
- DON'T KNOW (GO TO A23) 8
- REFUSED (GO TO A23) 9

A21. In what country were you born? **RECORD VERBATIM.**

- COUNTRY: _____
- DON'T KNOW 8
 - REFUSED 9

A22. How old were you when you moved to the U.S. for the first time?

- |__| |__| YEARS OLD
- DON'T KNOW 98
 - REFUSED 99

A23. What is the primary language you speak at home?

- ENGLISH 1
 - SPANISH 2
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 8
 - REFUSED 9

A24. **INTERVIEWER: CODE WITHOUT ASKING. HOW WELL DOES THE RESPONDENT SPEAK ENGLISH?**

- VERY WELL 1
- WELL 2
- NOT WELL 3
- NOT AT ALL 4

**SECTION B:
FAMILY GOALS**

B0. INTERVIEWER: IS THERE A NEW PRIMARY CAREGIVER SINCE THE LAST INTERVIEW?

YES (GO TO BI, PAGE 34) 01
NO (GO TO B8) 00

B8. When we last interviewed you, on LAST INTERVIEW DATE, we talked about your goals for yourself and your family. Now I'd like to ask you about the goals you told us about and any new goals you may have.

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B9.

REV
4/98

INTERVIEWER: DID THE RESPONDENT WANT TO OBTAIN MORE EDUCATION AT THE TIME OF THE LAST INTERVIEW?

- YES 1
- NO (GO TO B13) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to get more education. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B11) 1
- NO 0
- DON'T KNOW (GO TO B11) 8
- REFUSED (GO TO B11) 9

B10.

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Have you received (the) additional education (that you wanted) since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B13

B11. Have you made progress since LAST INTERVIEW DATE toward getting the additional education you want?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B13. INTERVIEWER: DID THE RESPONDENT WANT TO ACQUIRE NEW JOB SKILLS AT THE TIME OF THE LAST INTERVIEW?

- YES 1
- NO (GO TO B17) 0

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On LAST INTERVIEW DATE, you mentioned that one of your goals was to learn new job skills. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B15) 1
- NO 0
- DON'T KNOW (GO TO B15) 8
- REFUSED (GO TO B15) 9

B14. Have you learned (the) new job skills (you wanted to learn) since LAST INTERVIEW DATE?

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- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B17

B15. Have you made progress since LAST INTERVIEW DATE toward learning the new job skills you wanted to learn?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B17. INTERVIEWER: DID THE RESPONDENT WANT TO FIND A BETTER JOB AT THE TIME OF THE LAST INTERVIEW?

- YES 1
- NO (GO TO B21) 0

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On LAST INTERVIEW DATE, you mentioned that one of your goals was to find a better job. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B19) 1
- NO 0
- DON'T KNOW (GO TO B19) 8
- REFUSED (GO TO B19) 9

B18. Have you found the better job you wanted?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B21

B19. Have you made progress since LAST INTERVIEW DATE toward finding the better job that you want?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B21. INTERVIEWER: DID THE RESPONDENT WANT TO HAVE MORE INCOME AT THE TIME OF THE LAST INTERVIEW?

- YES 1
- NO (GO TO B25) 0

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On LAST INTERVIEW DATE, you mentioned that one of your goals was to have more income or not to have to worry about money. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B23) 1
- NO 0
- DON'T KNOW (GO TO B23) 8
- REFUSED (GO TO B23) 9

B22. Has your income increased since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B25

B23. Have you made progress since LAST INTERVIEW DATE in increasing your income?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B25. INTERVIEWER: DID THE RESPONDENT WANT TO BE INDEPENDENT OF PUBLIC ASSISTANCE AT THE TIME OF THE LAST INTERVIEW?

- YES 1
- NO (GO TO B29) 0

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On LAST INTERVIEW DATE, you mentioned that one of your goals was to get off of public assistance. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B27) 1
- NO 0
- DON'T KNOW (GO TO B27) 8
- REFUSED (GO TO B27) 9

B26. Have you stopped receiving public assistance since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B29

B27. Have you made progress since LAST INTERVIEW DATE toward getting off public assistance?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B29. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO GET MARRIED?

YES 1
NO (GO TO B33) 0

INTERVIEWER CHECK: IS RESPONDENT MARRIED? DOES A18 EQUAL "1"?

YES (GO TO B33) 1
NO 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to get married. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

B33. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO HAVE MORE CHILDREN?

YES 1
NO (GO TO B37) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to have more children. Is that still one of your goals?

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IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

YES 1
NO (GO TO B37) 0
DON'T KNOW 8
REFUSED 9

B35. How many more children do you want?

|__|__| NUMBER

DON'T KNOW 98

REFUSED 99

B37. **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO LIVE WITH DIFFERENT PEOPLE OR LIVE ALONE?**

YES 1

NO (GO TO B41) 0

. On LAST INTERVIEW DATE, you mentioned that one of your goals was to change your living arrangements so that you live with different people or alone. Is that still one of your goals?

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IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

YES (GO TO B41) 1

NO 0

DON'T KNOW (GO TO B41) 8

REFUSED (GO TO B41) 9

B38. Have you changed your living arrangements since LAST INTERVIEW DATE so that you are living with the people you want to live with or living alone?

YES 1

NO 0

DON'T KNOW 8

REFUSED 9

B41. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO MOVE TO A DIFFERENT TYPE OF HOUSING?

- YES 1
- NO (GO TO B44) 0

REV
4/98

On LAST INTERVIEW DATE, you mentioned that one of your goals was to move to a different type of housing. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B45) 1
- NO 0
- DON'T KNOW (GO TO B45) 8
- REFUSED (GO TO B45) 9

B42. Have you moved to your preferred type of housing since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B45. **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO MOVE TO A DIFFERENT PLACE?**

- YES 1
- NO (GO TO B49) 0

REV
4/98

On LAST INTERVIEW DATE, you mentioned that one of your goals was to move to a different place such as a different neighborhood, city, or state. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B49) 1
- NO 0
- DON'T KNOW (GO TO B49) 8
- REFUSED (GO TO B49) 9

B46. Have you moved to your preferred location since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B49. **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT MORE LEISURE TIME?**

- YES 1
- NO (GO TO B53) 0

REV
4/98

On LAST INTERVIEW DATE, you mentioned that one of your goals was to take a vacation or have more leisure time. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B53) 1
- NO 0
- DON'T KNOW (GO TO B53) 8
- REFUSED (GO TO B53) 9

B50. Have you been able to arrange the leisure time or vacation that you wanted?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B53. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO GET ALONG BETTER WITH FAMILY OR FRIENDS?

- YES 1
- NO (GO TO B57) 0

REV
4/98

On LAST INTERVIEW DATE, you mentioned that one of your goals was to get along better with family or friends. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B55) 1
- NO 0
- DON'T KNOW (GO TO B55) 8
- REFUSED (GO TO B55) 9

B54. Have you been able to get along better with friends or family since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B57

B55. Have you made progress since LAST INTERVIEW DATE toward getting along better with family or friends?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B57. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO HAVE BETTER HEALTH OR HEALTH CARE?

- YES 1
- NO (GO TO B60) 0

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On LAST INTERVIEW DATE, you mentioned that one of your goals was to have better health or health care. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES (GO TO B59) 1
- NO 0
- DON'T KNOW (GO TO B59) 8
- REFUSED (GO TO B59) 9

B58. Has your health improved or have you obtained better health care since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

GO TO B60

B59. Have you made progress toward better health or getting better health care since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B60. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW DID THE RESPONDENT WANT TO ARRANGE (BETTER) CHILD CARE?

- YES 1
- NO (GO TO B61) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to arrange child care or arrange better child care. Is that still one of your goals?

IF RESPONDENT DOES NOT REMEMBER GOAL, PROBE: Is that one of your goals now?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B60a. Have you arranged child care or arranged better child care since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B61. **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO BECOME A BETTER PARENT?**

- YES 1
- NO (GO TO B62) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to become a better parent. Is that still one of your goals?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B61a. Have you become a better parent since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B62 **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO OBTAIN BETTER TRANSPORTATION?**

- YES 1
- NO (GO TO B63) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to obtain better transportation. Is that still one of your goals?

- YES (GOTO B63) 1
- NO 0
- DON'T KNOW (GO TO B63) 8
- REFUSED (GO TO B63) 9

B62a. Have you obtained better transportation since LAST INTERVIEW DATE?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

63. **INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO GET HELP FOR A CHILD WITH A DISABILITY?**

YES 1
NO (GO TO B64) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to get help for a child with a disability. Is that still one of your goals?

YES (GO TO B63b) 1
NO 0
DON'T KNOW (GO TO B63b) 8
REFUSED (GO TO B63b) 9

B63a. Have you gotten help for a child with a disability since LAST INTERVIEW DATE?

YES (GO TO B64) 1
NO 0
DON'T KNOW (GO TO B64) 8
REFUSED (GO TO B64) 9

B63b. Have you made progress since LAST INTERVIEW DATE in getting help for a child with a disability?

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

B64 INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO BECOME MORE INVOLVED IN A COMMUNITY GROUP?

YES 1
NO..... (GO TO B65) 0

On LAST INTERVIEW DATE, you mentioned tha tone of your goals was to become more involved in a community group. Is that still one of your goals?

YES (GO TO B65) 1
NO 0
DON'T KNOW (GO TO B65) 8
REFUSED (GO TO B65) 9

B64a. Have you become more involved in a community group since LAST INTERVIEW DATE?

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

B65. INTERVIEWER: AT THE TIME OF THE LAST INTERVIEW, DID THE RESPONDENT WANT TO IMPROVE ENGLISH SPEAKING, READING OR WRITING SKILLS?

YES 1
NO.....(GO TO B1) 0

On LAST INTERVIEW DATE, you mentioned that one of your goals was to improve your English speaking, reading, or writing skills. Is that still one of your goals?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B65b. Have you improved your English speaking, reading, or writing skills?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

B1zz. Do you have any new goals or hopes for the future for your family that we haven't already talked about?

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PROBE: Is there anything else you hope will be different for you or your family five years from now?

CIRCLE ALL MENTIONED IN COLUMN B1, VOLUNTEERED, ON THE NEXT PAGE.

CONTINUE WITH B2.

B1. Next, we want to ask about your family's goals or hopes for the future. For example, do you hope your activities will be different, your family and relationships will be different, or your living or financial situation will be different five years from now?

Thinking of family members who live with you [and FOCUS CHILD's: (parents/other parent), if you consider them part of your family,] is there anything you hope will change for your family in the next five years?

PROBE: Is there anything else?

CIRCLE ALL MENTIONED IN COLUMN B1, VOLUNTEERED, ON THE NEXT PAGE.

B2. **FOR ALL NOT VOLUNTEERED (OR MENTIONED AT THE TIME OF THE LAST INTERVIEW), ASK:** Now, I'd like to ask you about a few other changes people may

hope for. Do you hope (within the next 5 years) that you or members of your family will (ITEM)? RECORD "YES" OR "NO" IN COLUMN B2.

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ASK ONLY THOSE NOT MENTIONED IN B8 THROUGH B65 (I.E., WERE NOT GOALS LAST INTERVIEW).

B3. FOR EACH "YES" RESPONSE, ASK: Who do you hope will (ITEM) within the next five years? You, members of your family, or both you and members of your family. RECORD "RESPONDENT." "OTHER FAMILY MEMBER," OR BOTH IN COLUMN B3.

CIRCLE ALL THAT APPLY

	B1 VOL	B2					B3				
		YES	NO	NA	DK	REF	RESPON- DENT	OTH. FAM. MEM.	BOTH	DK	REF
A. Obtain more education?	01	1	0	7	8	9	1	2	3	8	9
B. Acquire new job skills?	02	1	0	7	8	9	1	2	3	8	9
C. Find a job?	03	1	0	7	8	9	1	2	3	8	9
D. Find a better job?	04	1	0	7	8	9	1	2	3	8	9
E. Have more income or not have to worry about money?	05	1	0	7	8	9	1	2	3	8	9
F. Get off of public assistance?	06	1	0	7	8	9	1	2	3	8	9
G. Get married?	07	1	0	7	8	9	1	2	3	8	9
H. Have more children?	08	1	0	7	8	9	1	2	3	8	9
I. Move into own house or apartment?	09	1	0	7	8	9	1	2	3	8	9
J. Move in with your partner, friends, or relatives?	10	1	0	7	8	9	1	2	3	8	9
K. Move to other/different type of housing?	11	1	0	7	8	9	1	2	3	8	9
L. Live in a different place?	12	1	0	7	8	9	1	2	3	8	9
M. Have more leisure time/take vacation?	13	1	0	7	8	9	1	2	3	8	9
N. Get along better with family or friends?	14	1	0	7	8	9	1	2	3	8	9
O. Have better health or health care?	15	1	0	7	8	9	1	2	3	8	9
P. Arrange (better) child care?	16	1	0	7	8	9	1	2	3	8	9
Q. Become a better parent?	17	1	0	7	8	9	1	2	3	8	9
R. Obtain reliable transportation?	18	1	0	7	8	9	1	2	3	8	9
S. Get help for a disabled child?	19	1	0	7	8	9	1	2	3	8	9
T. Become more involved in a community group?	20	1	0	7	8	9	1	2	3	8	9
U. Improve English speaking, reading, and/or writing skills?	21	1	0	7	8	9	1	2	3	8	9
V. Do something else? (SPECIFY)	00	1	0	7	8	9	1	2	3	8	9
W. DO NOT READ: NO CHANGES	97	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
X. OWN A BUSINESS	22	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Y. REPAIR OR UPGRADE HOME	23	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Z. OBTAIN U.S. CITIZENSHIP	24	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
AA. LEARN ENGLISH	25	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
BB. FIND (BETTER) PRESCHOOL/SCHOOL	26	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
CC. BE GOOD PARENT(S)	27	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

B4. INTERVIEWER: CHECK B1A AND B2A. DOES THE RESPONDENT WANT TO OBTAIN MORE EDUCATION? DOES B1A EQUAL 01 OR B2A EQUAL 1?

YES 01
 NO (GO TO B6) 00

B5. You mentioned that one of your goals is to obtain more education. What is the highest level of education you would like to get?

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CIRCLE 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
 OTHER (SPECIFY) 0

DON'T KNOW 8
 REFUSED 9
 ESL/ENGLISH CLASSES/CERTIFICATION 10
 NURSING DEGREE/RN/LPN 11

B6. INTERVIEWER: CHECK B1D OR B2D. IS RESPONDENT'S GOAL TO FIND A BETTER JOB? DOES B1D EQUAL 04 OR B2D EQUAL 1?

YES 1
 NO (GO TO C1) 0

B7. You (also) mentioned you would like to find a better job. How would you like your job to be better?

CIRCLE ALL THAT APPLY

- JOB WITH BETTER PAY 1
 - JOB WITH MORE CONVENIENT HOURS 2
 - FULL-TIME JOB 3
 - JOB CLOSER TO HOME 4
 - JOB WITH BETTER BENEFITS 5
 - JOB WITH MORE SECURITY 6
 - MORE INTERESTING OR CHALLENGING JOB 7
 - JOB WITH BETTER CO-WORKERS OR BOSS 8
 - JOB WITH LESS STRESS 9
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 8
 - REFUSED 9

GO TO C1

INTENTIONALLY BLANK

**SECTION C:
PERCEIVED NEEDS AND RESOURCES**

C1.

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The next part of the interview is about whether you or your family have adequate resources, such as time, money, and energy, to meet the needs of your family as a whole, as well as the needs of individual family members. For each question, we ask whether the resources never, seldom, sometimes, usually, or always meet your and your family's needs on a consistent basis, month-in and month-out.

FRS

First, food for two meals a day? Do you never, seldom, sometimes, usually, or always have enough food for two meals a day?

PROBE IF RESPONDENT SAYS IT VARIES, ASK: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough food for two meals a day?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C2. Does your house or apartment never, seldom, sometimes, usually, or always meet your family's needs?

PROBE: IF RESPONDENT SAYS IT VARIES, ASK: On a month-in and month-out basis, does your house or apartment never, seldom, sometimes, usually, or always meet your families needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C3. How often do you have enough money to buy necessities?

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PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money to buy necessities?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C4. (Do you never, seldom, sometimes, usually, or always) have enough clothes for your family?

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PROBE: On a month-in and month-out basis, does your family never, seldom, sometimes, usually, or almost always have enough clothing?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C5. (Do you never, seldom, sometimes, usually, or always) have enough heat for your house or apartment?

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PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough heat for your house or apartment?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, LIVE IN WARM AREA 7
- DON'T KNOW 8
- REFUSED 9

C6. Your indoor plumbing or water?

PROBE: On a month-in and month-out basis, is your indoor plumbing and water never, seldom, sometimes, usually, or always adequate to meet your family's needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, NO INDOOR PLUMBING 7
- DON'T KNOW 8
- REFUSED 9

C7. Enough money to pay monthly bills?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money to pay monthly bills?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C8. On a month-in and month-out basis, do you have a job that never, seldom, sometimes, usually, or always meets your family's needs?

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- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE OR DOES NOT HAVE A JOB 7
- DON'T KNOW 8
- REFUSED 9

C9. On a month-in and month-out basis, does your spouse or partner have a job that never, seldom, sometimes, usually, or always meets your family's needs?

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- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE OR DOES NOT HAVE A JOB 7
- DON'T KNOW 8
- REFUSED 9

C10. On a month-in and month-out basis, does your family never, seldom, sometimes, usually, or always receive the medical care it needs?

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- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, NEVER NEED MEDICAL CARE . . . 7
- DON'T KNOW 8
- REFUSED 9

C11. On a month-in and month-out basis, does the public assistance you receive like SSI, AFDC, TANF, Medicaid, WIC, or Food Stamps never, seldom, sometimes, usually, or always meet your family's needs?

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PROBE: By public assistance I mean any national, state, or local government program that provides cash assistance or some other kind of help with rent, utilities, or food.

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, DOES NOT RECEIVE
PUBLIC ASSISTANCE 7
- DON'T KNOW 8
- REFUSED 9

C12. Dependable transportation?

PROBE: On a month-in and month-out basis, does your means of transportation never, seldom, sometimes, usually, or always meet your family's needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C13. Time to get enough sleep or rest?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough time for sleep or rest?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C14. Furniture for your house or apartment?

PROBE: On a month-in and month-out basis, does your furniture never, seldom, sometimes, usually, or always meet your family's needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, LIVE IN MOTEL
OR SHELTER 7
- DON'T KNOW 8
- REFUSED 9

C15. Time to be by yourself?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough time to be by yourself?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C16. Time for your family to be together?

PROBE: On a month-in and month-out basis, does your family never, seldom, sometimes, usually, or always have enough time to be together?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C17. Time to be with your (child/children)?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough time to be with your (child/children)?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C18. **INTERVIEWER: SKIP TO C19 IF RESPONDENT HAS NO SPOUSE OR PARTNER.**
Time to be with your spouse or partner?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or almost always have enough time to be with your spouse or partner?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C19. Time to be with close friends?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough time to be with close friends?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, NO CLOSE FRIENDS 7
- DON'T KNOW 8
- REFUSED 9

C20. Telephone or use of a telephone?

PROBE: On a month-in and month-out basis, are you never, seldom, sometimes, usually, or always able to get the use of a telephone to meet your family's needs?

NEVER	01
SELDOM	02
SOMETIMES	03
USUALLY	04
ALWAYS	05
DOES NOT KNOW	98
REFUSES	99

C21. Babysitting for your (child/children)?

PROBE: On a month-in and month-out basis, are you never, seldom, sometimes, usually, or always able to arrange for a babysitter for your (child/children) when you need one?

NEVER	1
SELDOM	2
SOMETIMES	3
USUALLY	4
ALWAYS	5
NOT APPLICABLE, NO CHILD	7
DON'T KNOW	8
REFUSED	9

C22. Child care for your (child/children)?

PROBE: On a month-in and month-out basis, are your child care arrangements never, seldom, sometimes, usually, or always adequate?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE-DON'T NEED CHILD CARE 7
- DON'T KNOW 8
- REFUSED 9

C23. Money to buy supplies for your (child/children) such as a crib or diapers?

PROBE: Do you never, seldom, sometimes, usually, or always have the money you need for supplies for your (child/children)?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C24. Dental care for your family?

REV
6/98

PROBE: On a month-in and month-out basis, does your family never, seldom, sometimes, usually, or always receive the dental care it needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE, DOES NOT GO TO DENTIST 7
- DON'T KNOW 8
- REFUSED 9

C25. Someone to talk to?

PROBE: Do you never, seldom, sometimes, usually, or always have someone to talk to when you need them?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C26. Time to socialize?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough time to have fun with friends or relatives?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C27. Time to keep in shape and look nice?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have time to keep in shape and look nice?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C28. Toys for your (child/children)?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough toys for your (child/children)?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C29. Money to buy things for yourself?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money to buy things for yourself?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C30. Money for (family) entertainment?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money for family entertainment?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C31. Money to save?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money to save?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C32. Time and money for travel or vacation?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have enough money for travel or vacation?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

C33. Your English speaking skills?

PROBE: On a month-in and month-out basis, are your English speaking skills never, seldom, sometimes, usually, or always adequate?

NEVER	1
SELDOM	2
SOMETIMES	3
USUALLY	4
ALWAYS	5
NOT APPLICABLE-DOES NOT SPEAK ENGLISH	7
DON'T KNOW	8
REFUSED	9

C34. Your English reading skills?

PROBE: On a month-in and month-out basis, are your English reading skills never, seldom, sometimes, usually, or always adequate?

NEVER	1
SELDOM	2
SOMETIMES	3
USUALLY	4
ALWAYS	5
NOT APPLICABLE-DOES NOT READ ENGLISH	7
DON'T KNOW	8
REFUSED	9

C35. Your opportunities to participate in community groups, such as religious, school, or social groups?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have adequate opportunities to participate in community groups, such as religious, school, or social groups?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE-DO NOT WANT TO PARTICIPATE 7
- DON'T KNOW 8
- REFUSED 9

C36. Your information or ability to get information about parenting?

PROBE: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have the information or ability to get the information about parenting that you need?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- DON'T KNOW 8
- REFUSED 9

INTERVIEWER: SKIP TO C38 IF NO CHILDREN.

C37. (Does/Do) your (child/children) need any special equipment such as leg braces or a respiratory monitor?

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IF YES: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have the money you need for special equipment such as leg braces or respiratory monitors for your (child/children)?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALMOST ALWAYS 5
- NOT APPLICABLE-DON'T NEED SPECIAL EQUIPMENT 7
- DON'T KNOW 8
- REFUSED 9

C38. On a month-in and month-out basis, do you and your family never, seldom, sometimes, usually, or always have the assistance you need for a family member who has a disability?

REV
4/98

PROBE: For example, for a family member who needs special equipment or support because he or she cannot work.

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE-NO ONE HAS A DISABILITY 7
- DON'T KNOW 8
- REFUSED 9

C39. **INTERVIEWER: SKIP TO D0 IF RESPONDENT HAS NO CHILDREN.**

REV
4/98

Does your (child/children) have any special needs, such as physical or emotional disabilities?

IF YES: On a month-in and month-out basis, do you never, seldom, sometimes, usually, or always have the help you need for a child with special needs?

- NEVER 1
- SELDOM 2
- SOMETIMES 3
- USUALLY 4
- ALWAYS 5
- NOT APPLICABLE-NO SPECIAL NEEDS CHILD 7
- DON'T KNOW 8
- REFUSED 9

INTENTIONALLY BLANK

<p>SECTION D:</p> <p>EMPLOYMENT</p>

D2. **INTERVIEWER: IS THIS THE SAME PRIMARY CAREGIVER WHO WAS INTERVIEWED FOR THE LAST PSI?**

- YES 1
- NO (GO TO D21) 0

The next questions are about paid jobs you may have had since LAST INTERVIEW DATE.

INTERVIEWER: WAS THE SAMPLE MEMBER WORKING ON LAST INTERVIEW DATE?

- YES 1
- NO (GO TO D10) 0

D3. The last time we interviewed you, we learned that you were working for EMPa on LAST INTERVIEW DATE. Is that correct?

- YES 1
- NO (GO TO tD6) 0
- DON'T KNOW (GO TO tD6) 8
- REFUSED (GO TO tD6) 9

D4. Are you still working for EMPa?

- YES (GO TO tD6) 1
- NO 0
- DON'T KNOW (GO TO tD66) 8
- REFUSED (GO TO tD6) 9

D5. When did you stop working for EMPa?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

tD6. **INTERVIEWER: WAS THE SAMPLE MEMBER WORKING AT ANOTHER JOB ON
LAST INTERVIEW DATE?**

YES 1
NO (GO TO tD9) 0

D6. The last time we interviewed you, we learned that you were (also) working for EMPb on
LAST INTERVIEW DATE. Is that correct?

YES 1
NO (GO TO tD9) 0
DON'T KNOW (GO TO tD9) 8
REFUSED (GO TO tD9) 9

D7. Are you still working for EMPb?

YES (GO TO tD9) 1
NO 0
DON'T KNOW (GO TO tD9) 8
REFUSED (GO TO tD9) 9

D8. When did you stop working for EMPb?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

tD9. **INTERVIEWER: WAS SAMPLE MEMBER WORKING ON LAST INTERVIEW DATE?
IS D3 = 1 OR D6 = 1?**

YES.....(GO TO D21) 1
NO 0

D9a. Were you working on LAST INTERVIEW DATE?

YES (GO TO EMPc (D7)) 1
NO (GO TO D21) 0
DON'T KNOW (GO TO D21) 8
REFUSED (GO TO D21) 9

D10. The last time we interviewed you we learned that you were not working on LAST INTERVIEW DATE. Is that correct?

YES, WAS NOT WORKING (GO TO D21) 1
NO, WAS WORKING 0
DON'T KNOW (GO TO D21) 8
REFUSED (GO TO D21) 9

EMPc. Where were you working then; what was the name of your employer?

(D7) EMPLOYER'S NAME: _____

DON'T KNOW 8
REFUSED 9

D11. When did you begin working for at that job?

|_|_|_|/|_|_|_|/|_|_|_|
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

D12. Are you still working for EMPc?

YES (GO TO tD14) 1
NO 0
DON'T KNOW 8
REFUSED 9

D13. When did you stop working for EMPc?

|_|_|_|/|_|_|_|/|_|_|_|
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

tD14 **INTERVIEWER: DOES D10 = 0 OR DOES D9A = 1?**

YES 1
NO.....(GO TO D21) 0

D14a. Besides EMPc, were you working on LAST INTERVIEW DATE?

PROBE: When we interviewed you last year.

- YES 1
- NO.....(GO TO D21) 0
- DON'T KNOW.....(GO TO D21) 8
- REFUSED..... (GO TO D21) 9

EMPd. Where were you working then; what was the name of your employer?

EMPLOYER'S NAME: _____

- DON'T KNOW 8
- REFUSED 9

D15. When did you begin working for at that job?

____/____/____
MONTH DAY YEAR

- DON'T KNOW 8
- REFUSED 9

D16. Are you still working for EMPd?

- YES (GO TO D21) 1
- NO 0
- DON'T KNOW (GO TO D21) 8
- REFUSED (GO TO D21) 9

D17. When did you stop working for EMPd?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

D21. The next questions are about (other) paid jobs you may have had, including odd jobs, paid babysitting jobs, military service, work in your own business, or other types of jobs you may have had on a regular basis.

Have you had (any other) full-time or part-time jobs, including active military service, since LAST INTERVIEW DATE? Please include any current jobs that you may have.

PROBE: Include jobs like babysitting or housekeeping if you were paid. Count babysitting, housekeeping, or odd jobs for different families together as one job.

YES (GO TO D22) 1
NO (GO TO D34) 0
DON'T KNOW (GO TO D34) 8
REFUSED (GO TO D34) 9

INTENTIONALLY BLANK

	JOB 01	JOB 02
<p>D22. Please tell me where you have worked since LAST INTERVIEW DATE. Begin with the most recent job and work back.</p> <p>PROBE: What was the name of the most recent employer?</p> <p>RECORD EMPLOYER NAME AND ASK D23 AND D24 FOR ALL JOBS. THEN ASK D25 THROUGH D35 FOR EACH JOB.</p>	<p>_____</p> <p>_____</p> <p>SELF-EMPLOYED 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>_____</p> <p>_____</p> <p>SELF-EMPLOYED 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>D23. When did you <u>start</u> working for EMPLOYER?</p> <p>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF EXACT DATES ARE NOT KNOWN. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p>	<p>START: / / MONTH DAY YEAR</p> <p>WORKING AT JOB ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>START: / / MONTH DAY YEAR</p> <p>WORKING AT JOB ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>D24. When did you <u>stop</u> working for EMPLOYER?</p> <p>IF STILL AT JOB, CIRCLE 97.</p> <p>STOP DATE MUST COME AFTER LAST INTERVIEW DATE.</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL WORKING AT JOB 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL WORKING AT JOB 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>D25. How many days per week (do/did) you usually work for employer?</p> <p>PROBE: How many days in an average week?</p>	<p> DAYS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p> DAYS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>D26. And how many hours per day (do/ did) you usually work? Please include regular overtime hours.</p> <p>PROBE: How many hours in an average day?</p>	<p> HOURS MINUTES PER DAY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> HOURS MINUTES PER DAY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>D27. What (is/was) your work schedule at EMPLOYER?</p> <p>READ RESPONSE CATEGORIES IF NECESSARY.</p> <p>RECORD ONE RESPONSE.</p>	<p>REGULAR DAYTIME SCHEDULE 1</p> <p>REGULAR EVENING SCHEDULE 2</p> <p>REGULAR NIGHT SCHEDULE 3</p> <p>ROTATING SHIFT 4</p> <p>SPLIT SHIFT 5</p> <p>IRREGULAR SCHEDULE 6</p> <p>WEEKENDS ONLY 7</p> <p>OTHER (SPECIFY) 0</p> <p>_____</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>REGULAR DAYTIME SCHEDULE 1</p> <p>REGULAR EVENING SCHEDULE 2</p> <p>REGULAR NIGHT SCHEDULE 3</p> <p>ROTATING SHIFT 4</p> <p>SPLIT SHIFT 5</p> <p>IRREGULAR SCHEDULE 6</p> <p>WEEKENDS ONLY 7</p> <p>OTHER (SPECIFY) 0</p> <p>_____</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

JOB 03	JOB 04	JOB 05
<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
SELF-EMPLOYED 2 DON'T KNOW 8 REFUSED 9	SELF-EMPLOYED 2 DON'T KNOW 8 REFUSED 9	SELF-EMPLOYED 2 DON'T KNOW 8 REFUSED 9
START: / / MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: / / MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: / / MONTH DAY YEAR WORKING AT JOB ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99
STOP: / / MONTH DAY YEAR STILL WORKING AT JOB 97 DON'T KNOW 98 REFUSED 99	STOP: / / MONTH DAY YEAR STILL WORKING AT JOB 97 DON'T KNOW 98 REFUSED 99	STOP: / / MONTH DAY YEAR STILL WORKING AT JOB 97 DON'T KNOW 98 REFUSED 99
 DAYS PER WEEK DON'T KNOW 8 REFUSED 9	 DAYS PER WEEK DON'T KNOW 8 REFUSED 9	 DAYS PER WEEK DON'T KNOW 8 REFUSED 9
 HOURS MINUTES PER DAY DON'T KNOW 98 REFUSED 99	 HOURS MINUTES PER DAY DON'T KNOW 98 REFUSED 99	 HOURS MINUTES PER DAY DON'T KNOW 98 REFUSED 99
REGULAR DAYTIME SCHEDULE 1 REGULAR EVENING SCHEDULE 2 REGULAR NIGHT SCHEDULE 3 ROTATING SHIFT 4 SPLIT SHIFT 5 IRREGULAR SCHEDULE 6 WEEKENDS ONLY 7 OTHER (SPECIFY) 0 <hr/> DON'T KNOW 8 REFUSED 9	REGULAR DAYTIME SCHEDULE 1 REGULAR EVENING SCHEDULE 2 REGULAR NIGHT SCHEDULE 3 ROTATING SHIFT 4 SPLIT SHIFT 5 IRREGULAR SCHEDULE 6 WEEKENDS ONLY 7 OTHER (SPECIFY) 0 <hr/> DON'T KNOW 8 REFUSED 9	REGULAR DAYTIME SCHEDULE 1 REGULAR EVENING SCHEDULE 2 REGULAR NIGHT SCHEDULE 3 ROTATING SHIFT 4 SPLIT SHIFT 5 IRREGULAR SCHEDULE 6 WEEKENDS ONLY 7 OTHER (SPECIFY) 0 <hr/> DON'T KNOW 8 REFUSED 9

	JOB 01	JOB 02
<p>D28. ASK FOR CURRENT OR MOST RECENT JOB ONLY.</p> <p>What (is/was) your hourly rate of pay before taxes and deductions?</p> <p>WATCH THE DECIMAL POINT.</p>	<p>\$ _ _ _ . _ _ _ PER HOUR</p> <p>*** GO TO D30 ***</p> <p>NOT PAID BY HOUR 97</p> <p>DON'T KNOW 98</p> <p>REFUSED ... (GO TO D30) 99</p>	<p>\$ _ _ _ . _ _ _ PER HOUR</p> <p>*** GO TO D30 ***</p> <p>NOT PAID BY HOUR 97</p> <p>DON'T KNOW 98</p> <p>REFUSED ... (GO TO D30) 99</p>
<p>D29. ASK FOR CURRENT OR MOST RECENT JOB ONLY.</p> <p>How much (are/were) your <u>weekly earnings</u> before taxes and other deductions (just before you left that job)? Please include tips, commissions, and regular overtime pay you may have received.</p> <p>CIRCLE PAY PERIOD CODE.</p>	<p>\$ _ _ _ , _ _ _ _ </p> <p>PER WEEK 1</p> <p>PER DAY 2</p> <p>ONCE EVERY TWO WEEKS 3</p> <p>TWICE A MONTH 4</p> <p>PER MONTH 5</p> <p>PER YEAR 6</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>\$ _ _ _ , _ _ _ _ </p> <p>PER WEEK 1</p> <p>PER DAY 2</p> <p>ONCE EVERY TWO WEEKS 3</p> <p>TWICE A MONTH 4</p> <p>PER MONTH 5</p> <p>PER YEAR 6</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

JOB 03	JOB 04	JOB 05
\$ _ _ _ . _ _ _ PER HOUR *** GO TO D30 *** NOT PAID BY HOUR 97 DON'T KNOW 98 REFUSED ... (GO TO D30) 99	\$ _ _ _ . _ _ _ PER HOUR *** GO TO D30 *** NOT PAID BY HOUR 97 DON'T KNOW 98 REFUSED ... (GO TO D30) 99	\$ _ _ _ . _ _ _ PER HOUR *** GO TO D30 *** NOT PAID BY HOUR 97 DON'T KNOW 98 REFUSED ... (GO TO D30) 99
\$ _ _ _ , _ _ _ _ PER WEEK 1 PER DAY 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER MONTH 5 PER YEAR 6 DON'T KNOW 8 REFUSED 9	\$ _ _ _ , _ _ _ _ PER WEEK 1 PER DAY 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER MONTH 5 PER YEAR 6 DON'T KNOW 8 REFUSED 9	\$ _ _ _ , _ _ _ _ PER WEEK 1 PER DAY 2 ONCE EVERY TWO WEEKS 3 TWICE A MONTH 4 PER MONTH 5 PER YEAR 6 DON'T KNOW 8 REFUSED 9

	JOB 01	JOB 02
D30. Now I would like to ask about benefits that (are/were) <u>available</u> to you on (this/that) job. (Are/Were) the following benefits available to you? READ CATEGORIES. CIRCLE YES OR NO FOR EACH.	YES NO*	YES NO*
	a. Paid sick leave? 1 0	a. Paid sick leave? 1 0
	b. Paid vacation? 1 0	b. Paid vacation? 1 0
	c. Employer-provided transportation? . . 1 0	c. Employer-provided transportation? . . 1 0
D31. INTERVIEWER: CHECK D24. IS SAMPLE MEMBER STILL WORKING AT THIS JOB (CODE 97)?	YES. (GO TO D33) 01 NO 00	YES. (GO TO D33) 01 NO 00
D32. What was the main reason you left that job? <div style="border: 1px solid black; padding: 2px; width: fit-content;">REV 4/98</div>	LAI D OFF 01 DISCHARGED OR FIRED 02 TEMPORARY OR SEASONAL JOB ENDED 03 BUSINESS CLOSED 04 GOVERNMENT JOBS PROGRAM ENDED 05 QUIT TO TAKE ANOTHER JOB 06 QUIT BECAUSE DID NOT LIKE JOB 07 QUIT DUE TO PREGNANCY 08 QUIT FOR FAMILY REASONS 09 QUIT TO TAKE CARE OF SPECIAL NEEDS CHILD 10 QUIT BECAUSE COULD NOT FIND CHILD CARE 11 QUIT BECAUSE CHILD CARE POOR QUALITY 12 QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13 QUIT BECAUSE PAY TOO LOW 14 TRANSPORTATION PROBLEM 15 QUIT DUE TO TRAINING REQUIREMENTS 16 DUE TO OWN HEALTH PROBLEM OR INJURY 17 QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18 TO ATTEND SCHOOL OR TRAINING PROGRAM 19 MOVED OR CHANGED RESIDENCE . . . 20 HARASSMENT/DISCRIMINATION 21 OTHER REASON (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99	LAI D OFF 01 DISCHARGED OR FIRED 02 TEMPORARY OR SEASONAL JOB ENDED 03 BUSINESS CLOSED 04 GOVERNMENT JOBS PROGRAM ENDED 05 QUIT TO TAKE ANOTHER JOB 06 QUIT BECAUSE DID NOT LIKE JOB 07 QUIT DUE TO PREGNANCY 08 QUIT FOR FAMILY REASONS 09 QUIT TO TAKE CARE OF SPECIAL NEEDS CHILD 10 QUIT BECAUSE COULD NOT FIND CHILD CARE 11 QUIT BECAUSE CHILD CARE POOR QUALITY 12 QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13 QUIT BECAUSE PAY TOO LOW 14 TRANSPORTATION PROBLEM 15 QUIT DUE TO TRAINING REQUIREMENTS 16 DUE TO OWN HEALTH PROBLEM OR INJURY 17 QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18 TO ATTEND SCHOOL OR TRAINING PROGRAM 19 MOVED OR CHANGED RESIDENCE . . . 20 HARASSMENT/DISCRIMINATION 21 OTHER REASON (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99
D33. INTERVIEWER: CHECK D22. ARE THERE MORE JOBS TO BE ASKED ABOUT?	YES. (GO TO D25, JOB 02) 01 NO (GO TO D34) 00	YES. (GO TO D25, JOB 03) 01 NO (GO TO D34) 00

*For each item, write in on dotted line 8 for DON'T KNOW or 9 for REFUSED.

JOB 03		JOB 04		JOB 05	
YES NO*		YES NO*		YES NO*	
a. Paid sick leave?	1 0	a. Paid sick leave?	1 0	a. Paid sick leave?	1 0
b. Paid vacation?	1 0	b. Paid vacation?	1 0	b. Paid vacation?	1 0
c. Employer-provided transportation?	1 0	c. Employer-provided transportation?	1 0	c. Employer-provided transportation?	1 0
YES. (GO TO D33)	01	YES. (GO TO D33)	01	YES. (GO TO D33)	01
NO	00	NO	00	NO	00
LAI D OFF	01	LAI D OFF	01	LAI D OFF	01
DISCHARGED OR FIRED	02	DISCHARGED OR FIRED	02	DISCHARGED OR FIRED	02
TEMPORARY OR SEASONAL JOB ENDED	03	TEMPORARY OR SEASONAL JOB ENDED	03	TEMPORARY OR SEASONAL JOB ENDED	03
BUSINESS CLOSED	04	BUSINESS CLOSED	04	BUSINESS CLOSED	04
GOVERNMENT JOBS PROGRAM ENDED	05	GOVERNMENT JOBS PROGRAM ENDED	05	GOVERNMENT JOBS PROGRAM ENDED	05
QUIT TO TAKE ANOTHER JOB	06	QUIT TO TAKE ANOTHER JOB	06	QUIT TO TAKE ANOTHER JOB	06
QUIT BECAUSE DID NOT LIKE JOB	07	QUIT BECAUSE DID NOT LIKE JOB	07	QUIT BECAUSE DID NOT LIKE JOB	07
QUIT DUE TO PREGNANCY	08	QUIT DUE TO PREGNANCY	08	QUIT DUE TO PREGNANCY	08
QUIT FOR FAMILY REASONS	09	QUIT FOR FAMILY REASONS	09	QUIT FOR FAMILY REASONS	09
QUIT TO TAKE CARE OF SPECIAL NEEDS CHILD	10	QUIT TO TAKE CARE OF SPECIAL NEEDS CHILD	10	QUIT TO TAKE CARE OF SPECIAL NEEDS CHILD	10
QUIT BECAUSE COULD NOT FIND CHILD CARE	11	QUIT BECAUSE COULD NOT FIND CHILD CARE	11	QUIT BECAUSE COULD NOT FIND CHILD CARE	11
QUIT BECAUSE CHILD CARE POOR QUALITY	12	QUIT BECAUSE CHILD CARE POOR QUALITY	12	QUIT BECAUSE CHILD CARE POOR QUALITY	12
QUIT BECAUSE COULD NOT AFFORD CHILD CARE	13	QUIT BECAUSE COULD NOT AFFORD CHILD CARE	13	QUIT BECAUSE COULD NOT AFFORD CHILD CARE	13
QUIT BECAUSE PAY TOO LOW	14	QUIT BECAUSE PAY TOO LOW	14	QUIT BECAUSE PAY TOO LOW	14
TRANSPORTATION PROBLEM	15	TRANSPORTATION PROBLEM	15	TRANSPORTATION PROBLEM	15
QUIT DUE TO TRAINING REQUIREMENTS	16	QUIT DUE TO TRAINING REQUIREMENTS	16	QUIT DUE TO TRAINING REQUIREMENTS	16
DUE TO OWN HEALTH PROBLEM OR INJURY	17	DUE TO OWN HEALTH PROBLEM OR INJURY	17	DUE TO OWN HEALTH PROBLEM OR INJURY	17
QUIT DUE TO DRUG OR ALCOHOL PROBLEM	18	QUIT DUE TO DRUG OR ALCOHOL PROBLEM	18	QUIT DUE TO DRUG OR ALCOHOL PROBLEM	18
TO ATTEND SCHOOL OR TRAINING PROGRAM	19	TO ATTEND SCHOOL OR TRAINING PROGRAM	19	TO ATTEND SCHOOL OR TRAINING PROGRAM	19
MOVED OR CHANGED RESIDENCE	20	MOVED OR CHANGED RESIDENCE	20	MOVED OR CHANGED RESIDENCE	20
HARASSMENT/DISCRIMINATION	21	HARASSMENT/DISCRIMINATION	21	HARASSMENT/DISCRIMINATION	21
OTHER REASON (SPECIFY)	00	OTHER REASON (SPECIFY)	00	OTHER REASON (SPECIFY)	00
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
DON'T KNOW	98	DON'T KNOW	98	DON'T KNOW	98
REFUSED	99	REFUSED	99	REFUSED	99
YES. (GO TO D25, JOB 04)	01	YES. (GO TO D25, JOB 05)	01	*** GO TO D34 ***	
NO (GO TO D34)	00	NO (GO TO D34)	00		

D34. Since LAST INTERVIEW DATE, did you have (other) "odd-jobs?" Please do not include jobs you already told me about.

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

D35. Since LAST INTERVIEW MONTH, have you looked for work?

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

D36. **INTERVIEWER: CHECK A5 AND A7. ARE THERE OTHER FAMILY MEMBERS AGE 10 OR OLDER IN THE RESPONDENT'S FAMILY? IS A7 GREATER THAN "9" FOR ANY PERSON?**

YES 1
NO (GO TO D41) 0

D39. My next questions are about other family members who may have had a job or worked for pay since LAST INTERVIEW DATE.

Who has had a full-time or part-time job lasting two weeks or more since LAST INTERVIEW DATE?

FAMILY MEMBERS	D39. WORKED SINCE REFERENCE PERIOD			
	YES	NO*	DON'T KNOW	REFUSED
A. NAME: _____	1 (NEXT PERSON)	0 (NEXT PERSON)	8	9
B. NAME: _____	1 (NEXT PERSON)	0 (NEXT PERSON)	8	9
C. NAME: _____	1 (NEXT PERSON)	0 (NEXT PERSON)	8	9
D. NAME: _____	1 (NEXT PERSON)	0 (NEXT PERSON)	8	9
E. NAME: _____	1 (NEXT PERSON)	0	8	9

*For each person, write in on dotted line 8 for DON'T KNOW or 9 for REFUSED.

D41. Did you (or any adult member of your family) receive job search assistance or participate in a group or club that teaches people how to find job openings and interview for jobs since LAST INTERVIEW DATE?

YES 1
 NO (GO TO DS1) 0
 DON'T KNOW (GO TO DS1) 8
 REFUSED (GO TO DS1) 9

D43. Which members of your family received job search assistance since INTERVIEW DATE?

PROBE: Please include yourself.

NAME: _____

NAME: _____

NAME: _____

NAME: _____

INTENTIONALLY BLANK

<p>SECTION D SUPPLEMENT:</p> <p>MOTHER'S EMPLOYMENT</p>

DS1. INTERVIEWER: IS RESPONDENT (SAMPLE MEMBER) THE BIOLOGICAL MOTHER OF THE FOCUS CHILD? (DOES A5 IN FOCUS CHILD COLUMN EQUAL 1?)

YES (GO TO E1) 1
 NO 0

DS2. INTERVIEWER: IS THE FOCUS CHILD'S BIOLOGICAL MOTHER LISTED AS A FAMILY MEMBER? DOES A6 EQUAL "02" FOR ANY HOUSEHOLD MEMBER?

YES 1
 NO (GO TO E1) 0

DS2a. INTERVIEWER: CHECK FOLLOW-UP INFORMATION FORM. WAS MOTHER IN HOUSEHOLD AT TIME OF LAST PSI?

YES 1
 NO (GO TO DS22) 0

DS3. The next questions are about paid jobs MOTHER may have had since LAST INTERVIEW DATE. Please think about the time since LAST INTERVIEW DATE when we interviewed (you/her/FOCUS CHILD's primary caregiver) about six months ago.

INTERVIEWER: CHECK FOLLOW-UP INFORMATION FORM. WAS THE MOTHER WORKING ON LAST INTERVIEW DATE?

YES 1
 NO (GO TO DS8) 0
 DON'T KNOW (GO TO DS5) 8
 REFUSED (GO TO DS5) 9

DS4. The last time we interviewed (you/her/FOCUS CHILD's primary caregiver), we learned that MOTHER was working for PRIMARY EMPLOYER on LAST INTERVIEW DATE. Is that correct?

- YES (GO TO DS11) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

DS5. Was she working on LAST INTERVIEW DATE?

- YES 1
- NO (GO TO DS22) 0
- DON'T KNOW (GO TO DS14) 8
- REFUSED (GO TO DS14) 9

DS6. Where was she working then? (What was the name of her employer?)

EMPLOYER'S NAME: _____

- DON'T KNOW 8
- REFUSED 9

DS7. When did she begin working at that job?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

GO TO DS11

DS8. The last time we interviewed (you/FOCUS CHILD's primary caregiver) we learned that MOTHER was not working on LAST INTERVIEW DATE. Is that correct?

- YES, WAS NOT WORKING (GO TO DS22) 1
- NO, WAS WORKING 0
- DON'T KNOW (GO TO DS22) 8
- REFUSED (GO TO DS22) 9

DS9. Where was she working then? (What was the name of her employer?)

EMPLOYER'S NAME: _____

- DON'T KNOW 8
- REFUSED 9

DS10. When did she begin working for EMPLOYER FROM DS9?

____|____|/|____|____|/|____|____|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

DS11. Is she still working for (PRIMARY/NEW) EMPLOYER?

- YES (GO TO DS13) 1
- NO 0
- DON'T KNOW (GO TO DS13) 8
- REFUSED (GO TO DS13) 9

DS12. When did she stop working for (PRIMARY/NEW) EMPLOYER?

____|____|/|____|____|/|____|____|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

DS13. INTERVIEWER: IF HARD COPY, ENTER THE NAME OF THIS EMPLOYER IN DS24, COLUMN 1, AND ENTER DATES BEGAN AND STOPPED WORKING IN DS25 AND DS26. CIRCLE 97 IN DS26 IF STILL WORKING FOR EMPLOYER. (CONTINUE TO DS14)

DS14. INTERVIEWER: CHECK FOLLOW UP INFORMATION FORM. IS THERE A SECONDARY EMPLOYER?

- YES 1
- NO (GO TO DS22) 0
- DON'T KNOW (GO TO DS16) 8
- REFUSED (GO TO DS16) 9

DS15. The last time we interviewed (you/FOCUS CHILD's primary caregiver) we learned that MOTHER was also working at SECONDARY EMPLOYER on LAST INTERVIEW DATE. Is that correct?

- YES (GO TO DS19) 1
- NO 0
- DON'T KNOW (GO TO DS22) 8
- REFUSED (GO TO DS22) 9

DS16. Was (she/MOTHER) working (on a second job) on LAST INTERVIEW DATE?

- YES 1
- NO (GO TO DS22) 0
- DON'T KNOW (GO TO DS22) 8
- REFUSED (GO TO DS22) 9

DS17. Where was she working then?

EMPLOYER'S NAME: _____

- DON'T KNOW 8
- REFUSED 9

DS18. When did she begin working on that job?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

DS19. Is she still working for (SECONDARY/NEW) EMPLOYER?

- YES (GO TO DS21) 1
- NO 0
- DON'T KNOW (GO TO DS21) 8
- REFUSED (GO TO DS21) 9

DS20. When did she stop working for (SECONDARY/NEW EMPLOYER FROM DS17)?

 |_|_|/|_|_|/|_|_|
 MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

DS21. INTERVIEWER: IF HARD COPY, ENTER THE NAME OF THIS EMPLOYER IN DS24, COLUMN 2, AND ENTER DATES BEGAN AND STOPPED WORKING IN DS25 AND DS26. CIRCLE 97 IN DS26 IF STILL WORKING AT THAT JOB. (CONTINUE TO DS22)

DS22. The next questions are about (other) paid jobs MOTHER may have had, including odd jobs, paid babysitting jobs, military service, work in her own business, or other types of jobs she may have had on a regular basis.

Has MOTHER had (any other) full-time or part-time jobs, including active military service, since LAST INTERVIEW DATE?

PROBE: Include jobs like babysitting or housekeeping if she was paid. Count babysitting, housekeeping, or odd jobs for different families together as one job.

- YES (GO TO DS24) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

DS23. INTERVIEWER: WERE JOBS ENTERED IN DS24 THROUGH DS26 AS A RESULT OF DS2 THROUGH DS21?

- YES 01
- NO (GO TO E1) 00

	JOB 01	JOB 02
<p>DS24. Now I would like to ask you about (that job/each of those jobs). Please tell me where MOTHER has worked since LAST INTERVIEW DATE.</p> <p>MANDATORY PROBE: Please tell me where else MOTHER has worked since LAST INTERVIEW DATE?</p> <p>RECORD EMPLOYER NAME AND ASK DS25 AND DS26 FOR ALL JOBS. THEN ASK DS27 THROUGH D38 FOR EACH JOB.</p>	<p>SELF-EMPLOYED 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>SELF-EMPLOYED 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>DS25. When did she <u>start</u> working for EMPLOYER?</p> <p>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF EXACT DATES ARE NOT KNOWN. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p>	<p>START: / / MONTH DAY YEAR</p> <p>WORKING AT JOB ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>START: / / MONTH DAY YEAR</p> <p>WORKING AT JOB ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>DS26. When did she <u>stop</u> working for EMPLOYER?</p> <p>IF STILL AT JOB, CIRCLE 97.</p> <p>STOP DATE MUST COME AFTER LAST INTERVIEW DATE.</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL WORKING AT JOB 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL WORKING AT JOB 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>DS27. How many hours per week (does/did) she usually work at EMPLOYER?</p> <p>PROBE: How many days in an average week?</p>	<p> HOURS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p> HOURS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>DS28. What (is/was) her work schedule at EMPLOYER?</p> <p>READ RESPONSE CATEGORIES IF NECESSARY.</p> <p>RECORD ONE RESPONSE.</p>	<p>REGULAR DAYTIME SCHEDULE 1</p> <p>REGULAR EVENING SCHEDULE 2</p> <p>REGULAR NIGHT SCHEDULE 3</p> <p>ROTATING SHIFT 4</p> <p>SPLIT SHIFT 5</p> <p>IRREGULAR SCHEDULE 6</p> <p>WEEKENDS ONLY 7</p> <p>OTHER (SPECIFY) 0</p> <hr/> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>REGULAR DAYTIME SCHEDULE 1</p> <p>REGULAR EVENING SCHEDULE 2</p> <p>REGULAR NIGHT SCHEDULE 3</p> <p>ROTATING SHIFT 4</p> <p>SPLIT SHIFT 5</p> <p>IRREGULAR SCHEDULE 6</p> <p>WEEKENDS ONLY 7</p> <p>OTHER (SPECIFY) 0</p> <hr/> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

JOB 03	JOB 04	JOB 05
_____	_____	_____
SELF-EMPLOYED 2	SELF-EMPLOYED 2	SELF-EMPLOYED 2
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR	START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR	START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR
WORKING AT JOB ON LAST INTERVIEW DATE 97	WORKING AT JOB ON LAST INTERVIEW DATE 97	WORKING AT JOB ON LAST INTERVIEW DATE 97
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR	STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR	STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR
STILL WORKING AT JOB 97	STILL WORKING AT JOB 97	STILL WORKING AT JOB 97
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
__ _ _ HOURS PER WEEK	__ _ _ HOURS PER WEEK	__ _ _ HOURS PER WEEK
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
REGULAR DAYTIME SCHEDULE 1	REGULAR DAYTIME SCHEDULE 1	REGULAR DAYTIME SCHEDULE 1
REGULAR EVENING SCHEDULE 2	REGULAR EVENING SCHEDULE 2	REGULAR EVENING SCHEDULE 2
REGULAR NIGHT SCHEDULE 3	REGULAR NIGHT SCHEDULE 3	REGULAR NIGHT SCHEDULE 3
ROTATING SHIFT 4	ROTATING SHIFT 4	ROTATING SHIFT 4
SPLIT SHIFT 5	SPLIT SHIFT 5	SPLIT SHIFT 5
IRREGULAR SCHEDULE 6	IRREGULAR SCHEDULE 6	IRREGULAR SCHEDULE 6
WEEKENDS ONLY 7	WEEKENDS ONLY 7	WEEKENDS ONLY 7
OTHER (SPECIFY) 0	OTHER (SPECIFY) 0	OTHER (SPECIFY) 0
_____	_____	_____
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9

	JOB 01	JOB 02
DS29. INTERVIEWER: CHECK DS26. IS MOTHER STILL WORKING AT THIS JOB (CODE 97)?	YES..... (GO TO DS31) 01 NO 00	YES..... (GO TO DS31) 01 NO 00
DS30. What was the main reason she left that job? <div style="border: 1px solid black; padding: 2px; display: inline-block;">REV 6/98</div> CIRCLE ONE CODE.	LAID OFF 01 DISCHARGED OR FIRED 02 TEMPORARY OR SEASONAL JOB ENDED 03 BUSINESS CLOSED 04 GOVERNMENT JOBS PROGRAM ENDED 05 QUIT TO TAKE ANOTHER JOB 06 QUIT BECAUSE DID NOT LIKE JOB 07 QUIT DUE TO PREGNANCY 08 QUIT FOR FAMILY REASONS 09 QUIT TO TAKE CARE OF CHILD WITH SPECIAL NEEDS 10 QUIT BECAUSE COULD NOT FIND CHILD CARE 11 QUIT BECAUSE CHILD CARE POOR QUALITY 12 QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13 QUIT BECAUSE PAY TOO LOW 14 TRANSPORTATION PROBLEM 15 QUIT DUE TO TRAINING REQUIREMENTS 16 QUIT DUE TO OWN HEALTH PROBLEM OR INJURY 17 QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18 QUIT TO ATTEND SCHOOL OR TRAINING PROGRAM 19 MOVED OR CHANGED RESIDENCE ... 20 HARASSMENT/DISCRIMINATION 21 OTHER REASON (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99	LAID OFF 01 DISCHARGED OR FIRED 02 TEMPORARY OR SEASONAL JOB ENDED 03 BUSINESS CLOSED 04 GOVERNMENT JOBS PROGRAM ENDED 05 QUIT TO TAKE ANOTHER JOB 06 QUIT BECAUSE DID NOT LIKE JOB 07 QUIT DUE TO PREGNANCY 08 QUIT FOR FAMILY REASONS 09 QUIT TO TAKE CARE OF CHILD WITH SPECIAL NEEDS 10 QUIT BECAUSE COULD NOT FIND CHILD CARE 11 QUIT BECAUSE CHILD CARE POOR QUALITY 12 QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13 QUIT BECAUSE PAY TOO LOW 14 TRANSPORTATION PROBLEM 15 QUIT DUE TO TRAINING REQUIREMENTS 16 QUIT DUE TO OWN HEALTH PROBLEM OR INJURY 17 QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18 QUIT TO ATTEND SCHOOL OR TRAINING PROGRAM 19 MOVED OR CHANGED RESIDENCE ... 20 HARASSMENT/DISCRIMINATION 21 OTHER REASON (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99
DS31. INTERVIEWER: CHECK DS25. ARE THERE MORE JOBS TO BE ASKED ABOUT?	YES... (GO TO DS27, JOB 02) 01 NO.... (GO TO E1) 00	YES... (GO TO DS27, JOB 03) 01 NO.... (GO TO E1) 00

*For each item, write-in 8 for DON'T KNOW and 9 for REFUSED

JOB 03	JOB 04	JOB 05
YES..... (GO TO DS31) 01	YES..... (GO TO DS31) 01	YES..... (GO TO DS31) 01
NO 00	NO 00	NO 00
LAI D OFF 01	LAI D OFF 01	LAI D OFF 01
DISCHARGED OR FIRED 02	DISCHARGED OR FIRED 02	DISCHARGED OR FIRED 02
TEMPORARY OR SEASONAL JOB ENDED 03	TEMPORARY OR SEASONAL JOB ENDED 03	TEMPORARY OR SEASONAL JOB ENDED 03
BUSINESS CLOSED 04	BUSINESS CLOSED 04	BUSINESS CLOSED 04
GOVERNMENT JOBS PROGRAM ENDED 05	GOVERNMENT JOBS PROGRAM ENDED 05	GOVERNMENT JOBS PROGRAM ENDED 05
QUIT TO TAKE ANOTHER JOB 06	QUIT TO TAKE ANOTHER JOB 06	QUIT TO TAKE ANOTHER JOB 06
QUIT BECAUSE DID NOT LIKE JOB 07	QUIT BECAUSE DID NOT LIKE JOB 07	QUIT BECAUSE DID NOT LIKE JOB 07
QUIT DUE TO PREGNANCY 08	QUIT DUE TO PREGNANCY 08	QUIT DUE TO PREGNANCY 08
QUIT FOR FAMILY REASONS 09	QUIT FOR FAMILY REASONS 09	QUIT FOR FAMILY REASONS 09
QUIT TO TAKE CARE OF CHILD WITH SPECIAL NEEDS 10	QUIT TO TAKE CARE OF CHILD WITH SPECIAL NEEDS 10	QUIT TO TAKE CARE OF CHILD WITH SPECIAL NEEDS 10
QUIT BECAUSE COULD NOT FIND CHILD CARE 11	QUIT BECAUSE COULD NOT FIND CHILD CARE 11	QUIT BECAUSE COULD NOT FIND CHILD CARE 11
QUIT BECAUSE CHILD CARE POOR QUALITY 12	QUIT BECAUSE CHILD CARE POOR QUALITY 12	QUIT BECAUSE CHILD CARE POOR QUALITY 12
QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13	QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13	QUIT BECAUSE COULD NOT AFFORD CHILD CARE 13
QUIT BECAUSE PAY TOO LOW 14	QUIT BECAUSE PAY TOO LOW 14	QUIT BECAUSE PAY TOO LOW 14
TRANSPORTATION PROBLEM 15	TRANSPORTATION PROBLEM 15	TRANSPORTATION PROBLEM 15
QUIT DUE TO TRAINING REQUIREMENTS 16	QUIT DUE TO TRAINING REQUIREMENTS 16	QUIT DUE TO TRAINING REQUIREMENTS 16
QUIT DUE TO OWN HEALTH PROBLEM OR INJURY 17	QUIT DUE TO OWN HEALTH PROBLEM OR INJURY 17	QUIT DUE TO OWN HEALTH PROBLEM OR INJURY 17
QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18	QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18	QUIT DUE TO DRUG OR ALCOHOL PROBLEM 18
QUIT TO ATTEND SCHOOL OR TRAINING PROGRAM 19	QUIT TO ATTEND SCHOOL OR TRAINING PROGRAM 19	QUIT TO ATTEND SCHOOL OR TRAINING PROGRAM 19
MOVED OR CHANGED RESIDENCE ... 20	MOVED OR CHANGED RESIDENCE ... 20	MOVED OR CHANGED RESIDENCE ... 20
HARASSMENT/DISCRIMINATION 21	HARASSMENT/DISCRIMINATION 21	HARASSMENT/DISCRIMINATION 21
OTHER REASON (SPECIFY) 00	OTHER REASON (SPECIFY) 00	OTHER REASON (SPECIFY) 00
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
YES. . . (GO TO DS27, JOB 04) 01	YES. . . (GO TO DS27, JOB 05) 01	*** GO TO E1 ***
NO. . . (GO TO E1) 00	NO. . . (GO TO E1) 00	

INTENTIONALLY BLANK

SECTION E: EDUCATIONAL ATTAINMENT
--

E1. The next questions are about your educational background.

What is the highest grade or year of regular school that you have already completed?

CIRCLE ONE

- NONE 00
- ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL 01 02 03 04 05 06 07 08
- HIGH SCHOOL 09 10 11 12
- COLLEGE OR
VOCATIONAL SCHOOL 13 14 15 16
- POST COLLEGE 17 18 19 20+
- DON'T KNOW 98
- REFUSED 99

tE2. **INTERVIEWER: IS THIS A NEW RESPONDENT?**

- YES (GO TO E3) 1
- NO 0

E2. Have you received any degrees, diplomas, or certificates since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO E5) 0
- DON'T KNOW (GO TO E5) 8
- REFUSED (GO TO E5) 9

E3. What types of degrees, diplomas, or certificates have you received (since LAST INTERVIEW DATE)?

REV
4/98

PROBE: Anything else?

E3aa. Did you complete an elementary, middle, or junior high school program?

E4d. Did you receive your high school diploma through a GED program?

**CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.
IF ANY ITEM C-M IS CIRCLED, THEN ASK WHEN THE DEGREE WAS RECEIVED.**

	CIRCLE ALL THAT APPLY	E4. FOR EACH DEGREE EARNED, ASK: When did you receive your DEGREE?		
		DATE RECEIVED	DON'T KNOW	REFUSED
A. NONE	00-->GO TO E3aa	X	98	99
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA	01	X	98	99
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02	_ _ / _ _ MONTH YEAR	98	99
D. GED CERTIFICATE	03	_ _ / _ _ MONTH YEAR	98	99
E. HIGH SCHOOL DIPLOMA	04	_ _ / _ _ MONTH YEAR	98	99
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR)	05	_ _ / _ _ MONTH YEAR	98	99
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR)	06	_ _ / _ _ MONTH YEAR	98	99
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07	_ _ / _ _ MONTH YEAR	98	99
I. VOCATIONAL, TECHNICAL OR TRADE DIPLOMA, CERTIFICATE, OR DEGREE (SPECIFY)	08	_ _ / _ _ MONTH YEAR	98	99
_____ _ _				
J. NURSING DEGREE (LPN <u>OR</u> RN)	09	_ _ / _ _ MONTH YEAR	98	99
K. BUSINESS CERTIFICATE OR DEGREE	10	_ _ / _ _ MONTH YEAR	98	99
L. SECRETARIAL CERTIFICATE OR DEGREE	11	_ _ / _ _ MONTH YEAR	98	99
M. OTHER TYPES (SPECIFY)	12	_ _ / _ _ MONTH YEAR	98	99
_____ _ _				
N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13	_ _ / _ _ MONTH YEAR	98	99
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14	_ _ / _ _ MONTH YEAR	98	99
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.) .	15	_ _ / _ _ MONTH YEAR	98	99
DON'T KNOW	98			
REFUSED	99			

SCHOOL OR TRAINING RECALL

tE4. **INTERVIEWER: IS THIS A NEW RESPONDENT?**

- YES (GO TO E24) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

E5. The next questions are about school or training programs you may have attended since LAST INTERVIEW DATE.

tE5 **INTERVIEWER: WAS THE SAMPLE MEMBER IN SCHOOL OR TRAINING ON LAST INTERVIEW DATE?**

- YES 1
- NO (GO TO E13) 0

E6. The last time we interviewed you, we learned that you were attending TRa on LAST INTERVIEW DATE. Is that correct?

- YES 1
- NO (GO TO tE9) 0
- DON'T KNOW (GO TO tE9) 8
- REFUSED (GO TO tE9) 9

E7. Are you still attending TRa?

- YES (GO TO E9) 1
- NO 0
- DON'T KNOW (GO TO E9) 8
- REFUSED (GO TO E9) 9

E8. When did you stop attending Tra?

|_|_|_|/|_|_|_|/|_|_|_|_|_|
 MONTH DAY YEAR

DON'T KNOW 8
 REFUSED 9

tE9. INTERVIEWER: IS E6 = 0 OR IS TRb BLANK?

YES (GO TO E12A) 1
 NO 0

INTERVIEWER: IS E6 = 1?

YES (GO TO E9) 1
 NO 0

INTERVIEWER: IS TRb BLANK AND E6 = 8 OR 9?

YES (GO TO E24) 1
 NO (GO TO E9) 0

E9. The last time we interviewed you, we learned that you were attending TRb on LAST INTERVIEW DATE. Is that correct?

YES 1
 NO (GO TO E24) 0
 DON'T KNOW (GO TO E24) 8
 REFUSED (GO TO E24) 9

E10. Are you still attending TRb?

YES	(GO TO tE12)	1
NO		0
DON'T KNOW	(GO TO tE12)	8
REFUSED	(GO TO tE12)	9

E11. When did you stop attending that (school/program)?

_ _	/ _ _	/ _ _	_ _
MONTH	DAY	YEAR	

DON'T KNOW	98
REFUSED	99

tE12. INTERVIEWER: IS E6 OR E9 EQUAL TO YES (01)?

YES	(GO TO E24)	1
NO		0

E12a. Were you attending school or a training program on LAST INTERVIEW DATE?

PROBE: When we interviewed you last year.

YES	(GO TO TRc)	1
NO	(GO TO E24)	0
DON'T KNOW	(GO TO E24)	8
REFUSED	(GO TO E24)	9

E13. On LAST INTERVIEW DATE, we learned that you were not attending school or taking training courses at that time. Is that correct?

YES, WAS <u>NOT</u> ATTENDING ..	(GO TO E24)	1
NO, WAS ATTENDING		0
DON'T KNOW	(GO TO E24)	8
REFUSED	(GO TO E24)	9

TRc. What school or training were you attending on LAST INTERVIEW DATE; what was the name of that school or program?

SCHOOL OR TRAINING PROGRAM
NAME: _____

DON'T KNOW 8
REFUSED 9

E14. When did you begin attending TRc?

|_|_|_|/|_|_|_|/|_|_|_|_|_|
MONTH DAY YEAR

DON'T KNOW (GO TO E24) 8
REFUSED (GO TO E24) 9

E15. Are you still attending TRc?

YES 1
NO (GO TO E16) 0
DON'T KNOW 8
REFUSED 9

E16. When did you stop attending that (school/program)?

|_|_|_|/|_|_|_|/|_|_|_|_|_|
MONTH DAY YEAR

DON'T KNOW 98
REFUSED 99

E17. Besides TRc, were you attending another school or training program on LAST INTERVIEW DATE?

PROBE: When we interviewed you last year.

- YES 1
- NO (GO TO E24) 0
- DON'T KNOW (GOT TO E24) 8
- REFUSED (GO TO E24) 9

TRd. What other school or training program were you attending on LAST INTERVIEW DATE; what was the name of that school or program?

SCHOOL OR PROGRAM
NAME: _____

- DON'T KNOW 8
- REFUSED 9

E18. When did you begin attending TRd?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

E19. Are you still attending that (school/program)?

- YES (GO TO E24) 1
- NO 0
- DON'T KNOW (GO TO E24) 8
- REFUSED (GO TO E24) 9

E20. When did you stop attending that (school/program)?

|_|_|/|_|_|/|_|_|
MONTH DAY YEAR

- DON'T KNOW 98
- REFUSED 99

E24. Since LAST INTERVIEW DATE, did you attend any (other) school or training programs or take any classes? Please include regular high school, adult basic education or GED courses, vocational or trade school, Job Corps, college, or other types of school as well as training programs to help you learn job skills or get a job. Also include classes you may have attended to learn English or improve your reading skills.

PROBE: Include beauty school and secretarial or nursing courses.

- YES (GO TO TRe) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

INTENTIONALLY BLANK

	TRa/FIRST SCHOOL/TRAINING	TRb/SECOND SCHOOL/TRAINING
<p>E26. Please tell me the name of (the/each/ each of the other) school(s) or training program(s) you attended or course(s) you took since LAST INTERVIEW DATE. (Please begin with the most recent one you attended and work back.)</p> <p>PROBE: What was the name of the next most recent school or training program you attended since LAST INTERVIEW DATE?</p> <p>ASK TRf THROUGH TRi FOR EACH SCHOOL OR TRAINING PROGRAM, THEN ASK E29 THROUGH E47 DOWN FOR EACH PROGRAM.</p>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<p>E27. VERIFY OR ASK: When did you <u>start</u> going to PROGRAM?</p> <p>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF SAMPLE MEMBER CANNOT GIVE EXACT DATES. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p>	<p>START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR</p> <p>ATTENDING ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR</p> <p>ATTENDING ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>E28. And when did you <u>stop</u> going to PROGRAM?</p> <p>IF STILL ATTENDING, CIRCLE CODE 97.</p>	<p>STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR</p> <p>STILL ATTENDING 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR</p> <p>STILL ATTENDING 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>E29. How many days per week (do/did) you usually spend in PROGRAM?</p> <p>PROBE: How many days in an average week?</p>	<p> __ _ DAYS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p> __ _ DAYS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>E30. And how many hours per day (do/did) you usually spend in PROGRAM?</p> <p>PROBE: How many hours in an average day?</p>	<p> __ _ _ HOURS PER DAY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> __ _ _ HOURS PER DAY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>

TRc/CURRENT OR MOST RECENT SCHOOL/TRAINING	TRd/SECOND MOST CURRENT SCHOOL/TRIANING	TRe/THIRD MOST CURRENT SCHOOL/TRAINING
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99
STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99	STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99	STOP: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99
__ _ DAYS PER WEEK DON'T KNOW 8 REFUSED 9	__ _ DAYS PER WEEK DON'T KNOW 8 REFUSED 9	__ _ DAYS PER WEEK DON'T KNOW 8 REFUSED 9
__ _ _ HOURS PER DAY DON'T KNOW 98 REFUSED 99	__ _ _ HOURS PER DAY DON'T KNOW 98 REFUSED 99	__ _ _ HOURS PER DAY DON'T KNOW 98 REFUSED 99

	Tra/FIRST SCHOOL/TRAINING	TRb/SECOND SCHOOL/TRAINING
E31. VERIFY OR ASK: What type of school or training (is/was) it? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">REV 4/98</div>	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01 HIGH SCHOOL (GRADE 9-12) 02 ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03 GED PROGRAM 04 ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05 NURSING SCHOOL (LPN OR RN) 06 BUSINESS OR SECRETARIAL SCHOOL 07 VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08 COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09 COLLEGE (4-YEAR) 10 ALTERNATIVE SCHOOL 11 JOB PLACEMENT PROGRAM 12 ON-THE-JOB TRAINING 13 HOME STUDY 14 JOB SEARCH/READINESS PROGRAM 15 MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16 POSTGRADUATE PROGRAM 17 OTHER TYPE (SPECIFY) 00 <hr/> DON'T KNOW 98 REFUSED 99	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01 HIGH SCHOOL (GRADE 9-12) 02 ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03 GED PROGRAM 04 ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05 NURSING SCHOOL (LPN OR RN) 06 BUSINESS OR SECRETARIAL SCHOOL 07 VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08 COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09 COLLEGE (4-YEAR) 10 ALTERNATIVE SCHOOL 11 JOB PLACEMENT PROGRAM 12 ON-THE-JOB TRAINING 13 HOME STUDY 14 JOB SEARCH/READINESS PROGRAM 15 MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16 POSTGRADUATE PROGRAM 17 OTHER TYPE (SPECIFY) 00 <hr/> DON'T KNOW 98 REFUSED 99
I33. INTERVIEWER: CHECK A7. IS RESPONDENT 19 OR YOUNGER?	YES 1 NO (GO TO E34) 0	YES 1 NO (GO TO E34) 0
E33. (Are/Were) you enrolled in a special program for teenage parents at PROGRAM?	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
E34. While in PROGRAM, did you take vocational training, that is, training for a specific job or occupation?	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
E35. INTERVIEWER: CHECK E28. IS RESPONDENT STILL IN PROGRAM (CODE 97)?	YES (GO TO E38) 1 NO 0 DON'T KNOW 8 REFUSED 9	YES (GO TO E38) 1 NO 0 DON'T KNOW 8 REFUSED 9
E36. Did you complete PROGRAM?	YES (GO TO E38) 1 NO 0 DON'T KNOW 8 REFUSED 9	YES (GO TO E38) 1 NO 0 DON'T KNOW 8 REFUSED 9

TRc/FIRST SCHOOL/TRAINING	TRd/SECOND SCHOOL/TRAINING	TRe/CURRENT OR MOST RECENT SCHOOL/TRAINING
ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01
HIGH SCHOOL (GRADE 9-12) 02	HIGH SCHOOL (GRADE 9-12) 02	HIGH SCHOOL (GRADE 9-12) 02
ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03
GED PROGRAM 04	GED PROGRAM 04	GED PROGRAM 04
ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05
NURSING SCHOOL (LPN OR RN) 06	NURSING SCHOOL (LPN OR RN) 06	NURSING SCHOOL (LPN OR RN) 06
BUSINESS OR SECRETARIAL SCHOOL 07	BUSINESS OR SECRETARIAL SCHOOL 07	BUSINESS OR SECRETARIAL SCHOOL 07
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08
COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09
COLLEGE (4-YEAR) 10	COLLEGE (4-YEAR) 10	COLLEGE (4-YEAR) 10
ALTERNATIVE SCHOOL 11	ALTERNATIVE SCHOOL 11	ALTERNATIVE SCHOOL 11
JOB PLACEMENT PROGRAM 12	JOB PLACEMENT PROGRAM 12	JOB PLACEMENT PROGRAM 12
ON-THE-JOB TRAINING 13	ON-THE-JOB TRAINING 13	ON-THE-JOB TRAINING 13
HOME STUDY 14	HOME STUDY 14	HOME STUDY 14
JOB SEARCH/READINESS PROGRAM 15	JOB SEARCH/READINESS PROGRAM 15	JOB SEARCH/READINESS PROGRAM 15
MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16
POSTGRADUATE PROGRAM 17	POSTGRADUATE PROGRAM 17	POSTGRADUATE PROGRAM 17
OTHER TYPE (SPECIFY) 00	OTHER TYPE (SPECIFY) 00	OTHER TYPE (SPECIFY) 00
_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
YES 1	YES 1	YES 1
NO (GO TO E34) 0	NO (GO TO E34) 0	NO (GO TO E34) 0
YES 1	YES 1	YES 1
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
YES 1	YES 1	YES 1
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
YES (GO TO E38) 1	YES (GO TO E38) 1	YES (GO TO E38) 1
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
YES (GO TO E38) 1	YES (GO TO E38) 1	YES (GO TO E38) 1
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9

	TRa/FIRST SCHOOL/TRAINING	TRb/SECOND SCHOOL/TRAINING
<p>E37. What was the <u>main</u> reason you did not complete PROGRAM?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;">REV 4/98</div> <p>IF MORE THAN ONE REASON, PROBE FOR <u>MAIN</u> REASON.</p> <p>CIRCLE ONE.</p>	<p>EXPELLED OR ASKED TO LEAVE 01</p> <p>DID NOT LIKE PROGRAM OR PROGRAM BORING 02</p> <p>DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03</p> <p>NOT DOING WELL OR POOR GRADES 04</p> <p>DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05</p> <p>DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06</p> <p>CHANGED SCHOOL, COURSE, OR PROGRAM 07</p> <p>SCHOOL OR PROGRAM CLOSED 08</p> <p>PREGNANCY 09</p> <p>COULD NOT FIND CHILD CARE 10</p> <p>COULD NOT AFFORD CHILD CARE 11</p> <p>CHILD CARE WAS POOR QUALITY 12</p> <p>GOT A JOB OR NEEDED A JOB 13</p> <p>TRANSPORTATION PROBLEM 14</p> <p>OWN HEALTH PROBLEM OR INJURY 15</p> <p>DRUG OR ALCOHOL PROBLEM 16</p> <p>PARENTAL OR FAMILY PROBLEM OR PRESSURE 17</p> <p>MOVED OR CHANGED RESIDENCE 18</p> <p>FINANCES 19</p> <p>OTHER (SPECIFY) 00</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>EXPELLED OR ASKED TO LEAVE 01</p> <p>DID NOT LIKE PROGRAM OR PROGRAM BORING 02</p> <p>DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03</p> <p>NOT DOING WELL OR POOR GRADES 04</p> <p>DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05</p> <p>DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06</p> <p>CHANGED SCHOOL, COURSE, OR PROGRAM 07</p> <p>SCHOOL OR PROGRAM CLOSED 08</p> <p>PREGNANCY 09</p> <p>COULD NOT FIND CHILD CARE 10</p> <p>COULD NOT AFFORD CHILD CARE 11</p> <p>CHILD CARE WAS POOR QUALITY 12</p> <p>GOT A JOB OR NEEDED A JOB 13</p> <p>TRANSPORTATION PROBLEM 14</p> <p>OWN HEALTH PROBLEM OR INJURY 15</p> <p>DRUG OR ALCOHOL PROBLEM 16</p> <p>PARENTAL OR FAMILY PROBLEM OR PRESSURE 17</p> <p>MOVED OR CHANGED RESIDENCE 18</p> <p>FINANCES 19</p> <p>OTHER (SPECIFY) 00</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>E38. INTERVIEWER: CHECK E26. ARE THERE ANY OTHER PROGRAMS TO ASK ABOUT?</p>	<p>YES (GO TO TRb) 01</p> <p>NO. (GO TO E39) 00</p> <p>DON'T KNOW . . . (GO TO E39) 8</p> <p>REFUSED (GO TO E39) 9</p>	<p>YES (GO TO TRc) 01</p> <p>NO. (GO TO E39) 00</p> <p>DON'T KNOW. . . (GO TO E39) 8</p> <p>REFUSED (GO TO E39) 9</p>

TRc/CURRENT OR MOST RECENT SCHOOL/TRAINING	TRd/SECOND MOST CURRENT SCHOOL/TRIANGING	TRe/CURRENT OR MOST RECENT SCHOOL/TRAINING
EXPULLED OR ASKED TO LEAVE 01	EXPULLED OR ASKED TO LEAVE 01	EXPULLED OR ASKED TO LEAVE 01
DID NOT LIKE PROGRAM OR PROGRAM BORING 02	DID NOT LIKE PROGRAM OR PROGRAM BORING 02	DID NOT LIKE PROGRAM OR PROGRAM BORING 02
DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03
NOT DOING WELL OR POOR GRADES 04	NOT DOING WELL OR POOR GRADES 04	NOT DOING WELL OR POOR GRADES 04
DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05
DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06
CHANGED SCHOOL, COURSE, OR PROGRAM 07	CHANGED SCHOOL, COURSE, OR PROGRAM 07	CHANGED SCHOOL, COURSE, OR PROGRAM 07
SCHOOL OR PROGRAM CLOSED 08	SCHOOL OR PROGRAM CLOSED 08	SCHOOL OR PROGRAM CLOSED 08
PREGNANCY 09	PREGNANCY 09	PREGNANCY 09
COULD NOT FIND CHILD CARE 10	COULD NOT FIND CHILD CARE 10	COULD NOT FIND CHILD CARE 10
COULD NOT AFFORD CHILD CARE 11	COULD NOT AFFORD CHILD CARE 11	COULD NOT AFFORD CHILD CARE 11
CHILD CARE WAS POOR QUALITY 12	CHILD CARE WAS POOR QUALITY 12	CHILD CARE WAS POOR QUALITY 12
GOT A JOB OR NEEDED A JOB 13	GOT A JOB OR NEEDED A JOB 13	GOT A JOB OR NEEDED A JOB 13
TRANSPORTATION PROBLEM 14	TRANSPORTATION PROBLEM 14	TRANSPORTATION PROBLEM 14
OWN HEALTH PROBLEM OR INJURY 15	OWN HEALTH PROBLEM OR INJURY 15	OWN HEALTH PROBLEM OR INJURY 15
DRUG OR ALCOHOL PROBLEM 16	DRUG OR ALCOHOL PROBLEM 16	DRUG OR ALCOHOL PROBLEM 16
PARENTAL OR FAMILY PROBLEM OR PRESSURE 17	PARENTAL OR FAMILY PROBLEM OR PRESSURE 17	PARENTAL OR FAMILY PROBLEM OR PRESSURE 17
MOVED OR CHANGED RESIDENCE 18	MOVED OR CHANGED RESIDENCE 18	MOVED OR CHANGED RESIDENCE 18
FINANCES 19	FINANCES 19	FINANCES 19
OTHER (SPECIFY) 00	OTHER (SPECIFY) 00	OTHER (SPECIFY) 00
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
YES (GO TO TRd) 01	YES (GO TO TRe) 01	YES (GO TO TRf) 01
NO (GO TO E39) 00	NO (GO TO E39) 00	NO (GO TO E39) 00
DON'T KNOW . . . (GO TO E39) 8	DON'T KNOW . . . (GO TO E39) 8	DON'T KNOW . . . (GO TO E39) 8
REFUSED (GO TO E39) 9	REFUSED (GO TO E39) 9	REFUSED (GO TO E39) 9

E39. INTERVIEWER: ARE THERE OTHER PERSONS AGE 10 OR ABOVE IN THE HOUSEHOLD?

- YES 1
- NO (GO TO F1) 0
- DON'T KNOW (GO TO F1) 8
- REFUSED (GO TO F1) 9

E40. Not including yourself, which members of your family who are 10 or over attended school or any training programs since LAST INTERVIEW DATE?

E40.	
FAMILY MEMBERS AGE 10 OR OVER IN SCHOOL PROGRAM SINCE LAST INTERVIEW DATE	
A. NAME: _____	
B. NAME: _____	
C. NAME: _____	
D. NAME: _____	
E. NAME: _____	
DON'T KNOW	8
REFUSED	9

**SECTION E SUPPLEMENT:
MOTHER'S EDUCATIONAL ATTAINMENT**

ES1. INTERVIEWER: IS RESPONDENT (SAMPLE MEMBER) THE BIOLOGICAL MOTHER OF THE FOCUS CHILD? (DOES A5 IN FOCUS CHILD COLUMN EQUAL 1)?

YES (GO TO F1) 1
NO 0

ES2. INTERVIEWER: IS THE FOCUS CHILD'S BIOLOGICAL MOTHER LISTED AS A FAMILY MEMBER? DOES A6 EQUAL 02?

YES 1
NO (GO TO F1) 0

Ee1. The next questions are about MOTHER's educational background.

What is the highest grade or year of regular school that MOTHER has already completed?

CIRCLE ONE

NONE 00
ELEMENTARY, MIDDLE, OR
JUNIOR HIGH SCHOOL 01 02 03 04 05 06 07 08
HIGH SCHOOL 09 10 11 12
COLLEGE OR
VOCATIONAL SCHOOL 13 14 15 16
POST COLLEGE 17 18 19 20+
DON'T KNOW 98
REFUSED 99

Eee2. What types of degrees, diplomas, or certificates has she received since LAST INTERVIEW DATE?

E2a. Did she complete an elementary, middle, or junior high school program?

Ee3. Did she get her high school diploma through a GED program?

CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED. IF ANY ITEM IN C-M IS CIRCLED, THEN ASK WHEN THE DEGREE WAS RECEIVED.

	CIRCLE ALL THAT APPLY	E4. FOR EACH DEGREE EARNED, ASK: When did you receive your DEGREE?		
		DATE RECEIVED	DON'T KNOW	REFUSED
A. NONE	00-->GO TO E2Aa	X	98	99
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA	01	X	98	99
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02	_ _ / _ _ MONTH YEAR	98	99
D. GED CERTIFICATE	03	_ _ / _ _ MONTH YEAR	98	99
E. HIGH SCHOOL DIPLOMA	04	_ _ / _ _ MONTH YEAR	98	99
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR)	05	_ _ / _ _ MONTH YEAR	98	99
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR)	06	_ _ / _ _ MONTH YEAR	98	99
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07	_ _ / _ _ MONTH YEAR	98	99
I. VOCATIONAL, TECHNICAL OR TRADE DIPLOMA, CERTIFICATE, OR DEGREE (SPECIFY)	08	_ _ / _ _ MONTH YEAR	98	99
_____ _ _				
J. NURSING DEGREE (LPN <u>OR</u> RN)	09	_ _ / _ _ MONTH YEAR	98	99
K. BUSINESS CERTIFICATE OR DEGREE ...	10	_ _ / _ _ MONTH YEAR	98	99
L. SECRETARIAL CERTIFICATE OR DEGREE	11	_ _ / _ _ MONTH YEAR	98	99
M. OTHER TYPES (SPECIFY)	12	_ _ / _ _ MONTH YEAR	98	99
_____ _ _				
N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13	_ _ / _ _ MONTH YEAR	98	99
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14	_ _ / _ _ MONTH YEAR	98	99
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.)	15	_ _ / _ _ MONTH YEAR	98	99
DON'T KNOW	98			
REFUSED	99			

INTERVIEWER: CHECK FOLLOW-UP INFORMATION FORM. WAS MOTHER IN HOUSEHOLD AT TIME OF LAST PSI?

YES 1
NO (GO TO P24) 0

SCHOOL OR TRAINING RECALL

P5. The next questions are about school or training programs MOTHER may have attended since LAST INTERVIEW DATE.

INTERVIEWER: WAS THE MOTHER IN SCHOOL OR TRAINING ON INTERVIEW DATE?

YES 1
NO (GO TO P12a) 0

P6. At the time of the last interview, we learned that MOTHER was attending PRIMARY PROGRAM on LAST INTERVIEW DATE. Is that correct?

Ep9

YES (GO TO P7) 1
NO 0
DON'T KNOW (GO TO t17) 8
REFUSED (GO TO t17) 9

P7. Is she still attending TRA, TRB, TRC, TRD?

P10

P15

P19

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

P8. When did she stop attending TRA, TRB, TRC, TRD?

P11

P16

P20

|_|_|_|/|_|_|_|/|_|_|_|
MONTH DAY YEAR

DON'T KNOW 98

REFUSED 99

p12a. Was she still attending school or training program on LAST INTERVIEW DATE?

YES 1

NO (GO TO P24) 0

DON'T KNOW (GO TO P24) 8

REFUSED (GO TO P24) 9

TRC. What school or training program was she attending on LAST INTERVIEW DATE what was the name of the school or training program?

SCHOOL OR TRAINING PROGRAM

NAME: _____

DON'T KNOW 8

REFUSED 9

P14. When did she begin attending TRC, TRD?

|_|_|_|/|_|_|_|/|_|_|_|
MONTH DAY YEAR

DON'T KNOW 98

REFUSED 99

P17a. Besides TRC, was she attending another school or training program on LAST INTERVIEW DATE?

PROBE: When we interviewed you last year?

- YES 1
- NO (GO TO ES26) 0
- DON'T KNOW (GO TO ES26) 8
- REFUSED (GO TO ES26) 9

t17. INTERVIEWER: IS THERE A SECOND SCHOOL OR TRAINING PROGRAM?

- YES 1
- NO (GO TO ES26) 0
- DON'T KNOW (GO TO ES26) 8
- REFUSED (GO TO ES26) 9

TRD. What other school or training program was she attending on LAST INTERVIEW DATE what was the name of that school or program?

SCHOOL OR TRAINING PROGRAM

NAME: _____

- DON'T KNOW 8
- REFUSED 9

P24. Since LAST INTERVIEW DATE, did she attend (other) school or training programs or take classes? Please include regular high school, adult basic education or GED courses, vocational or trade school, Job Corps, college, or other types of school, as well as training programs to help her learn job skills or get a job. Also include classes she may have attended to learn English or improve her reading skills.

PROBE: Include beauty school and secretarial or nursing courses.

- YES (GO TO TRE) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

	TRA	TRB
<p>TRE. Please tell me the name of (the/each/ each of the other) school(s) or training program(s) she attended or course(s) she took since LAST INTERVIEW DATE. Please begin with the most recent one she attended and work back.</p> <p>TRF What was the name of the second most recent school or training program?</p> <p>TRG-I What was the name of the next most recent school or training program she attended since LAST INTERVIEW DATE?</p> <p>ASK ES THROUGH EE FOR EACH SCHOOL OR TRAINING PROGRAM, THEN ASK E29 THROUGH E37 DOWN FOR EACH PROGRAM.</p>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<p>ES. When did she <u>start</u> going to PROGRAM?</p> <p>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF SAMPLE MEMBER CANNOT GIVE EXACT DATES. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</p>	<p>START: / / MONTH DAY YEAR</p> <p>ATTENDING ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>START: / / MONTH DAY YEAR</p> <p>ATTENDING ON LAST INTERVIEW DATE 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>EE. And when did she <u>stop</u> going to PROGRAM?</p> <p>IF STILL ATTENDING, CIRCLE CODE 97.</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL ATTENDING 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>STOP: / / MONTH DAY YEAR</p> <p>STILL ATTENDING 97</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>E29. How many hours per week (does/did) she usually spend in PROGRAM?</p> <p>PROBE: How many days in an average week?</p>	<p> HOURS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p> HOURS PER WEEK</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

TRC	TRD	TRE
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
START: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99	START: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR ATTENDING ON LAST INTERVIEW DATE 97 DON'T KNOW 98 REFUSED 99
STOP: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99	STOP: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99	STOP: __ __ __ / __ __ __ / __ __ __ MONTH DAY YEAR STILL ATTENDING 97 DON'T KNOW 98 REFUSED 99
__ __ __ HOURS PER WEEK DON'T KNOW 8 REFUSED 9	__ __ __ HOURS PER WEEK DON'T KNOW 8 REFUSED 9	__ __ __ HOURS PER WEEK DON'T KNOW 8 REFUSED 9

	TRA	TRB
E31. What type of school or training (is/was) it? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">REV 4/98</div>	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01
	HIGH SCHOOL (GRADE 9-12) 02	HIGH SCHOOL (GRADE 9-12) 02
	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03
	GED PROGRAM 04	GED PROGRAM 04
	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05
	NURSING SCHOOL (LPN OR RN) 06	NURSING SCHOOL (LPN OR RN) 06
	BUSINESS OR SECRETARIAL SCHOOL 07	BUSINESS OR SECRETARIAL SCHOOL 07
	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08
	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09
	COLLEGE (4-YEAR) 10	COLLEGE (4-YEAR) 10
	ALTERNATIVE SCHOOL 11	ALTERNATIVE SCHOOL 11
	JOB PLACEMENT PROGRAM 12	JOB PLACEMENT PROGRAM 12
	ON-THE-JOB TRAINING 13	ON-THE-JOB TRAINING 13
	HOME STUDY 14	HOME STUDY 14
	JOB SEARCH/READINESS PROGRAM 15	JOB SEARCH/READINESS PROGRAM 15
	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16
	POSTGRADUATE PROGRAM 17	POSTGRADUATE PROGRAM 17
	OTHER TYPE (SPECIFY) 00	OTHER TYPE (SPECIFY) 00
	_____	_____
	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	
t33. INTERVIEWER: CHECK A7. IS MOTHER 19 OR YOUNGER?	YES 1	YES 1
	NO (GO TO tE35) 0	NO (GO TO tE35) 0
E33. [(Are/Were) you/(Is/Was) she] enrolled in a special program for teenage parents at PROGRAM?	YES 1	YES 1
	NO 0	NO 0
	DON'T KNOW 8	DON'T KNOW 8
	REFUSED 9	REFUSED 9

TRC	TRD	TRE
ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01	ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) 01
HIGH SCHOOL (GRADE 9-12) 02	HIGH SCHOOL (GRADE 9-12) 02	HIGH SCHOOL (GRADE 9-12) 02
ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03	ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) 03
GED PROGRAM 04	GED PROGRAM 04	GED PROGRAM 04
ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05	ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM 05
NURSING SCHOOL (LPN OR RN) 06	NURSING SCHOOL (LPN OR RN) 06	NURSING SCHOOL (LPN OR RN) 06
BUSINESS OR SECRETARIAL SCHOOL 07	BUSINESS OR SECRETARIAL SCHOOL 07	BUSINESS OR SECRETARIAL SCHOOL 07
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08	VOCATIONAL, TECHNICAL, OR TRADE SCHOOL 08
COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09	COMMUNITY OR JUNIOR COLLEGE (2-YEAR) 09
COLLEGE (4-YEAR) 10	COLLEGE (4-YEAR) 10	COLLEGE (4-YEAR) 10
ALTERNATIVE SCHOOL 11	ALTERNATIVE SCHOOL 11	ALTERNATIVE SCHOOL 11
JOB PLACEMENT PROGRAM 12	JOB PLACEMENT PROGRAM 12	JOB PLACEMENT PROGRAM 12
ON-THE-JOB TRAINING 13	ON-THE-JOB TRAINING 13	ON-THE-JOB TRAINING 13
HOME STUDY 14	HOME STUDY 14	HOME STUDY 14
JOB SEARCH/READINESS PROGRAM 15	JOB SEARCH/READINESS PROGRAM 15	JOB SEARCH/READINESS PROGRAM 15
MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16	MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST 16
POSTGRADUATE PROGRAM 17	POSTGRADUATE PROGRAM 17	POSTGRADUATE PROGRAM 17
OTHER TYPE (SPECIFY) 00	OTHER TYPE (SPECIFY) 00	OTHER TYPE (SPECIFY) 00
_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
YES 1	YES 1	YES 1
NO (GO TO tE35) 0	NO (GO TO tE35) 0	NO (GO TO tE35) 0
YES 1	YES 1	YES 1
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9

	TRA	TRB
E35. INTERVIEWER: CHECK EE. IS MOTHER STILL IN PROGRAM (CODE 97)?	YES.....(GO TO E38) 1 NO 0	YES.....(GO TO E38) 1 NO 0
E36. Did she complete PROGRAM?	YES.....(GO TO E38) 1 NO 0 DON'T KNOW ..(GO TO E38) 8 REFUSED.....(GO TO E38) 9	YES.....(GO TO E38) 1 NO 0 DON'T KNOW ..(GO TO E38) 8 REFUSED.....(GO TO E38) 9
E37. What was the <u>main</u> reason she did not complete PROGRAM? REV 4/98 IF MORE THAN ONE REASON, PROBE FOR <u>MAIN</u> REASON. CIRCLE ONE.	EXPELLED OR ASKED TO LEAVE 01 DID NOT LIKE PROGRAM OR PROGRAM BORING 02 DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03 NOT DOING WELL OR POOR GRADES . 04 DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05 DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06 CHANGED SCHOOL, COURSE, OR PROGRAM 07 SCHOOL OR PROGRAM CLOSED 08 PREGNANCY 09 COULD NOT FIND CHILD CARE 10 COULD NOT AFFORD CHILD CARE 11 CHILD CARE WAS POOR QUALITY 12 GOT A JOB OR NEEDED A JOB 13 TRANSPORTATION PROBLEM 14 OWN HEALTH PROBLEM OR INJURY .. 15 DRUG OR ALCOHOL PROBLEM 16 PARENTAL OR FAMILY PROBLEM OR PRESSURE 17 MOVED OR CHANGED RESIDENCE ... 18 FINANCES 19 OTHER (SPECIFY) 00 _____ _____ DON'T KNOW 98 REFUSED 99	EXPELLED OR ASKED TO LEAVE 01 DID NOT LIKE PROGRAM OR PROGRAM BORING 02 DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03 NOT DOING WELL OR POOR GRADES . 04 DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05 DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06 CHANGED SCHOOL, COURSE, OR PROGRAM 07 SCHOOL OR PROGRAM CLOSED 08 PREGNANCY 09 COULD NOT FIND CHILD CARE 10 COULD NOT AFFORD CHILD CARE 11 CHILD CARE WAS POOR QUALITY 12 GOT A JOB OR NEEDED A JOB 13 TRANSPORTATION PROBLEM 14 OWN HEALTH PROBLEM OR INJURY .. 15 DRUG OR ALCOHOL PROBLEM 16 PARENTAL OR FAMILY PROBLEM OR PRESSURE 17 MOVED OR CHANGED RESIDENCE ... 18 FINANCES 19 OTHER (SPECIFY) 00 _____ _____ DON'T KNOW 98 REFUSED 99
E38. INTERVIEWER: CHECK TRE. ARE THERE ANY OTHER PROGRAMS TO ASK ABOUT?	YES...(GO TOTRB) 01 NO.....(GO TO F1) 00 DON'T KNOW....(GO TO F1) 8 REFUSED.....(GO TO F1) 9	YES...(GO TO TRC) 01 NO.....(GO TO F1) 00 DON'T KNOW....(GO TO F1) 8 REFUSED.....(GO TO F1) 9

TRC	TRD	TRE
YES.....(GO TO E38) 1	YES.....(GO TO E38) 1	YES.....(GO TO E38) 1
NO 0	NO 0	NO 0
YES.....(GO TO E38) 1	YES.....(GO TO E38) 1	YES.....(GO TO E38) 1
NO 0	NO 0	NO 0
DON'T KNOW ..(GO TO E38) 8	DON'T KNOW ..(GO TO E38) 8	DON'T KNOW ..(GO TO E38) 8
REFUSED.....(GO TO E38) 9	REFUSED.....(GO TO E38) 9	REFUSED.....(GO TO E38) 9
EXPELLED OR ASKED TO LEAVE 01	EXPELLED OR ASKED TO LEAVE 01	EXPELLED OR ASKED TO LEAVE 01
DID NOT LIKE PROGRAM OR PROGRAM BORING 02	DID NOT LIKE PROGRAM OR PROGRAM BORING 02	DID NOT LIKE PROGRAM OR PROGRAM BORING 02
DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03	DISSATISFACTION WITH THE QUALITY OF THE SCHOOL OR PROGRAM 03
NOT DOING WELL OR POOR GRADES . 04	NOT DOING WELL OR POOR GRADES . 04	NOT DOING WELL OR POOR GRADES . 04
DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05	DID NOT LIKE OR GET ALONG WITH SCHOOL OR PROGRAM STAFF 05
DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06	DID NOT LIKE OR GET ALONG WITH OTHER STUDENTS 06
CHANGED SCHOOL, COURSE, OR PROGRAM 07	CHANGED SCHOOL, COURSE, OR PROGRAM 07	CHANGED SCHOOL, COURSE, OR PROGRAM 07
SCHOOL OR PROGRAM CLOSED 08	SCHOOL OR PROGRAM CLOSED 08	SCHOOL OR PROGRAM CLOSED 08
PREGNANCY 09	PREGNANCY 09	PREGNANCY 09
COULD NOT FIND CHILD CARE 10	COULD NOT FIND CHILD CARE 10	COULD NOT FIND CHILD CARE 10
COULD NOT AFFORD CHILD CARE 11	COULD NOT AFFORD CHILD CARE 11	COULD NOT AFFORD CHILD CARE 11
CHILD CARE WAS POOR QUALITY 12	CHILD CARE WAS POOR QUALITY 12	CHILD CARE WAS POOR QUALITY 12
GOT A JOB OR NEEDED A JOB 13	GOT A JOB OR NEEDED A JOB 13	GOT A JOB OR NEEDED A JOB 13
TRANSPORTATION PROBLEM 14	TRANSPORTATION PROBLEM 14	TRANSPORTATION PROBLEM 14
OWN HEALTH PROBLEM OR INJURY .. 15	OWN HEALTH PROBLEM OR INJURY .. 15	OWN HEALTH PROBLEM OR INJURY .. 15
DRUG OR ALCOHOL PROBLEM 16	DRUG OR ALCOHOL PROBLEM 16	DRUG OR ALCOHOL PROBLEM 16
PARENTAL OR FAMILY PROBLEM OR PRESSURE 17	PARENTAL OR FAMILY PROBLEM OR PRESSURE 17	PARENTAL OR FAMILY PROBLEM OR PRESSURE 17
MOVED OR CHANGED RESIDENCE ... 18	MOVED OR CHANGED RESIDENCE ... 18	MOVED OR CHANGED RESIDENCE ... 18
FINANCES 19	FINANCES 19	FINANCES 19
OTHER (SPECIFY) 00	OTHER (SPECIFY) 00	OTHER (SPECIFY) 00
_____	_____	_____
_____	_____	_____
_____	_____	_____
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99
YES...(GO TO TRD) 01	YES...(GO TO TRE) 01	YES...(GO TO TRF-I 01
NO.....(GO TO F1) 00	NO.....(GO TO F1) 00	NO.....(GO TO F1) 00
DON'T KNOW.....(GO TO F1) 8	DON'T KNOW.....(GO TO F1) 8	DON'T KNOW.....(GO TO F1) 8
REFUSED.....(GO TO F1) 9	REFUSED.....(GO TO F1) 9	REFUSED.....(GO TO F1) 9

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SECTION F:
CHILD CARE AND DEVELOPMENT

F1. Now I would like to ask a few questions about child care arrangements you use on a regular basis. (Has your child/Have your children) been cared for regularly by anyone besides you since LAST INTERVIEW DATE? By regularly I mean for at least two weeks for at least 10 hours per week.

- YES 1
- NO (GO TO F19) 0
- DON'T KNOW (GO TO F19) 8
- REFUSED (GO TO F19) 9

F2. Who took care of your (child/ children) regularly since LAST INTERVIEW DATE?

REV
4/98

PROBE: Is there anyone else who took care of your (child/children) regularly since LAST INTERVIEW DATE?

INTERVIEWER: IF RESPONDENT ANSWERS DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL, PROBE: Is the day care center a Head Start or Early Head Start program?

CIRCLE ALL THAT APPLY

- CHILD'S PARENT OR STEPPARENT 1
- CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2
- CHILD'S SIBLING 3
- CHILD'S OTHER RELATIVE 4
- NONRELATIVE OF CHILD 5
- DAY CARE CENTER, NURSERY SCHOOL, PRESCHOOL,
OR BEFORE- AND AFTER-SCHOOL PROGRAM 6
- HEAD START OR EARLY HEAD START PROGRAM 7
- KINDERGARTEN OR ELEMENTARY SCHOOL 8
- SAMPLE MEMBER CARED FOR CHILD(REN)
AT WORK, SCHOOL, OR TRAINING 9
- OTHER (SPECIFY) 0

-
-
- |_|_|
- DON'T KNOW 98
 - REFUSED 99

F3. **INTERVIEWER: DOES RESPONDENT HAVE MORE THAN ONE CHILD?**

YES	(GO TO F4)	1
NO	(GO TO F5)	0
DON'T KNOW	(GO TO F5)	8
REFUSED	(GO TO F5)	9

F4. Has FOCUS CHILD been cared for regularly by anyone besides you since LAST INTERVIEW DATE? By regularly, I mean for at least two weeks for at least 10 hours per week.

YES	1	
NO	(GO TO F19)	0
DON'T KNOW	(GO TO F19)	8
REFUSED	(GO TO F19)	9

F5. **VERIFY AND CODE WITHOUT ASKING IF KNOWN, OR ASK:** Now I would like to ask a few more questions about the child care arrangements you have used for FOCUS CHILD since LAST INTERVIEW DATE.

How many different child care arrangements have you used for FOCUS CHILD since LAST INTERVIEW DATE? Please count only those arrangements that lasted 2 weeks or longer and cared for FOCUS CHILD at least 10 hours per week.

__ __ ARRANGEMENTS	
DON'T KNOW	98
REFUSED	99

INTENTIONALLY BLANK

	MOST RECENT ARRANGEMENT 1	2 ND MOST RECENT ARRANGEMENT 2
<p>F6. Please tell me the names of the programs or persons who have cared for FOCUS CHILD regularly since LAST INTERVIEW DATE, starting with the most recent one.</p> <p>INTERVIEWER: ASK F6 FOR ALL ARRANGEMENTS, THEN ASK F7 THROUGH F19 FOR EACH ARRANGEMENT.</p>	NAME: _____ DON'T KNOW 8 REFUSED 9	NAME: _____ DON'T KNOW 8 REFUSED 9
<p>F7. INTERVIEWER: VERIFY AND CODE IF KNOWN, OR ASK:</p> <p>IF F6 IS A PERSON, ASK: Is NAME IN F6 a relative of FOCUS CHILD?</p> <p>IF YES, ASK: How is NAME IN F6 related to FOCUS CHILD?</p> <p>IF F6 IS A PROGRAM, ASK: What kind of program is NAME IN F6?</p>	FOCUS CHILD'S PARENT OR STEPPARENT 1 FOCUS CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2 FOCUS CHILD'S SIBLING 3 FOCUS CHILD'S OTHER RELATIVE .. 4 NONRELATIVE OF FOCUS CHILD ... 5 DAY CARE CENTER, NURSERY SCHOOL, PRE-SCHOOL, OR BEFORE- AND AFTER-SCHOOL PROGRAM.(GO TO F11) ... 6 HEAD START OR EARLY HEAD START PROGRAM. .(GO TO F11) ... 7 KINDERGARTEN OR ELEMENTARY SCHOOL.(GO TO F11) ... 8 SAMPLE MEMBER CARED FOR CHILD AT WORK, SCHOOL, OR TRAINING.(GO TO F12) ... 9 OTHER (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99	FOCUS CHILD'S PARENT OR STEPPARENT 1 FOCUS CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2 FOCUS CHILD'S SIBLING 3 FOCUS CHILD'S OTHER RELATIVE .. 4 NONRELATIVE OF FOCUS CHILD ... 5 DAY CARE CENTER, NURSERY SCHOOL, PRE-SCHOOL, OR BEFORE- AND AFTER-SCHOOL PROGRAM.(GO TO F11) ... 6 HEAD START OR EARLY HEAD START PROGRAM. .(GO TO F11) ... 7 KINDERGARTEN OR ELEMENTARY SCHOOL.(GO TO F11) ... 8 SAMPLE MEMBER CARED FOR CHILD AT WORK, SCHOOL, OR TRAINING.(GO TO F12) ... 9 OTHER (SPECIFY) 00 _____ _____ _____ DON'T KNOW 98 REFUSED 99
<p>F8. IF F7=3, 4, OR 5, ASK: How old is NAME IN F6?</p> <p>PROBE: Is (he/she) under 10, 10 to 13, 14 to 17, 18 to 49, 50 to 65, or over 65?</p>	_ _ YEARS OLD OR UNDER 10 91 10 to 13 92 14 to 17 93 18 to 49 94 50 to 65 95 OVER 65 96 DON'T KNOW 98 REFUSED 99	_ _ YEARS OLD OR UNDER 10 91 10 to 13 92 14 to 17 93 18 to 49 94 50 to 65 95 OVER 65 96 DON'T KNOW 98 REFUSED 99

3 RD MOST RECENT ARRANGEMENT 3	4 TH MOST RECENT ARRANGEMENT 4	5 TH MOST RECENT ARRANGEMENT 5
NAME: _____ DON'T KNOW 8 REFUSED 9	NAME: _____ DON'T KNOW 8 REFUSED 9	NAME: _____ DON'T KNOW 8 REFUSED 9
FOCUS CHILD'S PARENT OR STEPPARENT 1 FOCUS CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2 FOCUS CHILD'S SIBLING 3 FOCUS CHILD'S OTHER RELATIVE 4 NONRELATIVE OF FOCUS CHILD 5 DAY CARE CENTER, NURSERY SCHOOL, PRE-SCHOOL, OR BEFORE- AND AFTER-SCHOOL PROGRAM.....(GO TO F11) 6 HEAD START OR EARLY HEAD START PROGRAM..(GO TO F11) 7 KINDERGARTEN OR ELEMENTARY SCHOOL.....(GO TO F11) 8 SAMPLE MEMBER CARED FOR CHILD AT WORK, SCHOOL, OR TRAINING.....(GO TO F12) 9 OTHER (SPECIFY) 00 _____ _____ _ _ DON'T KNOW 98 REFUSED 99	FOCUS CHILD'S PARENT OR STEPPARENT 1 FOCUS CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2 FOCUS CHILD'S SIBLING 3 FOCUS CHILD'S OTHER RELATIVE 4 NONRELATIVE OF FOCUS CHILD 5 DAY CARE CENTER, NURSERY SCHOOL, PRE-SCHOOL, OR BEFORE- AND AFTER-SCHOOL PROGRAM.....(GO TO F11) 6 HEAD START OR EARLY HEAD START PROGRAM..(GO TO F11) 7 KINDERGARTEN OR ELEMENTARY SCHOOL.....(GO TO F11) 8 SAMPLE MEMBER CARED FOR CHILD AT WORK, SCHOOL, OR TRAINING.....(GO TO F12) 9 OTHER (SPECIFY) 00 _____ _____ _ _ DON'T KNOW 98 REFUSED 99	FOCUS CHILD'S PARENT OR STEPPARENT 1 FOCUS CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 2 FOCUS CHILD'S SIBLING 3 FOCUS CHILD'S OTHER RELATIVE 4 NONRELATIVE OF FOCUS CHILD 5 DAY CARE CENTER, NURSERY SCHOOL, PRE-SCHOOL, OR BEFORE- AND AFTER-SCHOOL PROGRAM.....(GO TO F11) 6 HEAD START OR EARLY HEAD START PROGRAM..(GO TO F11) 7 KINDERGARTEN OR ELEMENTARY SCHOOL.....(GO TO F11) 8 SAMPLE MEMBER CARED FOR CHILD AT WORK, SCHOOL, OR TRAINING.....(GO TO F12) 9 OTHER (SPECIFY) 00 _____ _____ _ _ DON'T KNOW 98 REFUSED 99
_ _ YEARS OLD OR UNDER 10 91 10 to 13 92 14 to 17 93 18 to 49 94 50 to 65 95 OVER 65 96 DON'T KNOW 98 REFUSED 99	_ _ YEARS OLD OR UNDER 10 91 10 to 13 92 14 to 17 93 18 to 49 94 50 to 65 95 OVER 65 96 DON'T KNOW 98 REFUSED 99	_ _ YEARS OLD OR UNDER 10 91 10 to 13 92 14 to 17 93 18 to 49 94 50 to 65 95 OVER 65 96 DON'T KNOW 98 REFUSED 99

	MOST RECENT ARRANGEMENT 1	2ND MOST RECENT ARRANGEMENT 2
F9. VERIFY AND CODE IF KNOWN, OR ASK: Where (does/did) NAME IN F6 usually take care of FOCUS CHILD?	FOCUS CHILD'S HOME 1 PROVIDER'S HOME 2 BOTH (PROVIDER [IS/WAS]) HOUSEHOLD MEMBER 3 OTHER PLACE (SPECIFY) 0 _____ _____ _____ __ __ DON'T KNOW 8 REFUSED 9	FOCUS CHILD'S HOME 1 PROVIDER'S HOME 2 BOTH (PROVIDER [IS/WAS]) HOUSEHOLD MEMBER 3 OTHER PLACE (SPECIFY) 0 _____ _____ _____ __ __ DON'T KNOW 8 REFUSED 9
F11. How old was FOCUS CHILD when NAME IN F6 began caring for (him/her)?	__ __ YEARS __ __ MONTHS DON'T KNOW 98 REFUSED 99	__ __ YEARS __ __ MONTHS DON'T KNOW 98 REFUSED 99
F12. How old was FOCUS CHILD when NAME IN F6 stopped caring for (him/her)?	__ __ YEARS __ __ MONTHS STILL CARING FOR FOCUS CHILD .. 7 DON'T KNOW 8 REFUSED 9	__ __ YEARS __ __ MONTHS STILL CARING FOR FOCUS CHILD .. 7 DON'T KNOW 8 REFUSED 9

3 RD MOST RECENT ARRANGEMENT 3	4 TH MOST RECENT ARRANGEMENT 4	5 TH MOST RECENT ARRANGEMENT 5
FOCUS CHILD'S HOME 1 PROVIDER'S HOME 2 BOTH (PROVIDER [IS/WAS]) HOUSEHOLD MEMBER 3 OTHER PLACE (SPECIFY) 0 _____ _____ _ _ DON'T KNOW 8 REFUSED 9	FOCUS CHILD'S HOME 1 PROVIDER'S HOME 2 BOTH (PROVIDER [IS/WAS]) HOUSEHOLD MEMBER 3 OTHER PLACE (SPECIFY) 0 _____ _____ _ _ DON'T KNOW 8 REFUSED 9	FOCUS CHILD'S HOME 1 PROVIDER'S HOME 2 BOTH (PROVIDER [IS/WAS]) HOUSEHOLD MEMBER 3 OTHER PLACE (SPECIFY) 0 _____ _____ _ _ DON'T KNOW 8 REFUSED 9
_ _ YEARS _ _ MONTHS DON'T KNOW 98 REFUSED 99	_ _ YEARS _ _ MONTHS DON'T KNOW 98 REFUSED 99	_ _ YEARS _ _ MONTHS DON'T KNOW 98 REFUSED 99
_ _ YEARS _ _ MONTHS STILL CARING FOR FOCUS CHILD 7 DON'T KNOW 8 REFUSED 9	_ _ YEARS _ _ MONTHS STILL CARING FOR FOCUS CHILD 7 DON'T KNOW 8 REFUSED 9	_ _ YEARS _ _ MONTHS STILL CARING FOR FOCUS CHILD 7 DON'T KNOW 8 REFUSED 9

	MOST RECENT ARRANGEMENT 1	2 ND MOST RECENT ARRANGEMENT 2
F13. About how many hours per week (is/was) FOCUS CHILD usually cared for by NAME IN F6? PROBE: Your best estimate is fine.	_ _ _ _ HOURS PER WEEK DON'T KNOW 998 REFUSED 999	_ _ _ _ HOURS PER WEEK DON'T KNOW 998 REFUSED 999
F14. (Does/Did) NAME IN F6 ever care for FOCUS CHILD during evenings, in the early mornings, on weekends, or overnight?	CIRCLE ALL THAT APPLY YES, EVENINGS 1 YES, EARLY MORNINGS 2 YES, WEEKENDS 3 YES, OVERNIGHT 4 NO 0 DON'T KNOW 8 REFUSED 9	CIRCLE ALL THAT APPLY YES, EVENINGS 1 YES, EARLY MORNINGS 2 YES, WEEKENDS 3 YES, OVERNIGHT 4 NO 0 DON'T KNOW 8 REFUSED 9
F15. Why (do/did) you place FOCUS CHILD in NAME IN F6's regular care? <div style="border: 1px solid black; padding: 2px; width: fit-content;">REV 4/98</div> PROBE: (Is/Was) it so you (can/could) work or go to school or training, so you (can/could) do other regular activities, so FOCUS CHILD (has/had) a chance to learn and be with other children, or for some other reason?	CIRCLE ALL THAT APPLY SO RESPONDENT COULD WORK ... 1 SO RESPONDENT COULD GO TO SCHOOL OR TRAINING 2 SO RESPONDENT COULD RUN ERRANDS 3 SO RESPONDENT COULD DO OTHER THINGS 4 TO HELP CHILDREN GROW AND LEARN 5 SO CHILDREN COULD BE WITH OTHER CHILDREN 6 BECAUSE CARE WAS FREE OR ALMOST FREE 7 BECAUSE SOMEONE RECOMMENDED USING CHILD CARE 8 BECAUSE IT IS PART OF THE EHS PROGRAM (TREATMENT GROUP ONLY) 9 OTHER (SPECIFY) 00 _____ _____ DON'T KNOW 98 REFUSED 99	CIRCLE ALL THAT APPLY SO RESPONDENT COULD WORK ... 1 SO RESPONDENT COULD GO TO SCHOOL OR TRAINING 2 SO RESPONDENT COULD RUN ERRANDS 3 SO RESPONDENT COULD DO OTHER THINGS 4 TO HELP CHILDREN GROW AND LEARN 5 SO CHILDREN COULD BE WITH OTHER CHILDREN 6 BECAUSE CARE WAS FREE OR ALMOST FREE 7 BECAUSE SOMEONE RECOMMENDED USING CHILD CARE 8 BECAUSE IT IS PART OF THE EHS PROGRAM (TREATMENT GROUP ONLY) 9 OTHER (SPECIFY) 00 _____ _____ DON'T KNOW 98 REFUSED 99

3 RD MOST RECENT ARRANGEMENT 3	4 TH MOST RECENT ARRANGEMENT 4	5 TH MOST RECENT ARRANGEMENT 5
<p style="text-align: center;"> _ _ _ HOURS PER WEEK</p>	<p style="text-align: center;"> _ _ _ HOURS PER WEEK</p>	<p style="text-align: center;"> _ _ _ HOURS PER WEEK</p>
DON'T KNOW 998	DON'T KNOW 998	DON'T KNOW 998
REFUSED 999	REFUSED 999	REFUSED 999
<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>
YES, EVENINGS 1	YES, EVENINGS 1	YES, EVENINGS 1
YES, EARLY MORNINGS 2	YES, EARLY MORNINGS 2	YES, EARLY MORNINGS 2
YES, WEEKENDS 3	YES, WEEKENDS 3	YES, WEEKENDS 3
YES, OVERNIGHT 4	YES, OVERNIGHT 4	YES, OVERNIGHT 4
NO 0	NO 0	NO 0
DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
REFUSED 9	REFUSED 9	REFUSED 9
<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>
SO RESPONDENT COULD WORK 1	SO RESPONDENT COULD WORK ... 1	SO RESPONDENT COULD WORK ... 1
SO RESPONDENT COULD GO TO SCHOOL OR TRAINING 2	SO RESPONDENT COULD GO TO SCHOOL OR TRAINING 2	SO RESPONDENT COULD GO TO SCHOOL OR TRAINING 2
SO RESPONDENT COULD RUN ERRANDS 3	SO RESPONDENT COULD RUN ERRANDS 3	SO RESPONDENT COULD RUN ERRANDS 3
SO RESPONDENT COULD DO OTHER THINGS 4	SO RESPONDENT COULD DO OTHER THINGS 4	SO RESPONDENT COULD DO OTHER THINGS 4
TO HELP CHILDREN GROW AND LEARN 5	TO HELP CHILDREN GROW AND LEARN 5	TO HELP CHILDREN GROW AND LEARN 5
SO CHILDREN COULD BE WITH OTHER CHILDREN 6	SO CHILDREN COULD BE WITH OTHER CHILDREN 6	SO CHILDREN COULD BE WITH OTHER CHILDREN 6
BECAUSE CARE WAS FREE OR ALMOST FREE 7	BECAUSE CARE WAS FREE OR ALMOST FREE 7	BECAUSE CARE WAS FREE OR ALMOST FREE 7
BECAUSE SOMEONE RECOMMENDED USING CHILD CARE 8	BECAUSE SOMEONE RECOMMENDED USING CHILD CARE 8	BECAUSE SOMEONE RECOMMENDED USING CHILD CARE 8
BECAUSE IT IS PART OF THE EHS PROGRAM (TREATMENT GROUP ONLY) 9	BECAUSE IT IS PART OF THE EHS PROGRAM (TREATMENT GROUP ONLY) 9	BECAUSE IT IS PART OF THE EHS PROGRAM (TREATMENT GROUP ONLY) 9
OTHER (SPECIFY) 00	OTHER (SPECIFY) 00	OTHER (SPECIFY) 00
<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
REFUSED 99	REFUSED 99	REFUSED 99

	MOST RECENT ARRANGEMENT 1	2ND MOST RECENT ARRANGEMENT 2
<p>F16. How much did you or your family pay for NAME IN F6 to care for FOCUS CHILD?</p> <p>PROBE: Your best estimate is fine.</p> <p>PROBE: Please include only the amount that you or your family paid out-of-pocket for this care.</p>	<p>IF AMOUNT VARIES OR VARIED, PROBE FOR AVERAGE AMOUNT OVER ENTIRE PERIOD.</p> <p>CIRCLE CODE FOR TIME PERIOD. WATCH THE DECIMAL POINT.</p> <p>CIRCLE CODE 97 FOR NONCASH, IN-KIND PAYMENTS.</p> <p>\$ __ _ _ . _ _ _ _ </p> <p>TOTAL PER HOUR 01</p> <p style="text-align: center;">OR</p> <p>\$ __ _ _ _ _ _ _ _ _ </p> <p>PER WEEK 11</p> <p>PER DAY 12</p> <p>ONCE EVERY TWO WEEKS 13</p> <p>TWICE A MONTH 14</p> <p>PER MONTH 15</p> <p>PER SCHOOL YEAR 16</p> <p>PER YEAR 17</p> <p>NON-CASH IN-KIND PAYMENTS ONLY.. (GO TO F18) ... 97</p> <p>NOTHING 00</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>IF AMOUNT VARIES OR VARIED, PROBE FOR AVERAGE AMOUNT OVER ENTIRE PERIOD.</p> <p>CIRCLE CODE FOR TIME PERIOD. WATCH THE DECIMAL POINT.</p> <p>CIRCLE CODE 97 FOR NONCASH, IN-KIND PAYMENTS.</p> <p>\$ __ _ _ _ _ _ _ _ _ </p> <p>TOTAL PER HOUR 01</p> <p style="text-align: center;">OR</p> <p>\$ __ _ _ _ _ _ _ _ _ </p> <p>PER WEEK 11</p> <p>PER DAY 12</p> <p>ONCE EVERY TWO WEEKS 13</p> <p>TWICE A MONTH 14</p> <p>PER MONTH 15</p> <p>PER SCHOOL YEAR 16</p> <p>PER YEAR 17</p> <p>NON-CASH IN-KIND PAYMENTS ONLY.. (GO TO F18) ... 97</p> <p>NOTHING 00</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>F17. (Do/Did) you get a special check or voucher from welfare to pay or did your employer pay for some or all of FOCUS CHILD'S care by NAME IN F6?</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>F18. INTERVIEWER: CHECK F6. ARE THERE MORE ARRANGEMENTS TO ASK ABOUT?</p>	<p>YES... (GO TO F7, NEXT ARRANGEMENT) 1</p> <p>NO... (GO TO F19) 0</p>	<p>YES... (GO TO F7, NEXT ARRANGEMENT) 1</p> <p>NO... (GO TO F19) 0</p>

3 RD MOST RECENT ARRANGEMENT 3	4 TH MOST RECENT ARRANGEMENT 4	5 TH MOST RECENT ARRANGEMENT 5
<p>IF AMOUNT VARIES OR VARIED, PROBE FOR AVERAGE AMOUNT OVER ENTIRE PERIOD.</p> <p>CIRCLE CODE FOR TIME PERIOD. WATCH THE DECIMAL POINT.</p> <p>CIRCLE CODE 97 FOR NONCASH, IN-KIND PAYMENTS.</p> <p>\$ _ _ _ . _ _ _ </p> <p>TOTAL PER HOUR 01</p> <p style="text-align: center;">OR</p> <p>\$ _ _ . _ _ _ _ </p> <p>PER WEEK 11</p> <p>PER DAY 12</p> <p>ONCE EVERY TWO WEEKS 13</p> <p>TWICE A MONTH 14</p> <p>PER MONTH 15</p> <p>PER SCHOOL YEAR 16</p> <p>PER YEAR 17</p> <p>NON-CASH IN-KIND PAYMENTS ONLY.. (GO TO F18) 97</p> <p>NOTHING 00</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>IF AMOUNT VARIES OR VARIED, PROBE FOR AVERAGE AMOUNT OVER ENTIRE PERIOD.</p> <p>CIRCLE CODE FOR TIME PERIOD. WATCH THE DECIMAL POINT.</p> <p>CIRCLE CODE 97 FOR NONCASH, IN-KIND PAYMENTS.</p> <p>\$ _ _ _ . _ _ _ </p> <p>TOTAL PER HOUR 01</p> <p style="text-align: center;">OR</p> <p>\$ _ _ . _ _ _ _ </p> <p>PER WEEK 11</p> <p>PER DAY 12</p> <p>ONCE EVERY TWO WEEKS 13</p> <p>TWICE A MONTH 14</p> <p>PER MONTH 15</p> <p>PER SCHOOL YEAR 16</p> <p>PER YEAR 17</p> <p>NON-CASH IN-KIND PAYMENTS ONLY.. (GO TO F18) 97</p> <p>NOTHING 00</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>IF AMOUNT VARIES OR VARIED, PROBE FOR AVERAGE AMOUNT OVER ENTIRE PERIOD.</p> <p>CIRCLE CODE FOR TIME PERIOD. WATCH THE DECIMAL POINT.</p> <p>CIRCLE CODE 97 FOR NONCASH, IN-KIND PAYMENTS.</p> <p>\$ _ _ _ . _ _ _ </p> <p>TOTAL PER HOUR 01</p> <p style="text-align: center;">OR</p> <p>\$ _ _ . _ _ _ _ </p> <p>PER WEEK 11</p> <p>PER DAY 12</p> <p>ONCE EVERY TWO WEEKS 13</p> <p>TWICE A MONTH 14</p> <p>PER MONTH 15</p> <p>PER SCHOOL YEAR 16</p> <p>PER YEAR 17</p> <p>NON-CASH IN-KIND PAYMENTS ONLY.. (GO TO F18) 97</p> <p>NOTHING 00</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>YES... (GO TO F7, NEXT ARRANGEMENT) 1</p> <p>NO... (GO TO F19) 0</p>	<p>YES... (GO TO F7, NEXT ARRANGEMENT) 1</p> <p>NO... (GO TO F19) 0</p>	<p>YES... (GO TO ARRANGEMENT SUPPLEMENT) 1</p> <p>NO... (GO TO F19) 0</p>

F19. Was FOCUS CHILD cared for since (CHILD CARE REFERENCE DATE) in any other child care arrangements for less than 10 hours per week?

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- YES 1
- NO (GO TO F21) 0
- DON'T KNOW (GO TO F21) 8
- REFUSED (GO TO F21) 9

F20. How many?

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6/98

PROBE: How many of these arrangements were for less than 10 hours per week for at least two weeks.

|__|__| ARRANGEMENTS

- DON'T KNOW 98
- REFUSED 99

F21. **INTERVIEWER: CHECK F11, F12, AND F13. WHICH CHILD CARE PROVIDER PROVIDED CARE TO FOCUS CHILD FOR THE MOST HOURS?**

NAME FROM F6: _____

- NO REGULAR CHILD CARE ARRANGEMENT (GO TO F24) 0

F22. In general, how satisfied (are/were) you with the child care PROVIDER IN F21 provided for FOCUS CHILD? Would you say you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?

- VERY SATISFIED 1
- SATISFIED 2
- NEITHER SATISFIED NOR DISSATISFIED 3
- DISSATISFIED 4
- VERY DISSATISFIED 5
- DON'T KNOW 8
- REFUSED 9

F23. Now I am going to ask you about several specific aspects of child care and your satisfaction with these aspects of the child care PROVIDER IN F21 provides. Please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied with each aspect of care.

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	DON'T KNOW	REFUSED
a. The amount of attention FOCUS CHILD (is receiving/received) from PROVIDER IN F21	1	2	3	4	5	8	9
b. How much FOCUS CHILD (is/was) learning from PROVIDER IN F21	1	2	3	4	5	8	9
c. How safe FOCUS CHILD (is/was) with PROVIDER IN F21	1	2	3	4	5	8	9
d. How good PROVIDER IN F21 (is/was) with children	1	2	3	4	5	8	9

F24. If all child care arrangements were available free of charge, would you (use/have used) a (different) child care arrangement for FOCUS CHILD?

- YES 1
- NO (GO TO F27) 0
- DON'T KNOW (GO TO F27) 8
- REFUSED (GO TO F27) 9

F25. What type of child care arrangement would you (prefer/have preferred) to use for FOCUS CHILD?

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CIRCLE ONE

- FOCUS CHILD'S OTHER PARENT OR STEPPARENT 1
 - RESPONDENT'S PARTNER 2
 - FOCUS CHILD'S SIBLING 3
 - FOCUS CHILD'S GRANDPARENT 4
 - OTHER RELATIVE OF FOCUS CHILD 5
 - FRIEND OR NEIGHBOR OF PARENT 6
 - OTHER NONRELATIVE 7
 - DAY OR GROUP CARE CENTER 8
 - NURSERY, PRESCHOOL, OR HEAD START 9
 - FOCUS CHILD CARES FOR SELF 10
 - RESPONDENT'S WORK OR ACTIVITY AT HOME 11
 - RESPONDENT WOULD CARE FOR FOCUS CHILD
AT WORK OR ACTIVITY PLACE 12
 - SOMEONE CARE FOR CHILD IN HOME OF RESPONDENT 13
 - OTHER ARRANGEMENT (SPECIFY) 0
-
- DON'T KNOW 98
 - REFUSED 99

F26. Why would you (like/have liked) to change to this preferred child care arrangement?

REV
4/98

CIRCLE ALL THAT APPLY

- CHILD CARE MORE CONVENIENT 1
 - CHILD CARE SAFER 2
 - CHILD CARE HELPS CHILD LEARN BETTER 3
 - SO CHILD CAN BE WITH OTHER CHILDREN 4
 - SO CHILD CAN BE CARED FOR IN A SMALL GROUP 5
 - SO CHILD CAN BE CARED FOR IN FEWER
DIFFERENT ARRANGEMENTS 6
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 8
 - REFUSED 9

F27. Has anyone from Early Head Start or another program, health agency, or social service agency visited you and FOCUS CHILD at home since LAST INTERVIEW DATE? Please do not include (NAMES OF DATA COLLECTORS/research staff) who may have visited you to talk to you about FOCUS CHILD and collect information for the Early Head Start Evaluation.

- YES (GO TO F28) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

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6/98

A. Home visitors may have come to do activities with you and FOCUS 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 or another program or agency visited you at home since LAST INTERVIEW DATE?

PROBE: Please do not include (NAMES OF DATA COLLECTORS/research staff) who may have visited you to talk to you about FOCUS CHILD and collect information for the Early Head Start Evaluation.

- YES (GO TO F28) 1
- NO (GO TO B) 0
- DON'T KNOW (GO TO B) 8
- REFUSED (GO TO F44) 9

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6/98

B. **IF "NO," ASK:** Has anyone from Early Head Start or another program, health agency, or social service agency visited you and FOCUS CHILD at another place, such as FOCUS CHILD's child care or another person's home, since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO F44) 0
- DON'T KNOW (GO TO F44) 8
- REFUSED (GO TO F44) 9

F28. Since LAST INTERVIEW DATE, did the (person/persons) who visited you and FOCUS CHILD . . .

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	YES	NO	DON'T KNOW	REFUSED
a. Show you activities that you can do with FOCUS CHILD to help (her/him) grow and learn?	1	0	8	9
b. Provide information to help you make better decisions about FOCUS CHILD?	1	0	8	9
c. Play with or check the progress of FOCUS CHILD?	1	0	8	9
d. Talk about or do anything else regarding the growth and development of FOCUS CHILD? (SPECIFY)	1	0	8	9

F29. Where did the person(s) who visited you come from?

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PROBE: From what program or organization?

PROBE: Any place else?

CIRCLE ALL THAT APPLY

- EARLY HEAD START 1
 - DEPARTMENT OF SOCIAL SERVICES
(CUSTOMIZE FOR EACH SITE) 2
 - HEALTH CENTER OR HEALTH PROGRAM 3
 - OTHER SITE SPECIFIC 4
 - OTHER SITE SPECIFIC 5
 - WIC 6
 - PARENTS AS TEACHERS 7
 - OTHER (SPECIFY) 0
-
-
- DON'T KNOW 8
 - REFUSED 9
 - SCHOOL 10
 - FAMILY PRESERVATION PROGRAM/AGENCY 11
 - HEAD START 12

F30. Since LAST INTERVIEW DATE, how often were you and FOCUS CHILD visited by . . .

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READ LIST IF NECESSARY.

	a. IF F29 = 1: Someone from NAME OF EHS PROGRAM?	b. IF F29 > 1: People from other programs or agencies?
ONLY ONCE	1	1
TWO OR THREE TIMES A WEEK ...	2	2
ONCE A WEEK	3	3
TWO OR THREE TIMES A MONTH	4	4
ONCE A MONTH	5	5
LESS THAN ONCE A MONTH	6	6
OTHER (SPECIFY)	0	0
<hr/>		
NOT APPLICABLE	7	7
DON'T KNOW	8	8
REFUSED	9	9

F31. INTERVIEWER: CHECK F30. WAS THERE MORE THAN ONE VISIT?

CHK
4/98

YES 1
NO (GO TO F33) 0

F32. Did the same person visit you each time?

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YES 1
NO (GO TO F34) 0
DON'T KNOW (GO TO F34) 8
REFUSED (GO TO F34) 9

F33. What is that person's name?

**INTERVIEWER: IF RESPONDENT DOES NOT WANT TO NAME THE PERSON,
PROBE FOR INITIALS.**

DON'T KNOW 8
REFUSED 9

GO TO F35

F34. What are the names of the people who visited you?

NAME: _____
NAME: _____
NAME: _____

DON'T KNOW 8
REFUSED 9

F35. About how long (is/was) (that/an average) visit?

PROBE: Your best estimate is fine

 |_|:|_|_|
HOURS MINUTES

DON'T KNOW 8

REFUSED 9

tF36. **INTERVIEWER: CHECK F28a-d. ARE ANY EQUAL TO "YES?"**

YES 1

NO (GO TO F43) 0

DON'T KNOW (GO TO F43) 8

REFUSED (GO TO F43) 9

F36. Now I am going to ask you about your satisfaction with the things the (PERSON FROM F33/the people who visited you) did with you when they visited you. Please tell me whether you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with each thing.

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	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	DON'T KNOW	REFUSED
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F37. IF F28a = 1, ASK: The help (PERSON FROM F33/the people who visited you) gave you when they showed you activities that you can do with FOCUS CHILD to help (her/him) grow?	1	2	3	4	8	9
---	---	---	---	---	---	---

F39. IF F28b = 1, ASK: The information (PERSON FROM F33/the persons who visited you) gave you to help you make better decisions about FOCUS CHILD	1	2	3	4	8	9
--	---	---	---	---	---	---

F41. IF F28c = 1, ASK: (PERSON FROM F33's/their) interactions with FOCUS CHILD while playing with (him/her) or checking (his/her) progress?	1	2	3	4	8	9
--	---	---	---	---	---	---

F42a. IF F28d = 1, ASK: The other things (PERSON FROM F33/the persons who visited you) did related to FOCUS CHILD's growth and development?	1	2	3	4	8	9
--	---	---	---	---	---	---

F43. How helpful (was PERSON FROM F33/were the people who visited you)? Would you say (he/she/they) (was/were) very helpful, somewhat helpful, not very helpful, or not at all helpful?

- VERY HELPFUL 1
- SOMEWHAT HELPFUL 2
- NOT VERY HELPFUL 3
- NOT AT ALL HELPFUL 4
- DON'T KNOW 8
- REFUSED 9

F44. Since LAST INTERVIEW DATE, have you attended classes, lectures, group activities for parents, or other events that provided information on parenting or training to help you be a better parent?

- YES 1
- NO (GO TO F48) 0
- DON'T KNOW (GO TO F48) 8
- REFUSED (GO TO F48) 9

F45. Where did you attend these classes, lectures, group activities, or other events on parenting?

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CIRCLE ALL THAT APPLY

- EARLY HEAD START 1
 - CHILD CARE CENTER 2
 - SCHOOL 3
 - “Y” OR COMMUNITY CENTER 4
 - CHURCH/TEMPLE/MOSQUE 5
 - WIC 6
 - HOSPITAL/MEDICAL/HEALTH CENTER 7
 - OTHER (SPECIFY) 0
-
-
- DON'T KNOW 8
 - REFUSED 9
 - HEALTH DEPARTMENT 10
 - HEAD START 11
 - EMPLOYER 12
 - WELFARE OFFICES/PROGRAM/
HUMAN SERVICES DEPARTMENT 13
 - LIBRARY 14

F46. How many classes, lectures, group sessions, or other events have you attended since LAST INTERVIEW DATE?

NUMBER OF SESSIONS |__|__|
DON'T KNOW 98
REFUSED 99

F47. How helpful (were those/was that) parenting class(es), lecture(s), group sessions, or other event(s)? Would you say they were very helpful, somewhat helpful, not very helpful, or not at all helpful?

VERY HELPFUL 1
SOMEWHAT HELPFUL 2
NOT VERY HELPFUL 3
NOT AT ALL HELPFUL 4
DON'T KNOW 8
REFUSED 9

F48. Since LAST INTERVIEW DATE, did FOCUS CHILD and you participate together in organized group programs for parents and children?

INTERVIEWER: USE EXAMPLES FROM YOUR AREA.

YES 1
NO (GO TO F59) 0
DON'T KNOW (GO TO F59) 8
REFUSED (GO TO F59) 9

F49. Where did FOCUS CHILD and you attend those programs?

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CIRCLE ALL THAT APPLY

- EARLY HEAD START 1
CHILD CARE CENTER 2
SCHOOL 3
“Y” OR COMMUNITY CENTER 4
CHURCH/TEMPLE/MOSQUE 5
WIC 6
HOSPITAL/MEDICAL/HEALTH CENTER 7
OTHER (SPECIFY) 0
-
- DON'T KNOW 8
REFUSED 9
HEALTH DEPARTMENT 10
HEAD START 11
EMPLOYER 12
WELFARE OFFICES/PROGRAM/
HUMAN SERVICES DEPT 13
LIBRARY 14

F50. How often have you attended organized group sessions with FOCUS CHILD since
LAST INTERVIEW DATE?

- ONLY ONCE 1
TWO OR THREE TIMES A WEEK 2
ONCE A WEEK 3
TWO OR THREE TIMES A MONTH 4
ONCE A MONTH 5
LESS THAN ONCE A MONTH 6
OTHER (SPECIFY) 0
-
- DON'T KNOW 8
REFUSED 9

What (do/did) you do in these sessions? Did you . . .

	YES	NO	DON'T KNOW	REFUSED
F51. Meet other mothers of children FOCUS CHILD's age?	1	0	8	9
F52. Get advice to help you solve problems you have at home with FOCUS CHILD?	1	0	8	9
F53. Get new ideas for things to do with FOCUS CHILD?	1	0	8	9
F54. Get help in understanding FOCUS CHILD's development?	1	0	8	9
F55. Get help in relating to FOCUS CHILD?	1	0	8	9

F57. When you went to (these sessions/that session), did FOCUS CHILD play with other children?

YES 1
 NO 0
 DON'T KNOW 8
 REFUSED 9

F58. How helpful was participating in (those sessions/that session) for parents and children? Would you say that participating was very helpful, somewhat helpful, not very helpful, or not at all helpful to you as a parent?

VERY HELPFUL 1
 SOMEWHAT HELPFUL 2
 NOT VERY HELPFUL 3
 NOT AT ALL HELPFUL 4
 DON'T KNOW 8
 REFUSED 9

F59. Since LAST INTERVIEW DATE, have you attended parent support group sessions (other than the classes or programs you already told me about)? These are meetings with other mothers or fathers where parents can talk and share information about being a parent.

- YES 1
- NO (GO TO G1) 0
- DON'T KNOW (GO TO G1) 8
- REFUSED (GO TO G1) 9

F60. Where did you attend parent support group sessions?

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CIRCLE ALL THAT APPLY

- EARLY HEAD START 1
 - CHILD CARE CENTER 2
 - SCHOOL 3
 - “Y” OR COMMUNITY CENTER 4
 - SITE-SPECIFIC PLACE 5
 - CHURCH/TEMPLE/MOSQUE 6
 - HOSPITAL/MEDICAL/HEALTH CENTER 7
 - OTHER (SPECIFY) 0
-
-
- DON'T KNOW 8
 - REFUSED 9
 - HEAD START 10
 - SUPPORT/PLAY GROUP 11

F61. How many parent support group sessions have you attended since LAST INTERVIEW DATE?

- NUMBER OF SESSIONS |__|__|
- DON'T KNOW 98
- REFUSED 99

F62. How helpful was participating in the parent support group session(s)? Would you say that it was very helpful, somewhat helpful, not very helpful, or not at all helpful to you as a parent?

- VERY HELPFUL 1
- SOMEWHAT HELPFUL 2
- NOT VERY HELPFUL 3
- NOT AT ALL HELPFUL 4
- DON'T KNOW 8
- REFUSED 9

**SECTION G:
TRANSPORTATION**

G1. The next questions are about transportation. What type of transportation do you and your family usually use when you have to go somewhere, for example, to work or school, or to shop for groceries?

REV
4/98

PROBE IF MORE THAN ONE: Which would you say is your main method of transportation?

- OWN OR FAMILY'S VEHICLE 01
 - FRIEND'S OR OTHER RELATIVE'S VEHICLE 02
 - PUBLIC TRANSPORTATION 03
 - TAXICAB 04
 - WALK 05
 - BICYCLE 08
 - COURTESY CAR/VAN 09
 - OTHER (SPECIFY) 00
- _____
- _____
- _____
- DON'T KNOW 98
 - REFUSED 99

G3. Do you have a driver's license?

- YES 1
- NO 0
- DON'T NOW 8
- REFUSED 9

G4. How far is your home from the nearest bus, train (or subway) station?

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NUMBER OF BLOCKS | |

OR

- LESS THAN ONE MILE 0
- 1-2 MILES 1
- 3-5 MILES 2
- MORE THAN 5 MILES 3

- NO PUBLIC TRANSPORTATION IN THE AREA 7
- DON'T KNOW 8
- REFUSED 9

G5. Since LAST INTERVIEW DATE, have you received help with arranging or paying for transportation?

- YES 1
- NO (GO TO H1) 0
- DON'T KNOW (GO TO H1) 8
- REFUSED (GO TO H1) 9

G6a. Did you receive transportation assistance from:

	YES	NO	DON'T KNOW	REFUSED
a. Early Head Start?	1	0	8	9
b. A government agency?	1	0	8	9
c. Another program? (SPECIFY)	1	0	8	9

**SECTION H:
HOUSING**

H1. **CODE WITHOUT ASKING IF KNOWN:** The next questions are about housing. In what type of housing do you live? Is it . . .

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6/98

PROBE IF RESPONDENT SAYS PUBLIC OR SUBSIDIZED HOUSING: Is this public or subsidized housing . . .

CIRCLE ONE

- a house, 1
 - an apartment, 2
 - a mobile home or trailer, 3
 - a community shelter, 4
 - a hotel or motel room, 5
 - are you homeless, 6
 - do you live in military housing, or 7
 - do you live in another type of housing? (SPECIFY) 0
- _____
- _____
- _____
- DON'T KNOW 8
 - REFUSED 9

H2. What is your current housing situation? Do you . . .

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INTERVIEWER: IF RESPONDENT LIVES WITH PARENTS AND DOES NOT PAY RENT FOR THE HOUSING, CODE PARENTS HOUSING SITUATION.

- CIRCLE ONE
- own your own house or condominium,. . .(GO TO H4) . . . 1
 - rent your house or apartment, 2
 - exchange services for housing, 3
 - not pay for housing, 4
 - live in temporary housing or a shelter,. . (GO TO H4) . . . 5
 - live in military housing, 6
 - are you homeless, or 7
 - do you have another type of housing arrangement? (SPECIFY) 0
-
-
-
- DON'T KNOW 8
 - REFUSED 9

H3. Do you live in public housing or do you and your family receive a rent subsidy or pay a lower rent because the government pays part of the cost?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

H4. Since LAST INTERVIEW DATE, have you received help with finding housing?

- YES 1
- NO 0
- HAS NOT MOVED 5
- DON'T KNOW 8
- REFUSED 9

H5. **INTERVIEWER: CODE WITHOUT ASKING IF KNOWN:** Have you moved since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO H7) 0
- DON'T KNOW (GO TO H7) 8
- REFUSED (GO TO H7) 9

H6. How many times have you moved since LAST INTERVIEW DATE?

- |__|
- TIMES MOVED
- DON'T KNOW 8
 - REFUSED 9

H6a. Has your family moved in with another household since LAST INTERVIEW DATE because you needed a place to live?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

H7. Since LAST INTERVIEW DATE, have you participated in a program offering energy assistance to help you with fuel or electric bills?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

H9. **INTERVIEWER: IF H1 EQUAL TO "6," GO TO H10:** Have you ever been homeless since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO H10) 0
- DON'T KNOW (GO TO H10) 8
- REFUSED (GO TO H10) 9

H10. For how long were you homeless since LAST INTERVIEW DATE?

- |__|__| DAYS 1
- WEEKS 2
- MONTHS 3
- ENTIRE TIME 97
- DON'T KNOW 98
- REFUSED 99

H11. How satisfied are you with your neighborhood as a place for raising children? Would you say you are very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

- VERY SATISFIED 1
- SOMEWHAT SATISFIED 2
- NEITHER SATISFIED OR DISSATISFIED 3
- SOMEWHAT DISSATISFIED 4
- VERY DISSATISFIED 5
- NOT APPLICABLE, NO NEIGHBORHOOD 7
- DON'T KNOW 8
- REFUSED 9

**SECTION I:
SOCIAL SUPPORT**

Now I have a few questions about the amount of help available to you. I am going to describe some situations. For each situation, I will ask about help you could get.

I1. First, suppose you have a broken leg and will be laid up for three months to heal. Is there someone you could turn to who would be able to help care for your child(ren) on a regular basis for these three months?

- YES 1
- NO (GO TO I2) 0
- DON'T KNOW (GO TO I2) 8
- REFUSED (GO TO I2) 9

I1a. How many people do you know who could help care for your child(ren) in this situation?

- |__|__| PEOPLE WHO COULD HELP
- DON'T KNOW 98
- REFUSED 99

I1b. (How many of these people/Does this person) live in your household?

- |__|__| PEOPLE IN HOUSEHOLD WHO COULD HELP
- DON'T KNOW 98
- REFUSED 99

I2. Next, suppose something has come up and you must go out unexpectedly during the hours you usually take care of your child(ren). For one reason or another, you cannot take the child(ren) with you. Is there someone who would be able to babysit for your child(ren) for a few hours on short notice?

- YES 1
- NO (GO TO I3) 0
- DON'T KNOW (GO TO I3) 8
- REFUSED (GO TO I3) 9

I2a. How many people do you know who could help care for your child(ren) in this situation?

|__|__| PEOPLE WHO COULD HELP

- DON'T KNOW 98
- REFUSED 99

I2b. (How many of these people/Does this person) live in your household?

|__|__| PEOPLE IN HOUSEHOLD WHO COULD HELP

I3. Next, suppose you need to borrow \$100 for an emergency. Is there someone you could turn to for a \$100 emergency loan?

- YES 1
- NO (GO TO I4) 0
- DON'T KNOW (GO TO I4) 8
- REFUSED (GO TO I4) 9

I3a. How many people do you know who could loan you \$100 in an emergency?

|__|__| PEOPLE WHO COULD LOAN \$100
DON'T KNOW 98
REFUSED 99

I3b. (How many of these people/Does this person) live in your household?

|__|__| PEOPLE IN HOUSEHOLD WHO
COULD LOAN \$100

I4. Next, suppose it is about 12 midnight and your child seems sick. You took (his/her) temperature and (he/she) is running a fever of 105 degrees. Your doctor's office is closed, and you are trying to decide if you should get emergency care for your child. Is there someone who you could turn to for advice about this?

YES 1
NO (GO TO I5) 0
DON'T KNOW (GO TO I5) 8
REFUSED (GO TO I5) 9

I4a. How many people do you know whom you could turn to for advice about this?

|__|__| PEOPLE WHO CAN GIVE ADVICE
DON'T KNOW 98
REFUSED 99

I4b. (How many of these people/Does this person) live in your household?

|__|__| PEOPLE IN HOUSEHOLD
WHO CAN GIVE ADVICE

15. Imagine that you have a personal problem and are feeling nervous, anxious, or depressed. Is there someone you can confide in when you are feeling this way?
- YES 1
- NO (GO TO I8) 0
- DON'T KNOW (GO TO I8) 8
- REFUSED (GO TO I8) 9

- 15a. How many people do you know in whom you can confide when you have a personal problem?
- |__|__| PEOPLE WHO CAN CONFIDE IN
- DON'T KNOW 98
- REFUSED 99

- 15b. (How many of these people/Does this person) live in your household?
- |__|__| PEOPLE IN HOUSEHOLD
WHO CAN CONFIDE IN

17. **INTERVIEWER: IF I5 EQUALS "YES," READ I7, OTHERWISE GO TO I8:** Thinking about the last time you confided in (this person/one of these people), how helpful was confiding in (that person/those people//him/her)? Was it . . .
- Very helpful 1
- Somewhat helpful 2
- Not very helpful 3
- Not at all helpful 4
- DON'T KNOW 8
- REFUSED 9

I8. In the last 12 months, have you or family members living with you been bothered by bill collectors or been threatened that phone or utility services will be cut off?

YES 1
 NO 0
 DON'T KNOW 8
 REFUSED 9

I9. Do you have a working telephone in your home?

YES 1
 NO 0
 DON'T KNOW 8
 REFUSED 9

I9. Are you currently a member of . . .

	YES	NO	DON'T KNOW	REFUSED
a. A religious group, for example, a church, synagogue, mosque, prayer group, or bible study group?	1	0	8	9
b. A community group, such as a neighborhood council, tenant association, neighborhood watch, advisory group, or task force?	1	0	8	9
c. A support group, such as a group for women, for parents, or for alcohol or drug users?	1	0	8	9
d. A school group, such as a PTA, PTO, school council, or parent organization?	1	0	8	9
e. A parent group at an early childhood program? Please do not include parent classroom volunteer.	1	0	8	9
f. Early Head Start policy council?	1	0	8	9
g. A political advocacy group?	1	0	8	9
h. Do you belong to other groups? (SPECIFY) . . .	1	0	8	9

I10. **COMPARISON FAMILIES ONLY:** Do you know anyone who participates in LOCAL EHS PROGRAM?

- YES 1
- NO (GO TO I12) 0
- DON'T KNOW (GO TO I12) 8
- REFUSED (GO TO I12) 9

I11. How many families in LOCAL EHS PROGRAM do you know?

- |__|__| FAMILIES
- DON'T KNOW 98
- REFUSED 99

I12. Do you do unpaid volunteer work for a group or organization?

- YES 1
- NO (GO TO J1) 0
- DON'T KNOW (GO TO J1) 8
- REFUSED (GO TO J1) 9

I13. How many hours a week do you work as a volunteer?

CIRCLE ONE

- LESS THAN 1 HOUR A WEEK 1
- 1-2 HOURS A WEEK 2
- 3-4 HOURS A WEEK 3
- 5-10 HOURS A WEEK 4
- 11-19 HOURS A WEEK 5
- 20 OR MORE HOURS A WEEK 6
- DON'T KNOW 8
- REFUSED 9

**SECTION J:
HEALTH STATUS**

J1. The next questions are about your health. Remember that everything that you say to me is confidential. In general, would you say your health is excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 8
- REFUSED 9

J2. The following items are about activities you might do during a typical day. Does *your health now limit you* in these activities a lot, a little, or not at all?

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	A Lot	A Little	Not At All
a. <i>Vigorous activities</i> , such as running, lifting heavy objects, participating in strenuous sports	2	1	0
b. <i>Moderate activities</i> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	2	1	0
c. Lifting or carrying groceries	2	1	0
e. Climbing <i>one</i> flight of stairs	2	1	0
d. Climbing <i>several</i> flights of stairs	2	1	0
f. Bending, kneeling, or stooping	2	1	0
g. Walking <i>more than a mile</i>	2	1	0
i. Walking <i>one block</i>	2	1	0
h. Walking <i>several blocks</i>	2	1	0
j. Bathing or dressing yourself	2	1	0

J3. IF RESPONDENT IS MALE OR FEMALE OVER 50, SKIP TO J24.

J5. Now I would like to ask a few questions about pregnancies and deliveries you may have had. Have you been pregnant since you applied to Early Head Start, that is since RANDOMIZATION/LAST INTERVIEW DATE?

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PROBE: Please answer "YES" if you were pregnant with FOCUS CHILD when you applied to Early Head Start.

**INTERVIEWER: IF SAMPLE MEMBER WAS PREGNANT ON LAST INTERVIEW DATE, CIRCLE "YES."
IF THIS IS A 15-MONTH INTERVIEW, WE WANT TO KNOW IF THE RESPONDENT WAS PREGNANT WHEN SHE APPLIED TO EHS. IF THIS IS A 26-MONTH SURVEY, WE WANT TO KNOW IF THE RESPONDENT HAS BEEN PREGNANT SINCE WE INTERVIEWED THE RESPONDENT AT 15 MONTHS. IF WE DID NOT INTERVIEW THE RESPONDENT AT 15 MONTHS, WE WANT TO KNOW ABOUT ANY PREGNANCIES SINCE THE RESPONDENT APPLIED TO EHS. INCLUDE PREGNANCIES WITH FOCUS CHILD.**

- YES (GO TO J6) 1
- NO (GO TO J7) 0
- DON'T KNOW (GO TO J27C) 8
- REFUSED (GO TO J27C) 9

J6. How many times have you been pregnant since you applied to Early Head Start about RANDOMIZATION/LAST INTERVIEW DATE?

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- PREGNANCIES |__|
- DON'T KNOW (GO TO J7) 8
- REFUSED 9

J7. Are you currently pregnant?

- YES 1
- NO (GO TO J12) 0
- DON'T KNOW (GO TO J12) 8
- REFUSED (GO TO J12) 9

J8. When is your baby due?

|_|_|_|/|_|_|_|/|_|_|_|
MONTH DAY YEAR

DON'T KNOW 98

REFUSED 99

INTERVIEWER: CODE IF KNOWN. OTHERWISE ASK:

J12. How many children have you given birth to since LAST INTERVIEW DATE? Include FOCUS CHILD if (he/she) was born since you applied to Early Head Start.

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CHILDREN |_|

NONE (GO TO J27) 0

DON'T KNOW (GO TO J27) 8

REFUSED (GO TO J27) 9

INTERVIEWER: ASK J14 THROUGH J26 DOWN THE COLUMN FOR EACH CHILD FROM J13.

<p>J13. Please tell me the name of (your/each) child born since you applied to Early Head Start, that is since RANDOMIZATION DATE. Please tell me when CHILD was born.</p> <p>REV 4/98</p>	<p>CHILD: <u> FOCUS CHILD </u> </p>	<p>CHILD: _____ </p>	<p>CHILD: _____ </p>
<p>j14 Please tell me when CHILD was born.</p>	<p> _ _ / _ _ / _ _ MONTH DAY YEAR</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ / _ _ / _ _ MONTH DAY YEAR</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ / _ _ / _ _ MONTH DAY YEAR</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>J1a. What was the date of your last menstrual period before CHILD was born?</p>	<p> _ _ / _ _ / _ _ MONTH DAY YEAR</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>		
<p>J3b. Did you see a doctor or health professional, or go to a clinic for prenatal care before CHILD was born?</p>	<p>YES 1</p> <p>NO..... (GO TO J14) .. 0</p> <p>DON'T KNOW. (GO TO J14) .. 8</p> <p>REFUSED.... (GO TO J14) .. 9</p>	<p>YES 1</p> <p>NO..... (GO TO J14) .. 0</p> <p>DON'T KNOW. (GO TO J14) .. 8</p> <p>REFUSED.... (GO TO J14) .. 9</p>	<p>YES 1</p> <p>NO..... (GO TO J14) .. 0</p> <p>DON'T KNOW. (GO TO J14) .. 8</p> <p>REFUSED.... (GO TO J14) .. 9</p>
<p>J3c. In which month of your pregnancy with CHILD did you first go to a doctor or clinic for prenatal care?</p>	<p> _ _ MONTH OF PREGNANCY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ MONTH OF PREGNANCY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ MONTH OF PREGNANCY</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>J14. How much did CHILD weigh at birth?</p>	<p> _ _ AND _ _ POUNDS OUNCES</p> <p>OR</p> <p> _ _ . _ _ KILOGRAMS</p>	<p> _ _ AND _ _ POUNDS OUNCES</p> <p>OR</p> <p> _ _ . _ _ KILOGRAMS</p>	<p> _ _ AND _ _ POUNDS OUNCES</p> <p>OR</p> <p> _ _ . _ _ KILOGRAMS</p>
<p>J16. Was CHILD born more than two weeks before or two weeks after the doctor expected?</p>	<p>YES, BEFORE 1</p> <p>YES, AFTER 2</p> <p>NO (GO TO J18) .. 0</p> <p>DON'T KNOW . (GO TO J18) .. 8</p> <p>REFUSED.... (GO TO J18) .. 9</p>	<p>YES, BEFORE 1</p> <p>YES, AFTER 2</p> <p>NO (GO TO J18) .. 0</p> <p>DON'T KNOW . (GO TO J18) .. 8</p> <p>REFUSED.... (GO TO J18) .. 9</p>	<p>YES, BEFORE 1</p> <p>YES, AFTER 2</p> <p>NO (GO TO J18) .. 0</p> <p>DON'T KNOW . (GO TO J18) .. 8</p> <p>REFUSED.... (GO TO J18) .. 9</p>
<p>J17. How many weeks (early/late) was (he/she) born?</p>	<p> _ _ WEEKS</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ WEEKS</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p> _ _ WEEKS</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>
<p>J18. Did you have any complications during that pregnancy?</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 0</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

	CHILD: <u> FOCUS CHILD</u>	CHILD: _____	CHILD: _____
J19. As a newborn baby, did CHILD stay in the hospital after (he/she) was born because of medical problems? Please include only the days (he/she) stayed in the hospital because of medical problems. Do not include the time spent in the hospital at birth.	YES 1 NO.....(GO TO J22) . 0 DON'T KNOW ..(GO TO J22) . 8 REFUSED.....(GO TO J22) . 9	YES 1 NO.....(GO TO J22) . 0 DON'T KNOW ..(GO TO J22) . 8 REFUSED.....(GO TO J22) . 9	YES 1 NO.....(GO TO J22) . 0 DON'T KNOW ..(GO TO J22) . 8 REFUSED.....(GO TO J22) . 9
J20. How many days did CHILD stay in the hospital after birth because of medical problems?	_____ DAYS DON'T KNOW 998 REFUSED 999	_____ DAYS DON'T KNOW 998 REFUSED 999	_____ DAYS DON'T KNOW 998 REFUSED 999
J21. Of those NUMBER FROM J18 days, how many days did CHILD stay in the neo-natal intensive care unit in the hospital after birth?	_____ DAYS DON'T KNOW 998 REFUSED 999	_____ DAYS DON'T KNOW 998 REFUSED 999	_____ DAYS DON'T KNOW 998 REFUSED 999
J22. Prior to the birth of CHILD, did you attend Lamaze or other prepared childbirth classes?	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
J24. Did you breastfeed that child?	YES 1 NO..... (GO TO J26) . 0 DON'T KNOW ..(GO TO J26) . 8 REFUSED(GO TO J26) . 9		
J26. INTERVIEWER: IS THERE ANOTHER CHILD?	YES. . . (GO TO J13, NEXT CHILD) 1 NO(GO TO J27) 0	YES. . . (GO TO J13, NEXT CHILD) 1 NO(GO TO J27) 0	YES. . . (GO TO J13, BIRTH SUPPLEMENT) 1 NO(GO TO J27) 0

J27. INTERVIEWER: IS RESPONDENT FOCUS CHILD'S BIOLOGICAL MOTHER?

YES (GO TO J31) 1
NO 0

J28. INTERVIEWER: IS FOCUS CHILD'S MOTHER IN THE FAMILY (IS A6 = 02 FOR ANY FAMILY MEMBER)?

YES 1
NO (GO TO J31) 0

J30. Now I would like to ask about children FOCUS CHILD's mother may have had. How many living children has FOCUS CHILD'S MOTHER given birth to since LAST INTERVIEW DATE?

PROBE: Please do not include miscarriages or stillbirths.

CHILDREN |__|
NONE 0
DON'T KNOW 8
REFUSED 9

J31. The next question is about the use of tobacco. Do you smoke cigarettes or use other types of tobacco?

YES 1
NO 0
DON'T NOW 8
REFUSED 9

J31a. Do any other members of your household smoke cigarettes or use other types of tobacco?

YES 1
NO 0
DON'T NOW 8
REFUSED 9

J32. Overall, since LAST INTERVIEW DATE, would you say FOCUS CHILD's health has been excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 8
- REFUSED 9

J33. Is FOCUS CHILD limited in any way in any activities because of an impairment or a health problem?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

J35a. Compared with other children about the same age, how well does FOCUS CHILD hear everyday things like voices and sounds? Would you say (he/she) . . .

REV
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- hears normally, or (GO TO J36a) 1
- might have or does having a hearing problem? 2
- DON'T KNOW (GO TO J36a) 8
- REFUSED (GO TO J36a) 9

J35b. Has a professional diagnosed FOCUS CHILD as having a hearing problem?

REV
4/98

- YES 1
- NO (GO TO J36a) 0
- DON'T KNOW (GO TO J36a) 8
- REFUSED (GO TO J36a) 9

J35c. How old was FOCUS CHILD when (his/her) hearing problem was first diagnosed?

REV
4/98

____| ____|____|
YEARS MONTHS

- DIAGNOSED AT BIRTH 97
- DON'T KNOW 98
- REFUSED 99

J35d. Is FOCUS CHILD'S hearing loss . . .

REV
4/98

- mild, 1
- moderate, 2
- severe, or 3
- profound? 4
- DON'T KNOW 8
- REFUSED 9

J35e. Was a hearing aid of any other kind of device prescribed for FOCUS CHILD?

REV
4/98

- YES 1
- NO (GO TO J36a) 0
- DON'T KNOW (GO TO J36a) 8
- REFUSED (GO TO J36a) 9

J35f. How well does FOCUS CHILD hear with the hearing device? Would you say (he/she)..

REV
4/98

- hears normally, 1
- has a little trouble hearing, 2
- has a lot of trouble hearing, or 3
- doesn't hear at all. 4
- DOESN'T HAVE ONE 5
- WON'T WEAR IT 6
- DON'T KNOW 8
- REFUSED 9

J36a. How is FOCUS CHILD'S eyesight? Would you say (he/she) . . .

REV
4/98

sees normally without glasses, or. . .(GO TO j37a) 01
might have or does have a vision problem? 02
DON'T KNOW (GO TO J37a) 98
REFUSED (GO TO J37a) 99

J36b. Has FOCUS CHILD's eyesight been tested by a professional?

REV
4/98

YES 01
NO (GO TO J37a) 00
DON'T KNOW (GO TO J37a) 98
REFUSED (GO TO J37a) 99

J36c. Did the professional find that FOCUS CHILD has a vision problem?

REV
4/98

YES 01
NO (GO TO J37a) 00
DON'T KNOW (GO TO J37a) 98
REFUSED (GO TO J37a) 99

J36d. How old was FOCUS CHILD when (his/her) vision problem was first diagnosed?

REV
4/98

|_| |_|_|
YEARS MONTHS

DIAGNOSED AT BIRTH 97
DON'T KNOW 98
REFUSED 99

J36e. Were glasses prescribed to help (her/him) see?

REV
4/98

YES	01
NO (GO TO J37a)	00
DON'T KNOW (GO TO J37a)	98
REFUSED (GO TO J37a)	99

J36f. How well can FOCUS CHILD see with glasses? Would you say (he/she) . . .

REV
4/98

sees normally,	01
has a little trouble seeing, or	02
has a lot of trouble seeing?	03
DOESN'T HAVE GLASSES	04
WON'T WEAR THEM	05
DON'T KNOW	98
REFUSED	99

J36g. How well can FOCUS CHILD see without glasses? Would you say (he/she) . . .

REV
4/98

has a little trouble seeing, or	01
has a lot of trouble seeing?	02
DON'T KNOW	98
REFUSED	99

J37a. Compared with other children about the same age, how well does FOCUS CHILD make his needs known to you and others? Would you say (he/she) . . .

REV
4/98

communicates just as well as other children,	01
has a little trouble communicating,	02
has a lot of trouble communicating, or	03
doesn't communicate at all?	04
DON'T KNOW	98
REFUSED	99

J37b. Does FOCUS CHILD talk yet?

REV
4/98

PROBE: Does FOCUS CHILD say any words yet?

YES	01
NO	(GO TO J38a) 00
DON'T KNOW	(GO TO J38a) 98
REFUSED	(GO TO J38a) 99

J37c. When FOCUS CHILD talks to people (he/she) doesn't know well, is (he/she) . . .

REV
4/98

very easy to understand,	01
fairly easy to understand,	02
somewhat hard to understand, or	03
very hard to understand?	04
DON'T KNOW	98
REFUSED	99

J38a. How well does FOCUS CHILD use (his/her) arms and hands? Would you say (he/she) . . .

REV
4/98

can use both (his/her) arms and hands normally,	01
has a little trouble using one or both arms or hands,	02
has a lot of trouble using one or both, or	03
has no use at all of one or both of (his/her) arms or hands?	04
DON'T KNOW	98
REFUSED	99

J38b. How well does FOCUS CHILD use (his/her) legs and feet? Would you say (he/she) . . .

REV
4/98

- can use both (his/her) feet normally,. . .(GO TO J39) . . 01
- has a little trouble using one or both legs or feet 02
- has a lot of trouble using one or both, or 03
- has no use at all o one or both of (his/her)
legs and feet 04
- DON'T KNOW 98
- REFUSED 99

J38c. Does FOCUS CHILD use any equipment to help (him/her) get around such as crutches,
a walker or a wheelchair?

REV
4/98

- YES 01
- NO 00
- DON'T KNOW. 98
- REFUSED 99

J39. Has FOCUS CHILD ever been diagnosed as having a high level of lead in (his/her)
blood?

- YES 01
- NO 00
- DON'T KNOW. 98
- REFUSED 99

J34. Has the doctor ever told you FOCUS CHILD has the following? Does (he/she) have . . .

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YES	NO	DON'T KNOW	REFUSED
-----	----	------------	---------

IF J36c=01, ASK. OTHERWISE GO TO c: [You mentioned that FOCUS CHILD has a vision problem. Has the doctor ever told you (he/she) has]

a. Crossed eyes or near-sightedness?	1	0	8	9
b. Difficulty seeing or blindness?	1	0	8	9
c. Recurrent ear infections?	1	0	8	9

IF J35a=02, 98 OR 99, ASK. OTHERWISE GO TO e:

d. Difficulty hearing or deafness?	1	0	8	9
--	---	---	---	---

IF J37a=02, 03 OR 04, 98, 99 ASK. OTHERWISE GO TO f: [You mentioned that FOCUS CHILD has trouble communicating. Has the doctor ever told you (he/she) has]

e. A speech problem?	1	0	8	9
f. A problem with mobility, such as cerebral palsy?	1	0	8	9
g. A serious condition that showed up at birth or soon after, such as Down Syndrome, Turner's Syndrome, or Spina Bifida?	1	0	8	9
h. Diabetes?	1	0	8	9
i. Asthma or wheezing?	1	0	8	9
j. Epilepsy or seizures?	1	0	8	9
k. A heart defect?	1	0	8	9
l. Mental retardation?	1	0	8	9
m. An emotional disturbance?	1	0	8	9
n. Has (he/she) been diagnosed as hyperactive?	1	0	8	9
o. Does (he/she) have other types of health conditions or limitations? (SPECIFY)	1	0	8	9

J40s. **INTERVIEWER: CHECK A5. HOW MANY SIBLINGS UNDER AGE 19 DOES THE FOCUS CHILD LIVE WITH? INCLUDE OTHER CHILDREN IN THE HOUSEHOLD FOR WHOM THE RESPONDENT IS RESPONSIBLE. DO NOT INCLUDE RESPONDENT.**

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NUMBER OF SIBLINGS |__|__|
 NONE (GO TO K1) 00

J341. The next questions are about your other (child's/children's) general health.

	SIBLING: _____ __ __	SIBLING: _____ __ __	SIBLING: _____ __ __
J42. Overall, since LAST INTERVIEW DATE, would you say SIBLING's health has been excellent, very good, good, fair, or poor?	EXCELLENT 1	EXCELLENT 1	EXCELLENT 1
	VERY GOOD 2	VERY GOOD 2	VERY GOOD 2
	GOOD 3	GOOD 3	GOOD 3
	FAIR 4	FAIR 4	FAIR 4
	POOR 5	POOR 5	POOR 5
	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
	REFUSED 9	REFUSED 9	REFUSED 9

**SECTION K:
HEALTH CARE SERVICES**

K1. The next questions are about FOCUS CHILD's and your health care. First, do you have a regular health care provider?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

K2. Where do you usually go for health care?

REV
4/98

PROBE: Do you see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital, or emergency room; or do you go somewhere else for health care?

PROBE: Include visits for preventative care, such as immunizations or physical exams, and visits for health problems, such as illness or injury.

INTERVIEWER: IF THEY SEE A HMO DOCTOR IN A PRIVATE DOCTOR'S OFFICE, CODE 6.

CIRCLE ALL THAT APPLY

- EMERGENCY ROOM, OUTPATIENT 1
 - HOSPITAL OR WALK-UP CLINIC 2
 - COMMUNITY HEALTH CENTER 3
 - CLINIC 4
 - HEALTH MAINTENANCE ORGANIZATION (HMO) FACILITY 5
 - PRIVATE DOCTOR'S OFFICE 6
 - OTHER (SPECIFY) 0
-
- NOWHERE/NEVER USE HEALTH CARE 7
 - DON'T KNOW 8
 - REFUSED 9

- K3. Does FOCUS CHILD have a regular health care provider?
- YES 1
 - NO 0
 - DON'T KNOW 8
 - REFUSED 9

K4. Where do you usually take FOCUS CHILD for health care?

REV
4/98

PROBE: Does (she/he) see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital, or emergency room; or does (she/he) go somewhere else for health care?

PROBE: Include visits for preventative care, such as immunizations or physical exams, and visits for health problems, such as illness or injury.

INTERVIEWER: IF THEY SEE A HMO DOCTOR IN A PRIVATE DOCTOR'S OFFICE, CODE 6.

CIRCLE ALL THAT APPLY

- EMERGENCY ROOM, OUTPATIENT 1
 - HOSPITAL OR WALK-UP CLINIC 2
 - COMMUNITY HEALTH CENTER 3
 - CLINIC 4
 - HEALTH MAINTENANCE ORGANIZATION (HMO) 5
 - PRIVATE DOCTOR'S OFFICE 6
 - OTHER (SPECIFY) 0
-
- CHILD WAS NOT TAKEN ANYWHERE FOR MEDICAL CARE 7
 - DON'T KNOW 8
 - REFUSED 9

K5. Have you, FOCUS CHILD or other members of your family who live with you visited a dentist since LAST INTERVIEW DATE?

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- YES 1
- NO (GO TO K7) 0
- DON'T KNOW (GO TO K7) 8
- REFUSED (GO TO K7) 9

K6. Which members of your family visited the dentist since LAST INTERVIEW DATE?

PROBE: Please include yourself.

NAME: _____

NAME: _____

NAME: _____

NAME: _____

DON'T KNOW	98
REFUSED	99

K7. Did you or other members of your family see a doctor, nurse, or other medical person for a health problem or checkup since LAST INTERVIEW DATE?

REV
4/98

PROBE: Please do not include the dental visits we just discussed.

YES	1
NO	(GO TO K16) 0
DON'T KNOW	(GO TO K16) 8
REFUSED	(GO TO K16) 9

K8. Did FOCUS CHILD visit a doctor, nurse, or other medical professional since LAST INTERVIEW DATE?

REV
4/98

PROBE: Please do not include the dental visits we just discussed.

YES	1
NO	(GO TO K13) 0
DON'T KNOW	(GO TO K13) 8
REFUSED	(GO TO K13) 9

K9.

How many times did you take FOCUS CHILD to visit a doctor, nurse, or other health professional since LAST INTERVIEW DATE?

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PROBE: IF RESPONDENT DOESN'T KNOW OR REFUSES: Did FOCUS CHILD visit a health professional such as a doctor or nurse at least once since LAST INTERVIEW DATE?

|__|__| NUMBER OF VISITS

- NONE (GO TO K13) 00
- AT LEAST 1 97
- DON'T KNOW (GO TO K13) 98
- REFUSED (GO TO K13) 99

K10. (Was that visit/How many of those NUMBER FROM K9 visits were) for a check-up?

PROBE: By check-up I mean a visit when a person is not sick.

PROBE: IF DON'T KNOW OR REFUSED: Did FOCUS CHILD visit a health professional for a check up at least once since LAST INTERVIEW DATE?

|__|__| NUMBER OF VISITS

- AT LEAST 1 97
- DON'T KNOW 98
- REFUSED 99

INTERVIEWER: IF ONE VISIT, AND WAS FOR CHECKUP, GO TO K12.

K11. (Was that visit/How many of the NUMBER FROM K9 visits by FOCUS CHILD were) due to sickness or acute or chronic health problems or for other reasons?

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PROBE: IF DON'T KNOW OR REFUSED: Did FOCUS CHILD visit a health professional for acute or chronic health problems at least once?

|__|__| NUMBER OF VISITS

- AT LEAST 1 97
- DON'T KNOW 98
- REFUSED 99

INTERVIEWER: IF ONE VISIT, AND WAS FOR ACUTE OR CHRONIC HEALTH PROBLEMS, GO TO K13.

K12. (Was that visit/How many of the NUMBER FROM K9 visits by FOCUS CHILD were) visits to a hospital emergency room?

PROBE: IF DON'T KNOW OR REFUSED: Did FOCUS CHILD visit a hospital emergency room at least once?

|__|__| NUMBER OF VISITS

AT LEAST 1 97
DON'T KNOW (GO TO K13) 98
REFUSED (GO TO K13) 99

K12a. (Was that visit/How many of those visits) to the emergency room were for accidents or injuries?

PROBE: IF DON'T KNOW OR REFUSED: Did FOCUS CHILD visit the emergency room for an accident or injury at least once?

|__|__| NUMBER OF VISITS

AT LEAST 1 97
DON'T KNOW 98
REFUSED 99

K13. Did you or other members of your family visit a doctor, nurse, or other health care provider for a health problem or check-up since LAST INTERVIEW DATE?

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- YES 1
- NO (GO TO K16) 0
- DON'T KNOW (GO TO K16) 8
- REFUSED (GO TO K16) 9

K14. Which members of your family visited a health care provider since LAST INTERVIEW DATE? PROBE: Please include yourself	K15. Were any of these visits to an emergency room?
RECORD EACH NAME	EMERGENCY ROOM
NAME: _____	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
NAME: _____	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
NAME: _____	YES 1 NO 0 DON'T KNOW 8 REFUSED 9
NAME: _____	YES 1 NO 0 DON'T KNOW 8 REFUSED 9

K16. Did you or other members of your family receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, since LAST INTERVIEW DATE?

PROBE: Was it you, other family members, or both who received treatment?

- YES, JUST RESPONDENT RECEIVED TREATMENT (GO TO K18) 1
- YES, OTHER FAMILY MEMBERS RECEIVED TREATMENT 2
- YES, BOTH 3
- NO (GO TO K18) 0
- DON'T KNOW (GO TO K18) 8
- REFUSED (GO TO K18) 9

K17. How many members of your family received treatment for an emotional, personal, or mental problem since LAST INTERVIEW DATE?

- FAMILY MEMBERS |__|__|
- DON'T KNOW 98
- REFUSED 99

K18. Did you or members of your family receive treatment for a drug or alcohol problem since LAST INTERVIEW DATE?

PROBE: Was it you, other family members, or both who received treatment?

- YES, JUST RESPONDENT RECEIVED TREATMENT (GO TO K20) 1
- YES, OTHER FAMILY MEMBERS RECEIVED TREATMENT 2
- YES, BOTH 3
- NO (GO TO K20) 0
- DON'T KNOW (GO TO K20) 8
- REFUSED (GO TO K20) 9

K19. How many members of your family received treatment for a drug or alcohol problem since LAST INTERVIEW DATE?

FAMILY MEMBERS |__|__|
DON'T KNOW 98
REFUSED 99

K20. Did FOCUS CHILD (or other children in your family) receive immunizations since LAST INTERVIEW DATE?

YES 1
NO (GO TO K22) 0
DON'T KNOW (GO TO K22) 8
REFUSED (GO TO K22) 9

K21. Which children received immunizations (since LAST INTERVIEW DATE)?

REV
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DO NOT INCLUDE RESPONDENT.

NAME: _____ |__|__|
NAME: _____ |__|__|
NAME: _____ |__|__|
NAME: _____ |__|__|
NAME: _____ |__|__|
DON'T KNOW 98
REFUSED 99

K22. Has FOCUS CHILD [or (your other child/other children in your family)] been tested or screened for specific health problems, such as vision or hearing problems, sickle cell anemia, iron-deficiency anemia, lead, tuberculosis or anything else, since LAST INTERVIEW DATE?

INTERVIEWER: IF YES, CODE 1 OR 2

YES, FOCUS CHILD (AND OTHER CHILD[REN]) 1
YES, OTHER CHILD(REN) IN HOUSEHOLD
ONLY (GO TO K25a) 2
NO (GO TO K25a) 0
DON'T KNOW (GO TO K25a) 8
REFUSED (GO TO K25a) 9

K24. What types of screening tests has FOCUS CHILD received since LAST INTERVIEW DATE?

REV
4/98

PROBE: Any others?

<u>TYPE OF SCREENING</u>	<u>CIRCLE ALL THAT APPLY</u>
VISION TESTING	01
HEARING TESTING	02
MEASUREMENT OF HEIGHT AND WEIGHT	03
URINALYSIS	04
LEAD TESTING	05
TUBERCULOSIS TESTING	06
SICKLE CELL ANEMIA	07
HEMOGLOBIN OR HEMATOCRIT TESTING	08
DIABETES	10
PKU	11
OTHER (SPECIFY)	00
<hr/>	
<hr/>	
DON'T KNOW	98
REFUSED	99

K25a. Does FOCUS CHILD have a problem or condition that makes (him/her) eligible for early intervention services from NAME OF LOCAL PART H PROGRAM or some other program?

REV
4/98

YES	1
NO	(GO TO K29) 0
DON'T KNOW	(GO TO K29) 8
REFUSED	(GO TO K29) 9

K25b. Why is FOCUS CHILD eligible to receive early intervention services?

PROBE: Does your child have a diagnosed condition? **IF "YES":** What is it?

CONDITION: _____	
DON'T KNOW	8
REFUSED	9

K26. Did you or FOCUS CHILD receive any early intervention or therapy services from NAME OF LOCAL PART H PROGRAM or another program or agency since LAST INTERVIEW DATE?

REV
4/98

PROBE: Early intervention services are services designed to meet the needs of very young children with special needs. They are provided by the state or the school system, usually at no cost to parents.

YES 1
 NO (GO TO K29). 0
 DON'T KNOW (GO TO K29). 8
 REFUSED (GO TO K29) 9

K27. Are the early intervention or therapy services for FOCUS CHILD being coordinated with Early Head Start services?

YES 1
 NO. 0
 DON'T KNOW 8
 REFUSED 9

K28. How satisfied are you with the services you or FOCUS CHILD received from NAME OF LOCAL PART H PROGRAM (since LAST INTERVIEW DATE)? Are you...

VERY SATISFIED 1
 SOMEWHAT SATISFIED. 2
 SOMEWHAT DISSATISFIED 3
 VERY DISSATISFIED 4
 DON'T KNOW 8
 REFUSED 9

K29. Are you (or [your child/any of your children] who live(s) with you) currently covered by Medicaid or by another public assistance program which pays for medical care or do you belong to a Medicaid HMO?

YES 1
 NO (GO TO K31) 0
 DON'T KNOW (GO TO K31) 8
 REFUSED (GO TO K31) 9

K30. Does (Medicaid/that public assistance medical care program) cover you and (your child/any of your children), just you, or just your (child/ children)?

CIRCLE ALL THAT APPLY

- SAMPLE MEMBER 1
- ALL CHILDREN 2
- SOME CHILDREN 3
- DON'T KNOW 8
- REFUSED 9

K31. Are you [or (your child/any of your children)] currently covered by a health insurance plan or by a Health Maintenance Organization (HMO) that covers hospital or doctor bills (other than the Medicaid coverage you just told me about)?

- YES 1
- NO (GO TO K33) 0
- DON'T KNOW (GO TO K33) 8
- REFUSED (GO TO K33) 9

K32. Does this health insurance cover you and (your children/any of your children), just you, or just your (child/children)?

PROBE: Who else is covered?

CIRCLE ALL THAT APPLY

- SAMPLE MEMBER 1
- ALL CHILDREN 2
- SOME CHILDREN 3
- DON'T KNOW 8
- REFUSED 9

K33. Are you or other members of your family currently covered by dental insurance, either through a health insurance plan or an HMO?

- YES 1
- NO (GO TO L1) 0
- DON'T KNOW (GO TO L1) 8
- REFUSED (GO TO L1) 9

K34. Does dental insurance cover you and (your children/any of your children), just you, or just your (child/children)?

CIRCLE ALL THAT APPLY

- SAMPLE MEMBER 1
- ALL CHILDREN 2
- SOME CHILDREN 3
- DON'T KNOW 8
- REFUSED 9

SECTION L:
OTHER SERVICES

L1. LOCAL NAME, social workers, family workers, case managers, and family advocates can provide a variety of services. For example, they may help a person find a job, get help for a medical or drug problem, get help for a child with special needs, offer advice about how to improve someone’s life, or help a person apply for government programs or benefits.

Since LAST INTERVIEW DATE, did you or your family meet or talk with a LOCAL NAME social worker, case manager, service coordinator, or family advocate from any of the following programs or places?

	YES	NO	DON'T KNOW	REFUSED
a. Early Head Start? [SITE SPECIFIC]	1	0	8	9
b. Department of Social or Human Services? [CUSTOMIZE BY STATE]	1	0	8	9
c. A health center or health program? [CUSTOMIZE FOR LOCAL PROGRAM]	1	0	8	9
d. LOCAL PART H PROGRAM [CUSTOMIZE]?	1	0	8	9
e. Any other program or agency? (SPECIFY)	1	0	8	9

L2. INTERVIEWER: CHECK L1. DOES a, b, c, d, or e EQUAL “YES”? DID THE RESPONDENT MEET WITH A SOCIAL WORKER, CASE MANAGER, SERVICE COORDINATOR, OR FAMILY ADVOCATE?

- YES 1
- NO (GO TO M1) 0
- DON'T KNOW (GO TO M1) 8
- REFUSED (GO TO M1) 9

L3. Since LAST INTERVIEW DATE, how often did you or your family meet or talk with (a) case manager(s) from (this program/these programs) at home, in person, or by telephone? Was it two to three times per week, once a week, two to three times a month, once a month, less than once a month, or only once?

ASK FOR EACH PROGRAM MENTIONED IN L1: How often did you meet or talk with the case manager(s) from PROGRAM IN L1?

	a. EARLY HEAD START	b. DEPARTMENT OF SOCIAL SERVICES	c. HEALTH CENTER OR PROGRAM	d. LOCAL PROGRAM	c. OTHER PROGRAM
ONLY ONCE	1	1	1	1	1
TWO TO THREE TIMES PER WEEK	2	2	2	2	2
ONCE A WEEK	3	3	3	3	3
TWO TO THREE TIMES PER MONTH ...	4	4	4	4	4
ONCE A MONTH	5	5	5	5	5
LESS THAN ONCE A MONTH	6	6	6	6	6
OTHER (SPECIFY)	0	0	0	0	0

DON'T KNOW	8	8	8	8	8
REFUSED	9	9	9	9	9

L4. **INTERVIEWER: CHECK L1a. DID THE SAMPLE MEMBER MEET WITH A CASE MANAGER FROM EARLY HEAD START? DOES L1a EQUAL "YES?"**

YES 1
 NO (GO TO L9) 0

TL4. **INTERVIEWER: CHECK L3. DID SAMPLE MEMBER MEET WITH A CASE MANAGER FROM EARLY HEAD START ONCE? DOES L3 EQUAL "1" FOR EARLY HEAD START?**

NEW
4/98

YES (GO TO L7) 1
 NO 0

L5. When you or your family met with a case manager from Early Head Start, did you always meet or talk with the same case manager?

REV
6/98

YES 1
 NO (GO TO L9) 0
 DON'T KNOW (GO TO L9) 8
 REFUSED (GO TO L9) 9

L5. **INTERVIEWER: CHECK F27, F27A and F27B. DID THE SAMPLE MEMBER HAVE A HOME VISITOR? DOES ANY ITEM EQUAL "YES?"**

YES 1
NO (GO TO L9) 0

L7. (Is this/Are any of these) case manager(s), family worker(s), or family advocate(s) from Early Head Start the same person you told me about earlier, who visited you at home or another place and helped you focus on FOCUS CHILD's development?
REV
4/98

YES (GO TO L9) 1
NO 0
DON'T KNOW 8
REFUSED 9

L8. What (is that/are those) case manager's name(s)?

NAME: _____

NAME: _____

L9. **INTERVIEWER: CHECK QUESTION L1b. DID THE SAMPLE MEMBER MEET WITH A CASE MANAGER FROM THE DEPARTMENT OF SOCIAL OR HUMAN SERVICES? DOES QUESTION L1b EQUAL "YES?"**

YES 1
NO (GO TO TL12) 0

TL9. **INTERVIEWER: CHECK QUESTION L3. DID SAMPLE MEMBER MEET WITH A CASE MANAGER FROM THE DEPARTMENT OF SOCIAL OR HUMAN SERVICES ONCE? DOES L3 EQUAL "1" FOR DEPARTMENT OF SOCIAL OR HUMAN SERVICES?**
NEW
4/98

YES (GO TO L12) 1
NO 0

L10. When you or your family met with a case manager from the Department of Social or Human Services, did you always meet with the same case manager?

YES 1
NO (GO TO L12) 0
DON'T KNOW (GO TO L12) 8
REFUSED (GO TO L12) 9

L11. INTERVIEWER: CHECK F27, F27A and F27B. DID RESPONDENT RECEIVE HOME VISITS? DOES ANY ITEM EQUAL "YES?"

YES 1
NO (GO TO tL12) 0

L12. Is this case manager from the Department of Social or Human Services the same person you told me about earlier who visited you at home or another place and helped you focus on FOCUS CHILD's development?

REV
4/98

YES 1
NO 0
DON'T KNOW 8
REFUSED 9

TL12. INTERVIEWER: CHECK QUESTION L1c. DID THE SAMPLE MEMBER MEET WITH A CASE MANAGER FROM A HEALTH CENTER OR HEALTH PROGRAM? DOES QUESTION L1c EQUAL "YES?"

YES 1
NO (GO TO L17) 0

TL13. INTERVIEWER: CHECK QUESTION L3. DID SAMPLE MEMBER MEET WITH A CASE MANAGER FROM A HEALTH CENTER ONCE? DOES L3 EQUAL "1" FOR A HEALTH CENTER OR HEALTH PROGRAM?

NEW
4/98

YES (GO TO L16) 1
NO 0

L14. When you or your family met with a case manager from a health center or health program, did you always meet with the same case manager?

YES 1
NO (GO TO L18) 0
DON'T KNOW (GO TO L18) 8
REFUSED (GO TO L18) 9

L15. INTERVIEWER: CHECK F27, F27A and F27B. DID RESPONDENT RECEIVE HOME VISITS? DOES ANY ITEM EQUAL "YES?"

YES 1
NO (GO TO L18) 0

L16. Is this case manager from the health center or health program the same person you told me about earlier who visited you at home or another place and helped you focus on FOCUS CHILD's development??

REV
4/98

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

L17. INTERVIEWER: CHECK QUESTION L1d. DID THE SAMPLE MEMBER MEET WITH CASE MANAGERS FROM LOCAL PART H? DOES L1d EQUAL "YES?"

REV
4/98

- YES 1
- NO (GO TO L21) 0

TL17. INTERVIEWER: CHECK QUESTION L3. DID SAMPLE MEMBER MEET WITH A CASE MANAGER FROM LOCAL PART H PROGRAM ONCE? DOES L3 EQUAL "1" FOR LOCAL PART H PROGRAM?

NEW
4/98

- YES (GO TO L20) 1
- NO 0

L18. When you or your family met with a case manager from LOCAL PART H PROGRAM FROM L1d, did you always meet with the same case manager?

- YES 1
- NO (GO TO L21) 0
- DON'T KNOW (GO TO L21) 8
- REFUSED (GO TO L21) 9

L19. INTERVIEWER: CHECK F27, F27A and F27B. DID THE SAMPLE MEMBER HAVE HOME VISITS? DOES ANY ITEM EQUAL "YES?"

- YES 1
- NO (GO TO L21) 0

L20.

REV
4/98

Is the case manager, social worker, or family advocate from LOCAL PART H PROGRAM FROM L1d the same person you told me about earlier, who visited you at home or another place and helped you focus on FOCUS CHILD's development or another place and helped you focus on FOCUS CHILD's development?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

L21. **INTERVIEWER: CHECK L1e. DID THE SAMPLE MEMBER MEET WITH A CASE MANAGER FROM ANOTHER PROGRAM? DOES L1e EQUAL "YES?"**

- YES 1
- NO (GO TO L25) 0

TL21. **INTERVIEWER: CHECK QUESTION L3. DID SAMPLE MEMBER MEET WITH A CASE MANAGER FROM ANOTHER PROGRAM ONCE? DOES L3 EQUAL "1" FOR ANOTHER PROGRAM?**

NEW
4/98

- YES (GO TO L23) 1
- NO 0

L22. When you or your family met with a case manager from OTHER PROGRAM, did you always meet with the same case manager?

- YES 1
- NO (GO TO TL25) 0
- DON'T KNOW (GO TO TL25) 8
- REFUSED (GO TO TL25) 9

L23. **INTERVIEWER: CHECK F27, F27A and F27B. DID THE SAMPLE MEMBER HAVE A HOME VISITOR? DOES ANY ITEM EQUAL "YES?"**

- YES 1
- NO (GO TO TL25) 0

L24. Is the case manager, social worker, or family advocate from this program the same person you told me about earlier, who visited you at home or another place and help you focus on FOCUS CHILD's development?

REV
4/98

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

**TL25. INTERVIEWER: CHECK L1. IN L1 DID RESPONDENT MEET WITH ONE CASE MANAGER?
L1=YES FOR ONLY ONE ITEM a-e.**

NEW
4/98

YES (GO TO TL25Z) 1
NO (GO TO L25) 0

TL25Z. INTERVIEWER: CHECK L3. IN L1 DID RESPONDENT MEET WITH THAT ONE CASE MANAGER ONLY ONCE? L3=1 FOR THE CASE MANAGER DESIGNATED IN L1.

NEW
4/98

YES (GO TO L25Z) 1
NO (GO TO L25) 0

L25. During all the time you met with or talked to (that case manager)/those case managers) did you talk about the following with (him/her/them)?

REV
4/98

L26. IF THE SAMPLE MEMBER HAS CASE MANAGERS FROM MULTIPLE PROGRAMS, ASK THE FOLLOWING FOR EACH TOPIC MENTIONED: With which case manager(s) did you talk about this?

	L25.				L26. IF "YES," CODE ALL THAT APPLY				
	YES	NO	DON'T KNOW	REFUSED	EARLY HEAD START	DEPARTMENT OF SOCIAL SERVICES	HEALTH CENTER OR PROGRAM	LOCAL PROGRAM	OTHER PROGRAM
a. Setting goals for you and your family?	1	0	8	9	11	12	13	14	15
b. An individual family development plan for getting help to meet your goals? ...	1	0	8	9	11	12	13	14	15
c. Finding a job or job training?	1	0	8	9	11	12	13	14	15
d. Finding a good child care arrangement?	1	0	8	9	11	12	13	14	15
e. Going back to school?	1	0	8	9	11	12	13	14	15
f. Getting help with reading, mathematics, or English skills?	1	0	8	9	11	12	13	14	15
g. Getting help with alcohol or drug problems?	1	0	8	9	11	12	13	14	15
h. Information about program or agency activities?	1	0	8	9	11	12	13	14	15
i. Getting involved with setting program policies?	1	0	8	9	11	12	13	14	15
j. Volunteering to help with program activities?	1	0	8	9	11	12	13	14	15
k. How to improve the life situation for you or your (child/children)?	1	0	8	9	11	12	13	14	15
l. How to organize your daily life?	1	0	8	9	11	12	13	14	15

	L25.				L26. IF "YES," CODE ALL THAT APPLY				
	YES	NO	DON'T KNOW	REFUSED	EARLY HEAD START	DEPARTMENT OF SOCIAL SERVICES	HEALTH CENTER OR PROGRAM	LOCAL PROGRAM	OTHER PROGRAM
m. Your (child/children)?	1	0	8	9	11	12	13	14	15
n. Activities to help you be a better parent?	1	0	8	9	11	12	13	14	15
o. Advice about how to grocery shop for bargains or for better, more nutritious food?	1	0	8	9	11	12	13	14	15
p. Help or advice on how to get medical care for your children?	1	0	8	9	11	12	13	14	15
q. Getting prenatal care or advice?	1	0	8	9	11	12	13	14	15
r. Help or advice on how to get medical care for yourself? . .	1	0	8	9	11	12	13	14	15
s. Help or advice about how to go to the welfare office and apply for government benefits?	1	0	8	9	11	12	13	14	15
t. Did you talk about someone in your household who was accused of child abuse or neglect?	1	0	8	9	11	12	13	14	15
u. About getting involved in community activities?	1	0	8	9	11	12	13	14	15
v. Did you discuss anything else with the case manager? (SPECIFY)	1	0	8	9	11	12	13	14	15

GO TO L26S

ASK L25Z OF ONLY THOSE RESPONDENTS WHO MET WITH ONE CASE MANAGER ONCE.

L25Z. During that one time you met with that case manager what did you talk about?

NEW
4/98

L26S. INTERVIEWER: CHECK L1a DID THE SAMPLE MEMBER MEET OR TALK WITH A CASE MANAGER FROM EARLY HEAD START?

- YES 1
- NO (GO TO tncm, page 187) 0

L29. Were the services you received since LAST INTERVIEW DATE, with help from your Early Head Start (case manager(s)/social worker(s)), the services you feel you needed the most?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

L27T. INTERVIEWER: IF MAIN LANGUAGE AT HOME IS NOT ENGLISH, READ LLan, OTHERWISE GO TO L27.

REV
6/98

LLan. What language did your Early Head Start case manager usually use when talking with (L27a) you?

- ENGLISH (GO TO Lan2) 1
- SPANISH 2
- CHINESE 3
- KOREAN 4
- OTHER ASIAN (SPECIFY) 5
- _____
- OTHER (SPECIFY) 0
- _____

GO TO L27, PAGE 186

Lan2. Did someone translate for you so you could talk with your Early Head Start case (L27b) manager?

- YES (GO TO L27) 1
- NO 0

Lan3. Did you have any trouble understanding your Early Head Start case manager's English? (L27c)

YES 1
 NO 0

L27. Now I would like to ask you about your satisfaction with your Early Head Start (case manager(s)/social worker(s))? Please tell me whether you (are/were) very satisfied, somewhat satisfied, satisfied but would change something, or very dissatisfied with each aspect of what they did.

	VERY SATISFIED	SOMEWHAT SATISFIED	SATISFIED BUT WOULD CHANGE SOMETHING	VERY DISSATISFIED	DON'T KNOW	REFUSED
a. The services your Early Head Start (case manager(s)/social worker(s)) helped you get for your (child/children)?	1	2	3	4	8	9
b. The services your Early Head Start (case manager(s)/social worker(s)) helped you get for <u>you and your family</u> as a whole? . . .	1	2	3	4	8	9
c. How often you were able to meet with your Early Head Start (case manager(s)/social worker(s))?	1	2	3	4	8	9
d. The amount of information your Early Head Start (case manager(s)/social worker(s)) has about where to go to get services?	1	2	3	4	8	9
e. The amount of time your Early Head Start (case manager(s)/social worker(s)) (has/have) available to meet with you?	1	2	3	4	8	9
f. Your overall relationship with your Early Head Start (case manager(s)/social worker(s))?	1	2	3	4	8	9

tncm. **INTERVIEWER: CHECK L1b, L1c, L1d, AND L1e. DID THE SAMPLE MEMBER MEET WITH ANY OTHER CASE MANAGERS?**

- YES 1
- NO (GO TO L44S) 0

L35. **INTERVIEWER: IF ONLY ONE OTHER CASE MANAGER MET WITH THE SAMPLE MEMBER, ASK:** What is the name of your case manager (from NAME OF OTHER PROGRAM who is not from Early Head Start)?

IF THE SAMPLE MEMBER MET WITH MORE THAN ONE OTHER CASE MANAGER, THEN ASK: You have told me about meeting or talking with several case managers (other than your Early Head Start case manager). What is the name of the case manager you met with most frequently since LAST INTERVIEW DATE?

- NAME: _____
- DON'T KNOW(GO TO L44S) 98
 - REFUSED (GO TO L44S) 99

L36. **CODE WITHOUT ASKING IF KNOWN, OR ASK:** From which program or agency did that case manager come?

- DEPARTMENT OF SOCIAL SERVICES 1
- HEALTH AGENCY OR PROGRAM 2
- LOCAL PROGRAM 3
- OTHER PROGRAM 4
- DON'T KNOW 8
- REFUSED 9

L39. Were the services you received since LAST INTERVIEW DATE, with help from (your case manager/NAME IN L35) the services you feel you needed the most?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

**INTERVIEWER: IF MAIN LANGUAGE AT HOME IS NOT ENGLISH, READ LLAN,
OTHERWISE GO TO L37.**

LLAN. What language did your PROGRAM/AGENCY IN L36 (case manager/social worker) (L32a) usually use when talking with you?

- ENGLISH 1
- SPANISH 2
- CHINESE 3
- KOREAN 4
- OTHER ASIAN (SPECIFY) 5

- OTHER (SPECIFY) 0

IF LLAN = ENGLISH, ASK LAN2, OTHERWISE GO TO L37.

LAN2. Did someone translate for you so you could talk with your PROGRAM/AGENCY IN L36 (L32b) (case manager/social worker)?

- YES (GO TO L37) 1
- NO 0

LAN3. Did you have any trouble understanding your PROGRAM/AGENCY IN L36 (case (L32c) manager/social worker)'s English?

- YES 1
- NO 0

L37. Now I would like to ask you about your satisfaction with your PROGRAM/AGENCY IN L31 (case manager/social worker)? Please tell me whether you (are/were) very satisfied, somewhat satisfied, satisfied but would change something, or very dissatisfied with each aspect of what (he/she/they) did.

	VERY SATISFIED	SOMEWHAT SATISFIED	SATISFIED BUT WOULD CHANGE SOMETHING	VERY DISSATISFIED	DON'T KNOW	REFUSED
a. The services your PROGRAM/AGENCY IN L31 (case manager/social worker) helped you get for your (child/children)?	1	2	3	4	8	9
b. The services your PROGRAM/AGENCY IN L31 (case manager/social worker) helped you get for <u>you and your family</u> as a whole? . . .	1	2	3	4	8	9
c. How often you were able to meet with your PROGRAM/AGENCY IN L31 (case manager/social worker)?	1	2	3	4	8	9
d. The amount of information your PROGRAM/AGENCY IN L31 (case manager/social worker) has about where to go to get services?	1	2	3	4	8	9
e. The amount of time your PROGRAM/AGENCY IN L31 (case manager/social worker) (has/have) available to meet with you?	1	2	3	4	8	9
f. Your overall relationship with your PROGRAM/AGENCY IN L31 (case manager/social worker)?	1	2	3	4	8	9

L44s.

NEW
6/98

INTERVIEWER: CHECK L8. IF=1, THEN FILL F33 AND F34. OTHERWISE.

REV
6/98

INTERVIEWER: CHECK L9 AND L35. IF SAMPLE MEMBER MET WITH BOTH AN EARLY HEAD START AND (AN)OTHER CASE MANAGER(S), ASK: Did you meet with NAME(S) IN L9 or NAME IN L35 more frequently since LAST INTERVIEW DATE?

- NAME 1 IN L9 1
- NAME 2 IN L9 2
- NAME IN L35 3
- DON'T KNOW 8
- REFUSED 9

L45. Next, I am going to read you statements people may make about their (case manager/social worker). For each one, please tell me how strongly you agree with each statement based on your experiences with (your case manager/NAME IN L8 OR L35). Please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree.

CRS

	STRONGLY AGREE	SOMEWHAT AGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	DON'T KNOW	REFUSED
a. My (case manager/social worker) helps me understand	1	2	3	4	5	X	8	9
b. My (case manager/social worker) helps me keep a positive outlook	1	2	3	4	5	X	8	9
c. My (case manager/social worker) brings out the best in me	1	2	3	4	5	X	8	9
d. My (case manager/social worker) helps me learn how to solve my problems	1	2	3	4	5	X	8	9
e. My (case manager/social worker) encourages me to make my own decisions	1	2	3	4	5	X	8	9
f. My (case manager/social worker) helps my family get along better	1	2	3	4	5	7	8	9
g. My (case manager/social worker) does not ask me to do anything I cannot do	1	2	3	4	5	X	8	9
h. My (case manager/social worker) understands my situation	1	2	3	4	5	X	8	9
i. My (case manager/social worker) helps me develop my role within my family	1	2	3	4	5	7	8	9
j. My work together with my (case manager/social worker) helps my ongoing development and the development of my child(ren)	1	2	3	4	5	X	8	9
k. My (case manager/social worker) understands if I tell her what I want to do	1	2	3	4	5	X	8	9
l. My (case manager/social worker) helps me develop as a member of my family	1	2	3	4	5	7	8	9
m. My (case manager/social worker) respects my independence	1	2	3	4	5	X	8	9
n. My (case manager/social worker) accepts my ways	1	2	3	4	5	X	8	9
o. My (case manager/social worker) cares about what happens to me	1	2	3	4	5	X	8	9
p. My (case manager/social worker) is sensitive to how I feel	1	2	3	4	5	X	8	9
q. I feel my (case manager/social worker) understands me	1	2	3	4	5	X	8	9
r. My (case manager/social worker) praises me when I reach a goal	1	2	3	4	5	X	8	9
s. My (case manager/social worker) shares with me	1	2	3	4	5	X	8	9
t. My (case manager/social worker) encourages me to succeed in daily life	1	2	3	4	5	X	8	9
u. My (case manager/social worker) respects my family's ways of doing things	1	2	3	4	5	X	8	9
v. The work my (case manager/ social worker) and I do together builds on my strengths	1	2	3	4	5	X	8	9
w. I trust my (case manager/social worker) to look after my best interests	1	2	3	4	5	X	8	9
x. My (case manager/social worker) tells me about (herself/himself)	1	2	3	4	5	X	8	9

INTENTIONALLY BLANK

**SECTION M:
OTHER FAMILY SUPPORT SERVICES**

M1. Now I would like to ask you about kinds of income and support you and members of your family who live with you may have received since LAST INTERVIEW DATE.

REV
4/98

Thinking of family members who have lived with you at any time since LAST INTERVIEW DATE, did you (, [or] your spouse/partner) (, or your child[ren]) receive . . .

	YES	NO	DON'T KNOW	REFUSED
a. A check or income from AFDC, TANF, or welfare for families with children?	1	0	8	9
b. A check or income from General Assistance or General Relief?	1	0	8	9
c. A check or income from another public assistance program, such as Supplemental Security Income (SSI) or Social Security Retirement, Disability, or Survivor's Benefits (SSA)?	1	0	8	9
d. Unemployment Insurance benefits?	1	0	8	9
e. Food Stamps?	1	0	8	9
f. WIC vouchers?	1	0	8	9

AFDC

M2. **INTERVIEWER: IS M1a EQUAL TO 1? HAS RESPONDENT RECEIVED WELFARE SINCE LAST INTERVIEW DATE?**

YES (GO TO M4) 1
NO 0

M3. Have you (or any family members who have lived with you) received AFDC, TANF, or welfare for families with children on someone else's grant since LAST INTERVIEW DATE?

REV
4/98

- YES 1
- NO (GO TO M5) 0
- DON'T KNOW 8
- REFUSED 9

M4. Are you currently receiving AFDC, TANF, or welfare for families with children?

- YES (GO TO M7) 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

IF ANSWERED IN PREVIOUS INTERVIEW AND SAME PRIMARY CAREGIVER, SKIP TO M8. OTHERWISE ASK:

M5. Have you, yourself, ever received AFDC, TANF, or welfare for families with children?

REV
6/98

- YES 1
- NO (GO TO M8) 0
- DON'T KNOW (GO TO M8) 8
- REFUSED (GO TO M8) 9

M6. Have you received AFDC, TANF, or welfare for families with children during the past 3 years?

- YES 1
- NO 0
- DON'T KNOW 8
- REFUSED 9

M7. When did you first apply for AFDC, TANF, or welfare for families with children?

|_|_|_|/|_|_|_|
MONTH YEAR

DON'T KNOW 98
REFUSED 99

M8. **INTERVIEWER: IF RESPONDENT OR FAMILY MEMBERS HAVE NOT RECEIVED WELFARE SINCE LAST INTERVIEW DATE (M1a=0 AND M3≠1), SKIP TO M13.**

M9. (Thinking of the time since LAST INTERVIEW DATE,) Have you (or any family members who lived with you) received AFDC or welfare every month since LAST INTERVIEW DATE?

YES 1
NO (GO TO M11) 0
DON'T KNOW (GO TO M11) 8
REFUSED (GO TO M11) 9

M10. How much was received per month since LAST INTERVIEW DATE?

IF VARIED, PROBE: Please tell me the average amount received.

PROBE: Please do not count food stamp benefits here.

\$|_|_|,|_|_|_|_| PER MONTH

LESS THAN \$10 7
DON'T KNOW 8
REFUSED 9

GO TO M13

M11. During which months since LAST INTERVIEW DATE did you (or any family members who lived with you) receive AFDC benefits?

m11 **CURRENT YEAR**
 pm11 **PREVIOUS YEAR**

CIRCLE ALL THAT APPLY

- | | | | |
|----------------|----|------------------|----|
| JANUARY | 01 | JULY | 07 |
| FEBRUARY | 02 | AUGUST | 08 |
| MARCH | 03 | SEPTEMBER | 09 |
| APRIL | 04 | OCTOBER | 10 |
| MAY | 05 | NOVEMBER | 11 |
| JUNE | 06 | DECEMBER | 12 |
| | | DON'T KNOW | 98 |
| | | REFUSED | 99 |

M12. How much was received each month during that period?

IF VARIED, PROBE: Please tell me the average amount received.

PROBE: Please do not include food stamp benefits here.

\$|_|_|,|_|_|_|_| PER MONTH

- LESS THAN \$10 7
 DON'T KNOW 8
 REFUSED 9

GENERAL ASSISTANCE

M13. **INTERVIEWER: DID RESPONDENT RECEIVE GENERAL ASSISTANCE OR GENERAL RELIEF SINCE LAST INTERVIEW DATE? IS M1b EQUAL TO 1?**

- YES 1
 NO (GO TO M18) 0

M14. Have you (, [or] your (spouse/partner) [who lived with you]) (or family members who lived with you) received General Assistance or General Relief benefits every month since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M16) 0
- DON'T KNOW (GO TO M16) 8
- REFUSED (GO TO M16) 9

M15. How much was received per month since LAST INTERVIEW DATE?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|,|_|_|_|_| PER MONTH

- LESS THAN \$10 7
- DON'T KNOW 8
- REFUSED 9

GO TO M18

M16. During which months since LAST INTERVIEW DATE did you (or any family members who lived with you) receive General Assistance or General Relief benefits?

m16 CURRENT YEAR
pm16 PREVIOUS YEAR

CIRCLE ALL THAT APPLY

- | | |
|-------------------|---------------------|
| JANUARY 01 | JULY 07 |
| FEBRUARY 02 | AUGUST 08 |
| MARCH 03 | SEPTEMBER 09 |
| APRIL 04 | OCTOBER 10 |
| MAY 05 | NOVEMBER 11 |
| JUNE 06 | DECEMBER 12 |
| | DON'T KNOW 98 |
| | REFUSED 99 |

M17. How much was received each month during that period?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|,|_|_|_|_| PER MONTH

LESS THAN \$10 7
DON'T KNOW 8
REFUSED 9

SSI OR SSA

M18. **INTERVIEWER: DID RESPONDENT RECEIVE SSI OR SSA SINCE LAST INTERVIEW DATE? IS M1c EQUAL TO 1?**

YES 1
NO (GO TO M23) 0

M19. Have you (or any family members who lived with you) received SSI or SSA every month since LAST INTERVIEW DATE?

YES 1
NO (GO TO M21) 0
DON'T KNOW (GO TO M21) 8
REFUSED (GO TO M21) 9

M20. How much was received per month since LAST INTERVIEW DATE?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|,|_|_|_|_| PER MONTH

LESS THAN \$10 7
DON'T KNOW 8
REFUSED 9

GO TO M23

M21. During which months since LAST INTERVIEW DATE have you (or any family members who lived with you) received SSI or SSA?

m21 **CURRENT YEAR**
 pm21 **PREVIOUS YEAR**

CIRCLE ALL THAT APPLY

JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
		DON'T KNOW	98
		REFUSED	99

M22. How much was received each month during that period?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|,|_|_|_|_| PER MONTH

LESS THAN \$10	7
DON'T KNOW	8
REFUSED	9

UNEMPLOYMENT INSURANCE

M23. **INTERVIEWER: DID RESPONDENT RECEIVE UNEMPLOYMENT INSURANCE SINCE LAST INTERVIEW DATE? IS M1d EQUAL TO 1?**

YES	1
NO	(GO TO M26) 0

M24. Since LAST INTERVIEW DATE, when have you (or any family members who lived with you) received Unemployment Insurance (UI) benefits?

m24 **CURRENT YEAR**
 pm24 **PREVIOUS YEAR**

CIRCLE ALL THAT APPLY

- | | | | |
|----------------|----|------------------|----|
| JANUARY | 01 | JULY | 07 |
| FEBRUARY | 02 | AUGUST | 08 |
| MARCH | 03 | SEPTEMBER | 09 |
| APRIL | 04 | OCTOBER | 10 |
| MAY | 05 | NOVEMBER | 11 |
| JUNE | 06 | DECEMBER | 12 |
| | | DON'T KNOW | 98 |
| | | REFUSED | 99 |

M25. How much was received each week during that period?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|_| PER WEEK

- LESS THAN \$10 7
 DON'T KNOW 8
 REFUSED 9

FOOD STAMPS

M26. **INTERVIEWER: DID RESPONDENT RECEIVE FOOD STAMPS SINCE LAST INTERVIEW DATE? IS M1e EQUAL TO 1?**

- YES 1
 NO (GO TO M31) 0

M27. Have you (or any family members who lived with you) received food stamps every month since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M29) 0
- DON'T KNOW (GO TO M29) 8
- REFUSED (GO TO M29) 9

M28. How much was received per month since LAST INTERVIEW DATE?

IF VARIED, PROBE: Please tell me the average amount received.

\$|_|_|,|_|_|_|_| PER MONTH

- LESS THAN \$10 7
- DON'T KNOW 8
- REFUSED 9

GO TO M31

M29. During which months since LAST INTERVIEW DATE did you (or any family member who lived with you) receive food stamps?

m29 CURRENT YEAR

pm29 PREVIOUS YEAR

CIRCLE ALL THAT APPLY

- | | |
|-------------------|---------------------|
| JANUARY 01 | JULY 07 |
| FEBRUARY 02 | AUGUST 08 |
| MARCH 03 | SEPTEMBER 09 |
| APRIL 04 | OCTOBER 10 |
| MAY 05 | NOVEMBER 11 |
| JUNE 06 | DECEMBER 12 |
| | DON'T KNOW 98 |
| | REFUSED 99 |

M30. How much was received each month during that period?

IF VARIED, PROBE: Please tell me the average amount received.

- \$|_|_|,|_|_|_|_| PER MONTH
- LESS THAN \$10 7
- DON'T KNOW 8
- REFUSED 9

WIC

M31. **INTERVIEWER: DID RESPONDENT RECEIVE WIC VOUCHERS SINCE LAST INTERVIEW DATE? IS M1f EQUAL TO 1?**

- YES 1
- NO (GO TO M36) 0

M32. Have you (or any family members who lived with you) received WIC benefits every month since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M34) 0
- DON'T KNOW (GO TO M34) 8
- REFUSED (GO TO M34) 9

M33. What was the value per month of the WIC vouchers received?

IF VARIED, PROBE: Please tell me the average amount received.

- \$|_|_|,|_|_|_|_| PER MONTH
- LESS THAN \$10 7
- DON'T KNOW 8
- REFUSED 9

GO TO M36

M34. During which months since LAST INTERVIEW DATE did you (or any family members who lived with you) receive WIC vouchers?

m34 **CURRENT YEAR**
 pm34 **PREVIOUS YEAR**

CIRCLE ALL THAT APPLY

JANUARY	01	JULY	07
FEBRUARY	02	AUGUST	08
MARCH	03	SEPTEMBER	09
APRIL	04	OCTOBER	10
MAY	05	NOVEMBER	11
JUNE	06	DECEMBER	12
		DON'T KNOW	98
		REFUSED	99

M35. What was the value of the WIC vouchers received each month during that period?

IF VARIED, PROBE: Please tell me the average amount received.

	\$ _ _ , _ _ _ _ PER MONTH	
LESS THAN \$10		7
DON'T KNOW		8
REFUSED		9

OTHER INCOME

M36. Have you (or any family members who lived with you) received income from friends or relatives who did not live with you since LAST INTERVIEW DATE?

YES		1
NO	(GO TO M38)	0
DON'T KNOW	(GO TO M38)	8
REFUSED	(GO TO M38)	9

M37. How much money have you (and any family members who lived with you) received from friends or relatives since LAST INTERVIEW DATE?

PROBE: Your best estimate is fine.

- \$|_|_|,|_|_|_|_|_|
- LESS THAN \$10 7
 - DON'T KNOW 8
 - REFUSED 9

M38. Have you (or any family members who lived with you) received child support payments since LAST INTERVIEW DATE?

PROBE: Do not include foster care payments here. They will be covered later.

- YES 1
- NO (GO TO M40) 0
- DON'T KNOW (GO TO M40) 8
- REFUSED (GO TO M40) 9

M39. How much money have you (or any family members who lived with you) received in child support payments since LAST INTERVIEW DATE?

- \$|_|_|,|_|_|_|_|_|
- PER WEEK 1
 - MONTH 2
 - TOTAL 3
 - LESS THAN \$10 7
 - DON'T KNOW 8
 - REFUSED 9

M40. Have you (or any family members who lived with you) received foster care payments since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M43) 0
- DON'T KNOW (GO TO M43) 8
- REFUSED (GO TO M43) 9

M41. How much money have you (or any family members who lived with you) received in foster care payments since LAST INTERVIEW DATE?

- \$|_|_|,|_|_|_|_|_|_|
- PER WEEK 1
 - MONTH 2
 - TOTAL 3
 - LESS THAN \$10 7
 - DON'T KNOW 8
 - REFUSED 9

M43. Have you (or any family members who lived with you) received alimony payments since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M45) 0
- DON'T KNOW (GO TO M45) 8
- REFUSED (GO TO M45) 9

M44. How much money have you (or any family members who lived with you) received in alimony payments since LAST INTERVIEW DATE?

- \$|_|_|,|_|_|_|_|_|_|
- PER WEEK 1
 - MONTH 2
 - TOTAL 3
 - LESS THAN \$10 7
 - DON'T KNOW 8
 - REFUSED 9

M45. Did you (or any family members who lived with you) receive income from any other source such as insurance payments, interest, gifts, lottery winnings, or any other sources since LAST INTERVIEW DATE?

- YES 1
- NO (GO TO M47) 0
- DON'T KNOW (GO TO M47) 8
- REFUSED (GO TO M47) 9

M46. How much money did you (or any family members who lived with you) receive from these other sources since LAST INTERVIEW DATE?

\$|_|_|,|_|_|_|_|_|

- PER WEEK 1
- MONTH 2
- TOTAL 3
- LESS THAN \$10 7
- DON'T KNOW 8
- REFUSED 9

M47. Have you or any family members who lived with you received emergency assistance since LAST INTERVIEW DATE? That would be assistance with things like food, clothing, housing, housing repair, shelter from abuse, counseling, or emergency medical care?

- YES 1
- NO (GO TO M49) 0
- DON'T KNOW (GO TO M49) 8
- REFUSED (GO TO M49) 9

M48. What kind of emergency assistance did you (or any family members who lived with you) receive?

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CIRCLE ALL THAT APPLY

- FOOD 1
 - CLOTHING 2
 - HOUSING 3
 - HOUSING REPAIR 4
 - SHELTER FROM ABUSE 5
 - COUNSELING 6
 - EMERGENCY MEDICAL CARE 7
 - UTILITY BILL/ENERGY ASSISTANCES 8
 - OTHER (SPECIFY) 0
- _____
- _____
- _____
- DON'T KNOW 8
 - REFUSED 9

M49. Did you (or your family) receive other services or participate in other programs that tried to help you meet your and your family's goals?

- YES 1
- NO (GO TO M51) 0
- DON'T KNOW (GO TO M51) 8
- REFUSED (GO TO M51) 9

M50. What other services did you (or your family) receive or in what other programs did you participate? (SPECIFY)

- _____
- _____
- _____
- DON'T KNOW 8
 - REFUSED 9

M51. In the last year, what was the amount of money all members of your family received before taxes and other deductions? Please include your own income and that of all members of your family who lived with you. Include money you received from jobs, welfare, or any other source.

PROBE: Your best estimate would be fine.

FAMILY INCOME \$|_|_|_|,|_|_|_|_|
 (GO TO N1)
 LESS THAN \$10 ... (GO TO N1) 7
 DON'T KNOW 8
 REFUSED 9

M52. Would you say it was . . .

less than \$3,000 1
 between \$3,000 and \$5,999 2
 between \$6,000 and \$1,999 3
 between \$12,000 and \$17,999 4
 between \$18,000 and \$23,999 5
 between \$24,000 and \$30,000, or 6
 over \$30,000? 7
 DON'T KNOW 8
 REFUSED 9

**SECTION W:
WELFARE REFORM**

W0. There is one more topic that I would appreciate your opinions on. The topic is welfare reform. I asked about some of these topics when I talked with you about nine months ago, but we want to know what your opinions are today.

REV
10/98

W1. Around the country, many states are starting new welfare programs, and the rules about getting welfare benefits are changing for many people. Every state now requires people to go to work after a certain amount of time. How well informed do you feel you are about that work requirement? Are you . . .

- Very well informed, 1
- Somewhat informed, or 2
- Not well informed? (GO TO W3) 3
- DON'T KNOW 8
- REFUSED 9

W2. What do you know about the work requirement that applies to people who are receiving welfare benefits?

CIRCLE ALL THAT APPLY

- THERE IS A LIMIT ON HOW LONG THEY CAN RECEIVE WELFARE BENEFITS 1
 - THEY WILL HAVE TO WORK TO RECEIVE BENEFITS 2
 - WILL HAVE TO WORK AFTER RECEIVING WELFARE BENEFITS FOR A PERIOD OF TIME 3
 - WILL HAVE TO WORK WHEN CHILD REACHES A CERTAIN AGE TO RECEIVE BENEFITS 4
 - WILL HAVE TO LIVE WITH PARENT OR GUARDIAN TO RECEIVE BENEFITS 5
 - WILL HAVE TO GO TO SCHOOL OR TRAINING TO RECEIVE WELFARE BENEFITS 6
 - WILL NOT HAVE TO WORK IF THEY CAN'T FIND CHILD CARE 7
 - THEY MUST BE LOOKING FOR A JOB 8
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 98
 - REFUSED 99

W3. The new welfare policies are also changing provisions for child care. How well informed do you feel you are about these child care provisions and services? Are you . . .

REV
4/98

- Very well informed, 1
- Somewhat informed, or 2
- Not well informed? (GO TO W5) 3
- DON'T KNOW 8
- REFUSED 9

W4. How are the new requirements about work and child care affecting your family now?

REV
4/98

CIRCLE ALL THAT APPLY

- CAUSING ME TO LOOK FOR A JOB 1
- CAUSING ME TO GET HELP IN LOOKING FOR A JOB 2
- CAUSING ME TO WORK 3
- CAUSING ME AND MY PARTNER BOTH TO WORK 4
- CAUSING ME TO KEEP MY CURRENT JOB 5
- CAUSING ME TO GO TO SCHOOL 6
- CAUSING ME TO GO TO JOB TRAINING 7
- CAUSING ME TO SEEK CHILD SUPPORT 8
- CAUSING ME TO GET OTHER HELP (SPECIFY) 0
- CAUSING ME TO MOVE IN WITH SOMEONE ELSE 10
- CAUSING ME TO USE CHILD CARE
I'M NOT COMFORTABLE WITH 11
- CAUSING ME TO MOVE IN WITH MY PARENTS 12
- CAUSING ME TO WORRY 13
- CAUSING ME TO GO WITHOUT FOOD 14
- OTHER (SPECIFY) 0
- NOT AFFECTING ME NOW 97
- DON'T KNOW 98
- REFUSED 99

W5. Where did you get your information about the new welfare requirements?

REV
6/98

CIRCLE ALL THAT APPLY

- NEWSPAPER/MAGAZINE ARTICLE 1
 - LETTER/NOTICE/MATERIALS FROM WELFARE AGENCY 3
 - LETTER/NOTICE/MATERIALS FROM OTHER
AGENCY OR ORGANIZATION 4
 - EARLY HEAD START CASE MANAGER, SOCIAL
WORKER, OR PARENT EDUCATOR 5
 - OTHER CASE MANAGER, SOCIAL WORKER,
OR PARENT EDUCATOR 6
 - FRIENDS OR RELATIVES 7
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 8
 - REFUSED 9
 - TELEVISION NEWS OR PUBLIC SERVICE
ANNOUNCEMENTS 10
 - TELEVISION TALK SHOWS 12
 - EHS RESEARCH PROJECT 11

W6. **INTERVIEWER: IS RESPONDENT CURRENTLY RECEIVING WELFARE (M4=YES)?**

REV
6/98

- YES 1
- NO (GO TO W19) 0
- DON'T KNOW 8
- REFUSED 9

W7. Are you worried about what will happen to you and your family after some of your welfare benefits end?

REV
4/98

- YES 1
- NO (GO TO W9) 0
- DON'T KNOW (GO TO W9) 8
- REFUSED (GO TO W9) 9

W8. What are you worried about?

CIRCLE ALL THAT APPLY

- I WON'T BE ABLE TO SUPPORT MY FAMILY 1
- I WON'T BE ABLE TO FIND CHILD CARE THAT
I LIKE AND CAN AFFORD 2
- I WON'T BE ABLE TO BE WITH MY CHILD(REN)
AS MUCH AS I WOULD LIKE 3
- I WON'T BE ABLE TO FIND A GOOD JOB 4
- I WILL LOSE MY MEDICAID COVERAGE 5
- THE FINANCIAL ASSISTANCE I RECEIVE
FOR CHILD CARE WILL BE REDUCED 6
- THE FINANCIAL ASSISTANCE I RECEIVE
FOR CHILD CARE WILL END 7
- OTHER (SPECIFY) 0

- DON'T KNOW 8
- REFUSED 9

W9. Do you have a self-sufficiency (pact/LOCAL TERM)?

- YES 1
- NO (GO TO W19) 0
- NOT APPLICABLE . (GO TO W19) 7
- DON'T KNOW (GO TO W19) 8
- REFUSED (GO TO W19) 9

W10. What is included in your self-sufficiency (pact/LOCAL TERM)?

CIRCLE ALL THAT APPLY

- PAID EMPLOYMENT 1
- EDUCATION 2
- VOCATIONAL EDUCATION/TRAINING 3
- JOB SKILLS TRAINING 4
- INDEPENDENT JOB SEARCH 5
- GROUP JOB SEARCH (JOB CLUBS) AND
ASSISTED JOB SEARCH 6
- ON THE JOB TRAINING 7
- COMMUNITY SERVICE 8
- MICROENTERPRISE (SELF EMPLOYMENT) 9
- OTHER (SPECIFY) 0
- DON'T KNOW (GO TO W22, PAGE 214) 98
- REFUSED (GO TO W22, PAGE 214) 99

W11. Are you meeting the terms of this pact?

- YES 1
- NO 0
- NOT APPLICABLE . (GO TO W19) 7
- DON'T KNOW (GO TO W19) 8
- REFUSED (GO TO W19) 9

W22. Has Early Head Start been a help to you as you have tried to meet the demands of the new welfare rules?

REV
6/98

- YES 1
- NO (GO TO W24, PAGE 215) 0
- NOT APPLICABLE--NOT SUBJECT TO
NEW RULES (GO TO W19, PAGE 216) 5
- DON'T KNOW (GO TO W24, PAGE 215) 8
- REFUSED (GO TO W24, PAGE 215) 9

W23. How has Early Head Start been a help to you?

REV
6/98

CIRCLE ALL THAT APPLY

- EHS HELPED RESPONDENT MEET TERMS OF PACT 1
 - EHS HELPED RESPONDENT UNDERSTAND TERMS OF
PACT AND OTHER THINGS ABOUT WELFARE REFORM 2
 - EHS HELPED RESPONDENT FIND CHILD CARE 3
 - EHS PROVIDED CHILD CARE 4
 - EHS HELPED RESPONDENT GET NEEDED EDUCATION
OR TRAINING 5
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 98
 - REFUSED 99

W24. Has Early Head Start been a problem to you as you have tried to meet the demands of the new welfare rules?

REV
6/98

- YES 1
- NO (GO TO W19, PAGE 216) 0
- DON'T KNOW (GO TO W19, PAGE 216) 8
- REFUSED (GO TO W19, PAGE 216) 9

W25. How has Early Head Start been a problem to you?

REV
6/98

CIRCLE ALL THAT APPLY

- IT WAS DIFFICULT TO MEET EHS COMMITMENTS
DUE TO WELFARE REFORM DEMANDS 6
 - EHS REQUIRED TOO MUCH TIME 7
 - EHS REQUIRED PARTICIPATION AT INCONVENIENT
TIMES 8
 - EHS DID NOT KNOW ABOUT WELFARE REFORM
CHANGES 9
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 98
 - REFUSED 99

W19. (Even though you are not [receiving welfare/not subject to new rules,] how are the new requirements about work and child care or other changes in the welfare system affecting you or your family now?

REV
6/98

PROBE: I understand that you are not subject to the new rules, but these rules may still affect you or your family in some way. Can you tell me how, if at all, they are affecting you or your family now?

CIRCLE ALL THAT APPLY

- MORE DIFFICULT TO FIND CHILD CARE 1
- MORE DIFFICULT TO OBTAIN SUBSIDIES TO
HELP PAY FOR CHILD CARE 2
- RELATIVES I DEPEND ON FOR SUPPORT ARE
NOT AVAILABLE BECAUSE OF WORK
REQUIREMENT 3
- I HAVE TO PROVIDE MORE SUPPORT TO
MY FRIENDS/RELATIVES (E.G., HOUSING) 4
- OTHER (SPECIFY) 5

- CHANGES ARE NOT AFFECTING ME 0
- DON'T KNOW 8
- REFUSED 9

W14. a. The following are other areas where changes may be occurring with welfare reform. In which of these areas have changes affected you since DATE OF LAST INTERVIEW?

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6/98

READ RESPONSES AND CIRCLE ALL THAT APPLY IN GRID BELOW:

b. How have these changes affected you regarding (RESPONSE BELOW)?

	a. <u>CIRCLE ALL THAT APPLY</u>	b. How have these changes affected you?
a. Health Care	1	ab. _____ _____
b. Housing	2	bb. _____ _____
c. SSI	3	cb. _____ _____
d. Food Stamps	4	db. _____ _____
e. WIC	5	eb. _____ _____
f. Child support enforcement	6	fb. _____ _____
g. Have the changes affected you in any other area? (SPECIFY)	0	gb. _____ _____

W15. Have any of the changes associated with welfare reform affected [FOCUS CHILD]'s or your relationship with [FOCUS CHILD], either positively or negatively?

REV
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- YES 1
- NO (GO TO W17) 0
- DON'T KNOW (GO TO W17) 8
- REFUSED (GO TO W17) 9

W16. How have the welfare changes affected [FOCUS CHILD] or your relationship with [FOCUS CHILD]?

REV
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CIRCLE ALL THAT APPLY

- NOT ABLE TO SPEND AS MUCH TIME WITH CHILD 1
 - NOW SPEND MORE TIME WITH CHILD 2
 - HAVE A BETTER RELATIONSHIP WITH MY CHILD/CHILDREN 3
 - HAVE A WORSE RELATIONSHIP WITH MY CHILD/CHILDREN 4
 - MY CHILD RECEIVES BETTER CHILD CARE 5
 - MY CHILD RECEIVES WORSE CHILD CARE 6
 - MY CHILD RECEIVES BETTER HEALTH CARE 7
 - MY CHILD RECEIVES WORSE HEALTH CARE 8
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 98
 - REFUSED 99

W17. INTERVIEWER: IS RESPONDENT MOTHER OF FOCUS CHILD?

- YES 1
- NO (GO TO N1) 0
- DON'T KNOW (GO TO N1) 8
- REFUSED (GO TO N1) 9

W17. Have any of these changes affected your relationship with [FOCUS CHILD]'s father?

REV
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- YES 1
- NO (GO TO N1) 0
- NOT APPLICABLE -
FATHER DECEASED. . (GO TO N1) 7
- DON'T KNOW (GO TO N1) 8
- REFUSED (GO TO N1) 9

W18. How have the welfare changes affected your relationship with [FOCUS CHILD]'s father?

REV
6/98

CIRCLE ALL THAT APPLY

- HARDER TO GET HIM TO SPEND TIME WITH CHILD 1
 - HE SPENDS MORE TIME WITH CHILD 2
 - HARDER TO GET CHILD SUPPORT 3
 - HAVE RECEIVED MORE CHILD SUPPORT 4
 - HE'S DISAPPEARED 5
 - HAVE RECEIVED MORE EMOTIONAL SUPPORT 6
 - OTHER (SPECIFY) 0
-
- DON'T KNOW 8
 - REFUSED 9

INTENTIONALLY BLANK

**SECTION N:
TRACKING INFORMATION AND
INTERVIEWER OBSERVATIONS**

NEW
4/98

N1. I would like to thank you for participating in the survey. We plan to contact you again a few months. I would like to ask you about how I can get in touch with you.

**INTERVIEWER: VERIFY ALL INFORMATION ON CONTACT SHEET AND
 PEOPLE WHO CAN HELP FIND ME FORM, THEN ASK:**

IF RESPONDENTS PARENTS OR GRANDPARENTS ARE NOT LISTED ON THE PEOPLE WHO CAN HELP FIND ME FORM, ASK FOR THEIR CONTACT INFORMATION. RECORD NAMES OF BOTH PARENTS OR GRANDPARENTS (EVEN IF IN SAME HOUSEHOLD). IF, DURING THE INTERVIEW, YOU DISCOVER THE RESPONDENT HAS SIBLINGS (INCLUDING STEP-SIBLINGS) AND THEY ARE NOT LISTED, ASK FOR THEIR CONTACT INFORMATION.

IF FOCUS CHILD'S OTHER PARENT IS NOT LISTED, ASK FOR THEIR CONTACT INFORMATION.

IF FOCUS CHILD'S OTHER PARENT'S PARENTS (GRANDPARENTS) ARE NOT LISTED, ASK FOR THEIR CONTACT INFORMATION. RECORD NAMES OF BOTH GRANDPARENTS IF LIVING (EVEN IF IN SAME HOUSEHOLD).

Is there anyone else I can contact who will know how to get in touch with you?

**INTERVIEWER: COLLECT NAMES, ADDRESSES, PHONE NUMBERS AND
 RELATIONSHIPS OF PEOPLE WHO CAN HELP FIND
 RESPONDENT. WRITE INFORMATION CLEARLY ON PEOPLE
 WHO CAN HELP FIND ME FORM.**

NN. This is the end of the interview. Thank you very much for your time and cooperation.

TIME ENDED: __ __ : __ __ AM.....1 PM.....2

COND

INTERVIEWER: CODE INTERVIEW MODE:
FACE-TO-FACE 1
FIELD INTERVIEW BY TELEPHONE 2

N23

INTERVIEWER: WAS INTERVIEW COMPLETED IN WHOLE OR IN PART WITH AN INTERPRETER?
YES ..(CIRCLE LETTERS FOR INTERPRETER'S SECTIONS AND EXPLAIN SITUATION BELOW) 1
A B C D E F G H I J K L M W
NO/NO ONE 0
RECORD NAME(S) HERE: _____ _____ _____

N26.

23N

INTERVIEWER: PLEASE RATE THE FOLLOWING QUALITIES OF THE RESPONDENT, THE INTERVIEWING SITUATION, AND THE DATA.

THE RESPONDENT (WAS/HAD):

- | | | |
|--|--|-------------------------------------|
| A. ABLE TO UNDERSTAND QUESTIONS EASILY | ... 1 2 3 4...HAD DIFFICULTY UNDERSTANDING SOME QUESTIONS... 5 6 7 ... | HARDLY ABLE TO UNDERSTAND |
| B. TRUTHFUL | ... 1 2 3 4...TRUTHFUL MOST OF THE TIME...5 6 7 ... | UNTRUTHFUL |
| C. ACCURATE | ... 1 2 3 4...ACCURATE MOST OF THE TIME...5 6 7 ... | INACCURATE |
| D. INTERESTED IN THE INTERVIEW | ... 1 2 3 4...INTERESTED MOST OF THE TIME...5 6 7 ... | NOT INTERESTED IN THE INTERVIEW |
| E. COOPERATIVE | ... 1 2 3 4...COOPERATIVE MOST OF THE TIME...5 6 7 ... | UNCOOPERATIVE |
| F. NO ENGLISH LANGUAGE PROBLEM | ... 1 2 3 4...DIFFICULTY WITH A FEW WORDS WHILE SPEAKING ENGLISH...5 6 7 ... | SPOKE ENGLISH WITH GREAT DIFFICULTY |
| G. INTERVIEWED WITHOUT INTERRUPTION | ... 1 2 3 4...INTERRUPTED SOME TIMES...5 6 7 ... | INTERRUPTED OFTEN |
| H. YOUR OPINION ABOUT THE OVERALL QUALITY OF THE DATA: | | |
| HIGH | ... 1 2 3 4...MEDIUM...5 6 7 ... | LOW |

