# NHES: 2005 SCREENER

S1.     Hello, this is (INTERVIEWER) and I'm calling for the United States Department of Education about a national research study.  Are you a member of this household and at least 18 years old?

\*              YES .................................................................................1      (GO TO S5)
               NO ..................................................................................2      (GO TO S2)
               PROBABLE BUSINESS.......................................................3      (GO TO S5)
               GO TO RESULT ...................................................................GT

S2.     May I please speak with a household member who is at least 18 years old?

\*              AVAILABLE ......................................................................1      (GO TO S1)
               NOT AVAILABLE ...............................................................2      (GO TO RESULT,
                                                                                                      CALLBACK APPT.)
               THERE ARE NONE ............................................................3      (GO TO S3)
               GO TO RESULT ...................................................................GT

S3.     May I please speak with the male or female head of this household?

\*              PERSON ON PHONE .........................................................1      (GO TO S5)
               OTHER PERSON, AVAILABLE ..........................................2      (GO TO S4)
               OTHER PERSON, NOT AVAILABLE .................................3      (GO TO RESULT,
                                                                                                      CALLBACK APPT.)
               GO TO RESULT ...................................................................GT

S4.     Hello, this is (INTERVIEWER) and I'm calling for the United States Department of Education about a national research study.  Are you a head of this household?

\*              YES .................................................................................1      (GO TO S5)
               NO ..................................................................................2      (GO TO S3)
               GO TO RESULT ...................................................................GT

S5.     Is this phone number used for...

\*              Home use, ........................................................................4      (CONTINUE)
               Home and business use, or....................................................5      (CONTINUE)
               Business use only?............................................................6      (GO TO THANK1)
               GO TO RESULT ...................................................................GT

SCRN_15.    The U.S. Department of Education is conducting a voluntary and confidential study about educational experiences of both children and adults.  Are any of the people who normally live in your household age 15 or <u>younger</u>?

\*              YES .................................................................................1
               NO ..................................................................................2
               GO TO RESULT ...................................................................GT

S6.  I have a few questions to see if someone in your household qualifies for the study.  They take about 3 minutes.  Please tell me only the first names and ages of all the (people/children age 15 or younger) who normally live in your household.  Let's start with (you/the oldest child).

| What is [(your/his or her) first name/the name of the next (person/ child)]? | Is this (person/child) male or female? | How old [are you/ Is (he/she)]? | SCREENER RESPONDENT |
|---|---|---|---|
| * | SEX1-SEX(n) | AGE1-AGE(n) | * |

S6VERF1.  I have listed (NUMBER) (people/children) in your household.  Have we missed anyone (age 15 or younger) who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

*

MATRIX CORRECT......................................................................1
RETURN TO MATRIX ..................................................................2
GO TO RESULT ..................................................................... GT

S7.  [Are you/is (CHILD)] attending (or enrolled in) (school/nursery school, kindergarten, or school)?

*

YES ......................................................................................1
NO .........................................................................................2

S8.    [READ FIRST TIME: Some parents decide to educate their children at home rather than send them to school.] Is (CHILD) being schooled at home?

*
       YES ...................................................................................1    (GO TO S9)
       NO .....................................................................................2    (GO TO BOX AFTER S9)

S9.    So (he/she) is being schooled at home <u>instead</u> of at school for at least some classes or subjects?

*
       YES ...................................................................................1    (GO TO S10)
       NO .....................................................................................2    (GO TO BOX)

S10.   Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

*
       ALL AT HOME ....................................................................1    (GO TO S13)
       SOME AT SCHOOL & SOME AT HOME ..................................2    (GO TO S11)

S11.   How many <u>hours</u> each <u>week</u> does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

*
       HOURS .......................................................................☐☐    (GO TO BOX)

S12.    What grade or year of school [are you/is (CHILD)] attending?
        [PROBE FOR T OR P:  Is that before or after kindergarten?]

*       NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ........... N    (GO TO 1ST BOX AFTER S13)
        TRANSITIONAL KINDERGARTEN (BEFORE K)………………………T    (GO TO 1ST BOX AFTER S13)
        KINDERGARTEN.....................................................................K    (GO TO 1ST BOX AFTER S13)
        PREFIRST GRADE (AFTER K) ....................................................P    (GO TO 1ST BOX AFTER S13)
        FIRST GRADE ......................................................................1    (GO TO 1ST BOX AFTER S13)
        SECOND GRADE ..................................................................2    (GO TO 1ST BOX AFTER S13)
        THIRD GRADE .....................................................................3    (GO TO 1ST BOX AFTER S13)
        FOURTH GRADE...................................................................4    (GO TO 1ST BOX AFTER S13)
        FIFTH GRADE.......................................................................5    (GO TO 1ST BOX AFTER S13)
        SIXTH GRADE ......................................................................6    (GO TO 1ST BOX AFTER S13)
        SEVENTH GRADE .................................................................7    (GO TO 1ST BOX AFTER S13)
        EIGHTH GRADE ...................................................................8    (GO TO 1ST BOX AFTER S13)
        NINTH GRADE/FRESHMAN IN HIGH SCHOOL.................................9    (GO TO 1ST BOX AFTER S13)
        TENTH GRADE/SOPHOMORE IN HIGH SCHOOL ...........................10    (GO TO 1ST BOX AFTER S13)
        ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL .............................11    (GO TO 1ST BOX AFTER S13)
        TWELFTH GRADE/SENIOR IN HIGH SCHOOL ..............................12    (GO TO 1ST BOX AFTER S13)
        ABOVE TWELFTH GRADE .......................................................13    (GO TO 1ST BOX AFTER S13)
        UNGRADED ELEMENTARY/SECONDARY ....................................U    (GO TO S13)
        SPECIAL EDUCATION.............................................................S    (GO TO S13)

        [IF T:  In this interview, we will be referring to that as "kindergarten."
        IF P:  In this interview, we will be referring to that as "prefirst grade."]


S13.    What grade would [you/(CHILD)] be in if (you/he/she) were attending a school with regular
        grades/What grade or year is (CHILD) attending?)
        [PROBE FOR T OR P:  Is that before or after kindergarten?]

*       NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ........... N
        TRANSITIONAL KINDERGARTEN (BEFORE K).............................. T
        KINDERGARTEN......................................................................K
        PREFIRST GRADE (AFTER K) .................................................... P
        FIRST GRADE .......................................................................1
        SECOND GRADE ...................................................................2
        THIRD GRADE ............................................................. ….3
        FOURTH GRADE....................................................................4
        FIFTH GRADE…......................................................................5
        SIXTH GRADE .......................................................................6
        SEVENTH GRADE ..................................................................7
        EIGHTH GRADE .....................................................................8
        NINTH GRADE/FRESHMAN IN HIGH SCHOOL.................................9
        TENTH GRADE/SOPHOMORE IN HIGH SCHOOL ...........................10
        ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL .............................11
        TWELFTH GRADE/SENIOR IN HIGH SCHOOL ..............................12
        ABOVE TWELFTH GRADE .......................................................13
        UNGRADED/NO EQUIVALENT..................................................... U

        [IF T:  In this interview, we will be referring to that as "kindergarten."
        IF P:  In this interview, we will be referring to that as "prefirst grade."]

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┌────────────────────────────────────────────┐
│        After last child, go to next box.    │
└────────────────────────────────────────────┘
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┌──────────────────────────────────────────────────┐
│                 Child Sampling Point:              │
│                                                    │
│  Children age 7 and younger are eligible.  Children age │
│       8 to 15 who are enrolled in N,T,K,P, grades 1-8, │
│   ungraded elementary/secondary, or special education │
│                   are also eligible.               │
│                                                    │
│     Children age 8 and older who are not enrolled in │
│   N,T,K,P, grades 1-8, ungraded elementary/secondary, │
│            or special education are ineligible.    │
│                                                    │
│     Select child(ren) for ECPP and/or ASPA interviews. │
│                                                    │
│   If any children are selected, ask S14 and S15 for each │
│   sampled child.  If two children are sampled, for 2ⁿᵈ child, │
│   ask if the most knowledgeable parent for 1ˢᵗ child is also │
│          most knowledgeable for 2ⁿᵈ child.         │
│    (If yes, copy name, age, and sex of parent respondent to │
│              2ⁿᵈ child interview.)                 │
│                                                    │
│    If no children are selected, go to box before AINTRO. │
└──────────────────────────────────────────────────┘
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S14.    We would like to ask some questions about (CHILD)'s (care and) education.  Who is the parent or guardian in this household who knows the most about (CHILD)'s (care and) education?

What is (your/his/her) first name (and age)?

\*    [IF CHILDREN ONLY HAVE BEEN ENUMERATED, RECORD FIRST NAME AND AGE AND VERIFY SEX OF PARENT INTERVIEW RESPONDENT.]

[X IF SCRN RESP]

FIRST NAME_____ AGE_____ SEX_____   (     )

[IF ALL HOUSEHOLD MEMBERS HAVE BEEN ENUMERATED, DISPLAY HOUSEHOLD MEMBERS AGE 12 AND OLDER.  RECORD PERSON NUMBER OF RESPONDENT FOR PARENT INTERVIEW.]

PERSON NUMBER  ……………………………………………………☐☐

S15.　　　What is [your/(PERSON)'s] relationship to (CHILD)?  [VERIFY IF KNOWN]

*
        MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) ................................. 1
        FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) .................................. 2
        BROTHER, INCLUDING STEP, ADOPTED, AND FOSTER ................. 3
        SISTER, INCLUDING STEP, ADOPTED, AND FOSTER ..................... 4
        GRANDMOTHER ........................................................................ 5
        GRANDFATHER ......................................................................... 6
        AUNT ...................................................................................... 7
        UNCLE .................................................................................... 8
        COUSIN ................................................................................... 9
        OTHER RELATIVE ................................................................... 10
         SPECIFY _____
        NONRELATIVE ........................................................................ 11
         SPECIFY_____
        SAME SEX PARENT ................................................................ 12
        GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/
        GUARDIAN ............................................................................. 13
        BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/
        GUARDIAN ............................................................................. 14

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*After a respondent for each ECPP and/or ASPA interview
is selected, go to next box.*

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*If household is sampled for an AE interview,
go to AINTRO.
Else, if children are selected for an ECPP and/or ASPA
interview only,
go to HHSELECT screen to select interview.
Else, go to S25.*

AINTRO.     We are also interested in learning about the educational activities of adults.

> *If SCRN_15=1 (children age 15 and younger in household; all members have been enumerated), go to box before S20.*
> *Else if SCRN_15=2, ask S16.*

S16.        We are also interested in learning about the educational activities of adults.  I have a few questions to see if someone in your household qualifies for the study. They take about 2 minutes. Please tell me only the first names and ages of all the people who normally live in your household.  Let's start with you.

| What is (your first name/the first name of the next person)? | Is this adult male or female? | How old [are you/is (he/she)]? | SCREENER RESPONDENT |
|---|---|---|---|
| * | SEX1-SEX(n) | AGE1-AGE(n) | * |

S16VERF.    I have listed (NUMBER) people in your household.  Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

        MATRIX CORRECT ....................................................................... 1
        RETURN TO MATRIX ................................................................. 2
        GO TO RESULT ..................................................................... GT

> *Ask S17 for each person age 16-19.  If all persons in household are age 20 or older, go to S20.*

S17.        [Are you/Is (PERSON)] attending (or enrolled in) school?
*
        YES ........................................................................................ 1      (GO TO S18)
        NO ......................................................................................... 2      (GO TO BOX AFTER S19)

S18.   What grade or year of school [are you/is (PERSON)] attending?
[PROBE FOR T OR P:  Is that before or after kindergarten?]

*       NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ........... N       (GO TO BOX AFTER S19)
         TRANSITIONAL KINDERGARTEN (BEFORE K)……………………T       (GO TO BOX AFTER S19)
         KINDERGARTEN..................................................................K       (GO TO BOX AFTER S19)
         PREFIRST GRADE (AFTER K)....................................................P       (GO TO BOX AFTER S19)
         FIRST GRADE ....................................................................1       (GO TO BOX AFTER S19)
         SECOND GRADE ................................................................2       (GO TO BOX AFTER S19)
         THIRD GRADE ....................................................................3       (GO TO BOX AFTER S19)
         FOURTH GRADE.................................................................4       (GO TO BOX AFTER S19)
         FIFTH GRADE.....................................................................5       (GO TO BOX AFTER S19)
         SIXTH GRADE ....................................................................6       (GO TO BOX AFTER S19)
         SEVENTH GRADE ...............................................................7       (GO TO BOX AFTER S19)
         EIGHTH GRADE...................................................................8       (GO TO BOX AFTER S19)
         NINTH GRADE/FRESHMAN IN HIGH SCHOOL.................................9       (GO TO BOX AFTER S19)
         TENTH GRADE/SOPHOMORE IN HIGH SCHOOL ........................... 10       (GO TO BOX AFTER S19)
         ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL ............................. 11       (GO TO BOX AFTER S19)
         TWELFTH GRADE/SENIOR IN HIGH SCHOOL .............................. 12       (GO TO BOX AFTER S19)
         ABOVE TWELFTH GRADE ......................................................... 13       (GO TO BOX AFTER S19)
         UNGRADED ELEMENTARY/SECONDARY ..................................... U       (GO TO S19)
         SPECIAL EDUCATION..............................................................S       (GO TO S19)

         [IF T:  In this interview, we will be referring to that as "kindergarten."
         IF P:  In this interview, we will be referring to that as "prefirst grade."]

S19.   What grade would (you/PERSON) be in if (you/he/she) were attending a school with
regular grades?
[PROBE FOR T OR P:  Is  that before or after kindergarten?]

 *      NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ........... N
         TRANSITIONAL KINDERGARTEN (BEFORE K)............................... T
         KINDERGARTEN..................................................................K
         PREFIRST GRADE (AFTER K) .................................................. P
         FIRST GRADE ....................................................................1
         SECOND GRADE ................................................................2
         THIRD GRADE ..................................................... …3
         FOURTH GRADE.................................................................4
         FIFTH GRADE…..................................................................5
         SIXTH GRADE ....................................................................6
         SEVENTH GRADE ...............................................................7
         EIGHTH GRADE...................................................................8
         NINTH GRADE/FRESHMAN IN HIGH SCHOOL.................................9
         TENTH GRADE/SOPHOMORE IN HIGH SCHOOL ........................... 10
         ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL ............................. 11
         TWELFTH GRADE/SENIOR IN HIGH SCHOOL .............................. 12
         ABOVE TWELFTH GRADE ......................................................... 13
         UNGRADED/NO EQUIVALENT................................................... U

         [IF T:  In this interview, we will be referring to that as "kindergarten."
         IF P:  In this interview, we will be referring to that as "prefirst grade."]

> *If person is <16 years old or enrolled in grade 12 or below, ungraded elementary/secondary, or special education, he or she is ineligible for an AE interview.*
> *If person age $\geq$ 16, is enrolled in school (SENROL=1) and grade is above 12th grade (SGRADE=13 or SGRADEQ=13), autocode S21=1 (participant) and go to next person.  Ask S20 for each person age $\geq$ 16.*

S20.    [Now I have a few questions about (you/you and the other person(s) in your household)].  [Do you/Does (ADULT)] have a high school diploma or its equivalent, such as a GED?

\*                      YES ...................................................................................... 1
                        NO ....................................................................................... 2

S21.    During the past 12 months, [did you/did (PERSON)] take classes, courses, programs, workshops, or training of any kind for any reason?

\*                      YES ...................................................................................... 1
                        NO ....................................................................................... 2

> *After last adult, go to next box.*

> *Adult Sampling Point:*
>
> *Select adult for AE interview.  If adult is selected and age < 65, go to S22; if age is => 65, go to box after S24.*
>
> *If no adult is selected, and no child was selected for an ECPP and/or ASPA interview, go to S25.*
>
> *If no adult is selected and child(ren) were selected for an ECPP and/or ASPA interview, go to HHSELECT screen to select interview.*

S22.    Not counting the Reserves or National Guard, (are you/is PERSON) currently serving on active duty in the U.S. Armed Forces?

\*                      YES ...................................................................................... 1    (INELIGIBLE. GO TO BOX
                                                       AFTER S24)
                        NO ....................................................................................... 2    (GO TO BOX)

S23.    Is (PERSON) living at home, in student housing, or somewhere else?

\*              AT HOME…………………………………….................. 1    (GO TO BOX AFTER S24)
               STUDENT HOUSING [This includes all housing owned,
               sponsored, or leased by the school such as a
               dormitory or fraternity or sorority house.] ............................ 2    (GO TO S24)
               OTHER PRIVATE HOME OR APARTMENT ...................................... 3    (INELIGIBLE. GO TO BOX AFTER
                                                                                            S24)

               INSTITUTION OR GROUP QUARTERS  [THIS INCLUDES A
               JAIL OR DETENTION CENTER, MEDICAL FACILITY,
               REHABILITATION CENTER, MENTAL HEALTH FACILITY,
               MILITARY BARRACKS, OR GROUP FOSTER CARE.]....................... 4    (INELIGIBLE. GO TO
                                                                                       BOX AFTER S24)

S24.    Would you please give me (his/her) last name and telephone number so that we can call
        (him/her) to do a brief interview about (his/her) educational activities?

\*              LAST NAME  _____
               PHONE  _____

S25.    I have just a few more questions.  Do you...

\*              Own your home, ..................................................................... 1
               Rent your home, or............................................................... 2
               Have some other arrangement?........................................... 3

S26.    Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including
        cellular telephones?

\*              YES ...................................................................................... 1    (GO TO S28)
               NO…………………………………………………………… 2    (GO TO S29)
               NOT MY NUMBER  ................................................................... 3    (GO TO S27)

S27.    [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED.  RECORD REASON FOR
        REACHING DIFFERENT TELEPHONE NUMBER.]
\*
               TELEPHONE NUMBER REACHED _____
               AREA CODE CHANGE…………………………………………… 1
               OTHER NUMBER IN HOUSEHOLD .............................................. 2
               ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND
                 NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD ................ 3
               NEVER HEARD OF ORIGINAL NUMBER ......................................... 4
               OTHER [RECORD EXPLANATION IN COMMENTS]........................... 5

> *If S27 = 3, go to THANK2.  Else, for cases where S26 = 3*
> *(not number dialed), ask S26 again with new number.*

S28.     How many of these additional telephone numbers are for home use, not including cellular telephones.

*     NUMBER .............................................................☐☐   (GO TO BOX)

> *If S28 > 0 (other telephone numbers for home use), ask*
> *S30.  Else, go to S29.*

S29.     Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

*     YES .....................................................................1   (GO TO S30)
      NO .....................................................................2   (GO TO THANK2)

S30.     How many of these additional telephone numbers are used for computer or fax lines?

*     NUMBER .............................................................☐☐   (GO TO BOX)

> *If S30 = 0, go to THANK2.  Else, ask S31.*

S31.     Some households have telephone numbers that are used both for talking and for computer or fax lines.  (Is the number/Are any of the numbers) used for (a) computer or fax line(s) ever answered for talking?

*     YES .....................................................................1   (GO TO BOX)
      NO .....................................................................2   (GO TO THANK2)

> *If S30 = 1 (only 1 other telephone number for computer or*
> *fax), autocode S32 =1, and go to THANK2.  Else, ask S32.*

S32.     How many computer or fax telephone numbers are also answered for talking?

*     NUMBER .............................................................☐☐   (GO TO THANK2)

THANK1.     Thank you, but we are only interviewing in private residences.

THANK2.     Those are all the questions I have about your household.  Thank you for your time.

# NHES:2005 EARLY CHILDHOOD PROGRAM PARTICIPATION INTERVIEW

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# Early Childhood Program Participation Interview

INTRO.        [IF R WAS NOT SCREENER R AND THIS IS THE FIRST OR ONLY INTERVIEW FOR R:  Hello, this is (INTERVIEWER).  I'm calling for the U.S. Department of Education.  We are conducting a voluntary and confidential national study about the educational experiences of children.]

I'd like to talk with you now about (CHILD). The interview is estimated to take (15/10) minutes or less.

*AGE AND RELATIONSHIP TO HOUSEHOLD MEMBERS*

PA1.        First, I'd like to confirm (CHILD)'s age.  In what month and year was (he/she) born?

MONTH ☐☐        YEAR ☐☐☐☐

| | | | | | |
|---|---|---|---|---|---|
| **CDOBMM** | 1 | JANUARY | 7 | JULY | |
| **CDOBYY** | 2 | FEBRUARY | 8 | AUGUST | |
| | 3 | MARCH | 9 | SEPTEMBER | |
| | 4 | APRIL | 10 | OCTOBER | |
| | 5 | MAY | 11 | NOVEMBER | |
| | 6 | JUNE | 12 | DECEMBER | |

> *Calculate AGE2004 = child's age on December 31, 2004.*
> *Calculate current age for display in PA2.  If current age does not match screener age or birth month is current month, ask PA2.  Else, go to box after PA2.*

PA2.        That would mean that (CHILD) [is (AGE)/turns or turned (AGE) this month].  Is that right?

\*        YES ................................................................................... 1   (GO TO BOX)
NO ..................................................................................... 2   (RETURN TO PA1)

> *If child was born after December 31, 2004, or AGE2004 > 15, go to CLOSE1. Else, go to next box.*

> *If the screener R is the MKR and the whole household was enumerated in the screener (HHADULT=1,) go to RELINTRO. Else, if this is interview for CHILD2 or CHILD3, go to RELINTRO.  Else, if this is interview for CHILD1, go to PA3.*

PA3.          [SCREENER WAS COMPLETED ON (DATE)]
             Now I'd like to ask about all the people who live in your household with (CHILD).  First, I need to
             verify the names and ages of all the people (you told me about earlier/ who are already listed on
             my computer screen).

| [What is (your first name/the first name of the next person?)] | [How old (are you/is (he/ she)]? | [Is this person male or female?] | D TO DELETE |
|---|---|---|---|
| * | AGE1-AGE(n) | SEX1-SEX(n) | * |

> *If adult in household was sampled for adult interview, go to*
> *PA3VER2.  Else, go to PA3VER1.*

PA3VER1.     [AFTER VERIFICATION COMPLETE]
             Now, please tell me the first names and ages of all other people who normally live in your
             household.

PA3VER2.     I have listed (NUMBER) people in your household.  Have we missed anyone who usually lives here
             who is temporarily away from home or living in a dorm at school, or any babies or small children?

                       MATRIX CORRECT.............................................................1
                       RETURN TO MATRIX .........................................................2
                       GO TO RESULT ...............................................................3

RELINTRO.    Now I'd like to ask how all the people in your household are related to (CHILD).

> *If there is more than one child sampled in the*
> *household and they are siblings (RELATION [n]= 3,4)*
> *or cousins (RELATION[n]= 9), autocode the*
> *relationship (appropriately by sex for siblings) during*
> *the second or third child's interview and do not ask how*
> *CHILD1 is related to CHILD2 or CHILD3.   If the*
> *respondent is the child's mother/father or same sex*
> *parent (S15 = 1, 2, or 12), copy relationship from*
> *Screener into RELATN[n] and ask PA5/PA6, then ask*
> *PA4 for every other household member.  If respondent*
> *is not the child's mother/father, copy relationship from*
> *Screener into RELATN[n] and ask PA4 for every other*
> *household member.*

PA4.        How is (PERSON) related to (CHILD)?  [VERIFY IF KNOWN.]

*RELATN1-*        MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) .......................... 1    (GO TO PA5)
*RELATN(n)*       FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) .......................... 2    (GO TO PA6)
                  BROTHER, INCLUDING STEP,
                    ADOPTED, AND FOSTER .................................................. 3    (GO TO BOX AFTER PA6)
                  SISTER, INCLUDING STEP,
                    ADOPTED, AND FOSTER .................................................. 4    (GO TO BOX AFTER PA6)
                  GRANDMOTHER.............................................................. 5    (GO TO BOX AFTER PA6)
                  GRANDFATHER............................................................... 6    (GO TO BOX AFTER PA6)
                  AUNT ............................................................................ 7    (GO TO BOX AFTER PA6)
                  UNCLE .......................................................................... 8    (GO TO BOX AFTER PA6)
                  COUSIN......................................................................... 9    (GO TO BOX AFTER PA6)
                  OTHER RELATIVE ............................................................ 10   (GO TO BOX AFTER PA6)
*RELTOS1/R-*          SPECIFY_____
*RELTOS(n)/R*     NONRELATIVE ................................................................. 11   (GO TO BOX AFTER PA6)
                      SPECIFY_____
                  SAME SEX PARENT ......................................................... 12   (GO TO BOX)
                  GIRLFRIEND OR FEMALE PARTNER OF (CHILD)'S PARENT/
                  GUARDIAN....................................................................... 13   (GO TO 2ND BOX)
                  BOYFRIEND OR MALE PARTNER OF (CHILD)'S PARENT/
                  GUARDIAN....................................................................... 14   (GO TO 2ND BOX)

> *If PA4 = 12 and sex=female (same sex parent/mother) go to PA5.  If PA4 = 12 and sex = male (same sex parent/father), go to PA6.  Ask PA4 for every other household member.*

> *If PA4=13, autocode PA5=6.  If PA4=14, autocode PA6=6.  Else, ask PA5 for female parent/guardian(s) and PA6 for male parent/guardian(s).  Then go to box after PA6*

PA5.        [Are you/Is (PERSON)] (CHILD)'s ...

*MOMTYPE1*                                Birth mother, ............................................. 1
*MOMTYPE2*                                Adoptive mother, .................................... 2

Stepmother, ............................................. 3
Foster mother, or .................................... 4
Other parent or guardian? ....................... 5
FEMALE PARTNER OF PARENT .................... 6

PA6.        [Are you/Is (PERSON)] (CHILD)'s...

*DADTYPE1*                                Birth father, ............................................. 1
*DADTYPE2*                                Adoptive father, ...................................... 2

Stepfather, .............................................. 3
Foster father, or ...................................... 4
Other parent or guardian? ....................... 5
MALE PARTNER OF PARENT ......................... 6

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*If more than one mother or father, use lowest value
between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and
DADTYPE2. If both same sex parents have the same value
Choose MOMTYPE1 or DADTYPE1 for HHMOM or HHDAD.*

*Set HHMOM:
1 = birth/adoptive mother in household. 2 = step or
foster mother, other parent/guardian, female partner of parent.
3 = no mom
and no dad, female R. 4 = else.
SET HHDAD:*

*1 = birth/adoptive father in household. 2 = step or
foster father, other parent/guardian, male partner of parent. 3
= no mom
and no dad, male R. 4 = else.*

*CURRENT SCHOOL STATUS*

> *If ECPP/ASPA Interview respondent was also the Screener respondent, copy responses to PB1 through PB7, and then go to box after PB7.  Else, go to next box.*

> *If AGE2004 >= 3, ask PB1.  Else, go to box after PB7.*

PB1.        Now I'd like to talk with you about (CHILD)'s school experiences.  Is (CHILD) attending (or enrolled in) (school/preschool, kindergarten, or school)?

*ENROLL*
        YES ................................................................................. 1   (GO TO BOX)
        NO .................................................................................. 2   (GO TO BOX)

> *If AGE2004 >= 5, ask PB2.  Else, if AGE2004 = 3 or 4 and PB1 = 1 (enrolled), go to PB6.  Else, if AGE2004 = 3 or 4 and PB1 = 2 (not enrolled) go to box after PB7.*

PB2.        Some parents decide to educate their children at home rather than send them to school.  Is (CHILD) being schooled at home?

*HOMESCHL*
        YES ................................................................................. 1   (GO TO PB3)
        NO .................................................................................. 2   (GO TO 2ND BOX AFTER PB5)

PB3.        So (CHILD) is being schooled at home <u>instead</u> of at school for at least some classes or subjects?

*\**
        YES ................................................................................. 1   (GO TO PB4)
        NO .................................................................................. 2   (AUTOCODE PB2=2 AND GO TO 2ND BOX AFTER PB5)

PB4.        Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

*HOMEALL*
        ALL AT HOME ..................................................................... 1   (GO TO PB7)
        SOME AT SCHOOL............................................................. 2   (GO TO PB5)

PB5.        How many <u>hours</u> each <u>week</u> does (CHILD) usually go to a school for instruction?  Please do not include time spent in extracurricular activities.

*HOMSCHR*
        HOURS ....................................................................... ☐☐   (GO TO 1ST BOX BELOW)

PB6.     What grade or year is (CHILD) attending?
         [PROBE FOR T OR P:  Is that before or after kindergarten?]

***GRADE***   NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ..................N  (GO TO FIRST BOX AFTER PB7)
         TRANSITIONAL KINDERGARTEN (BEFORE K).....................................T  (GO TO FIRST BOX AFTER PB7)
         KINDERGARTEN.........................................................................K  (GO TO FIRST BOX AFTER PB7)
         PREFIRST GRADE (AFTER K) ............................................................P  (GO TO FIRST BOX AFTER PB7)
         FIRST GRADE ...............................................................................1  (GO TO FIRST BOX AFTER PB7)
         SECOND GRADE ..........................................................................2  (GO TO FIRST BOX AFTER PB7)
         THIRD GRADE ..............................................................................3  (GO TO FIRST BOX AFTER PB7)
         FOURTH GRADE...........................................................................4  (GO TO FIRST BOX AFTER PB7)
         FIFTH GRADE................................................................................5  (GO TO FIRST BOX AFTER PB7)
         SIXTH GRADE ...............................................................................6  (GO TO FIRST BOX AFTER PB7)
         SEVENTH GRADE .........................................................................7  (GO TO FIRST BOX AFTER PB7)
         EIGHTH GRADE.............................................................................8  (GO TO FIRST BOX AFTER PB7)
         NINTH GRADE/FRESHMAN...............................................................9  (GO TO CLOSE1)
         TENTH GRADE/SOPHOMORE.........................................................10  (GO TO CLOSE1)
         ELEVENTH GRADE/JUNIOR.............................................................11  (GO TO CLOSE1)
         TWELFTH GRADE/SENIOR ..............................................................12  (GO TO CLOSE1)
         ABOVE TWELFTH GRADE ...............................................................13  (GO TO CLOSE1)
         UNGRADED ...................................................................................U  (GO TO PB7)
         SPECIAL EDUCATION....................................................................S  (GO TO PB7)

         [IF T:  In this interview we will be referring to that as "kindergarten."
         IF P:  In this interview, we will be referring to that as "prefirst grade."]

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PB7.    (What grade would (CHILD) have been in if (he/she) were attending (school/a school with regular grades/ What grade or year is (CHILD) attending)?
[PROBE FOR T OR P: Is that before or after kindergarten?]

*GRADEEQ*   NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ..................N   (GO TO BOX)
TRANSITIONAL KINDERGARTEN (BEFORE K)....................................T   (GO TO BOX)
KINDERGARTEN......................................................................K   (GO TO BOX)
PREFIRST GRADE (AFTER K) ...........................................................P   (GO TO BOX)
FIRST GRADE ..................................................................... 1   (GO TO BOX)
SECOND GRADE ................................................................. 2   (GO TO BOX)
THIRD GRADE..................................................................... 3   (GO TO BOX)
FOURTH GRADE................................................................... 4   (GO TO BOX)
FIFTH GRADE...................................................................... 5   (GO TO BOX)
SIXTH GRADE ..................................................................... 6   (GO TO BOX)
SEVENTH GRADE ................................................................ 7   (GO TO BOX)
EIGHTH GRADE................................................................... 8   (GO TO BOX)
NINTH GRADE/FRESHMAN.................................................... 9   (GO TO CLOSE1)
TENTH GRADE/SOPHOMORE ............................................. 10   (GO TO CLOSE1)
ELEVENTH GRADE/JUNIOR.................................................. 11   (GO TO CLOSE1)
TWELFTH GRADE/SENIOR .................................................. 12   (GO TO CLOSE1)
ABOVE TWELFTH GRADE ................................................... 13   (GO TO CLOSE1)
UNGRADED, NO EQUIVALENT ..............................................U   (GO TO BOX)

[IF T: In this interview we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

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*Set PATH:*

**I =**    *AGE2004 = 0, 1, 2 (**Infants/Toddlers**)*

**N =**    *[(AGE2004 >= 3 and AGE2004 <= 6) and PB1 = 2 (not enrolled) and (PB2 NE 1 (not in home school) or PB3 NE1)] or [PB6/PB7 (grade/equivalent) = N] or [PB7 (grade equivalent) = U, and AGE2004 = 3 or 4] (**Preschoolers**)*

**S =**    *[PB6/PB7 (grade/equivalent) = T, K, P (kindergarten) or 1, 2, 3, 4, 5, 6, 7, or 8 and (PB2 NE 1 or PB3 NE 1 (not in home school))] or [PB7 (grade equivalent) = U, and AGE2004 >= 5 and <= 15 and (PB2 NE 1 or PB3 NE 1 (not in home school))] (**School-age**)*

**H=**    *AGE2004 >= 5 and (PB2 = 1 and PB3 = 1 (home school)) and PB7 (grade equivalent) NE N (**Home schoolers**)*

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*If PATH = I or N, go to ECPP interview EDINTRO. If PATH = S, go to ASPA interview SD1. If PATH = H, and HOMESCFLG = 1, go to ASPA interview SD1. If PATH = H, and HOMESCFLG = -1 go to PTINTRO.*

EDINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

[I'd like to talk with you about different types of child care (CHILD) may now receive on a <u>regular basis</u> from someone other than (you or) (his/her) parents (or guardians). This includes <u>regular</u> care and early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.]

[SECOND PRESCHOOL INTERVIEW]

[Now let's talk about any care (CHILD) receives from relatives.]

## Relative Care

ED1.        Is (CHILD) now receiving care from a relative other than a parent on a <u>regular basis</u>, for example, from grandparents, brothers or sisters, or any other relatives?

***RCNOW***                    YES ..................................................................... 1    (GO TO ED2)
                      NO ...................................................................... 2    (GO TO EEINTRO)

ED2.        Do you currently have more than one <u>regular</u> care arrangement with relatives for (CHILD)?

*                      YES ..................................................................... 1    (GO TO ED2OV)
                      NO ...................................................................... 2    (GO TO BOX AFTER ED2OV)

ED2OV.      How many different <u>regular</u> care arrangements do you have with relatives?

            [CODE 1 NOT USED.]
*                      TWO ..................................................................... 2
                      THREE .................................................................. 3
                      FOUR OR MORE ...................................................... 4

> *Ask ED5 through ED22OV for each relative who provides care for child.*

ED3.  [Let's start with the relative who provides the most care./Now let's talk about the next relative who cares for (CHILD).]
[Is the relative who cares for (CHILD) (his/her).../Is that (CHILD)'s....]

**RCTYPE1-**
**RCTYPE4**
Grandmother ....................................................................... 1  (GO TO ED3OV)
Grandfather ........................................................................ 2  (GO TO ED3OV)
Aunt, ................................................................................. 3  (GO TO ED3OV)
Uncle,................................................................................ 4  (GO TO ED3OV)
Brother, .............................................................................. 5  (GO TO ED3OV)
Sister, or ........................................................................... 6  (GO TO ED3OV)
Another relative? ............................................................... 7  (GO TO ED3OV)
NOW SAYS NO OTHER RELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] .......... 9  (GO TO EEINTRO)

ED3OV.  How old is (he/she/that person)?

**RCAGE1-**
**RCAGE4**
YEARS ..........................................................................□□

ED4.  Is this care provided in your home or another home?

**RCPLACE1-**
**RCPLACE4**
OWN HOME ....................................................................... 1
OTHER HOME ................................................................... 2
BOTH/VARIES ................................................................... 3

ED5.  Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

**RCWEEK1-**
**RCWEEK4**
YES ................................................................................. 1  (GO TO ED7)
NO .................................................................................. 2  (GO TO ED6)

ED6.  Does (CHILD)'s (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

**RCMONTH1-**
**RCMONTH4**
YES ................................................................................. 1  (GO TO ED9)
NO .................................................................................. 2  (GO TO BOX BEFORE ED23)

ED7.  How many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

**RCDAYS1-**
**RCDAYS4**
DAYS ............................................................................ □

ED8.  How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

**RCHRS1-**
**RCHRS4**
HOURS .........................................................................□□

ED9.　　For how many <u>weeks</u> each <u>month</u> does (CHILD) receive care from (his/her) (RELATIVE)?

*RCWKMO1-*
*RCWKMO4*　　　WEEKS ............................................................ □

ED10.　　During (that week/those weeks) for how many <u>days</u> each <u>week</u> does (CHILD) receive care from (his/her) (RELATIVE)?

*RCDAYWK1-*
*RCDAYWK4*　　　DAYS ............................................................. □

ED11.　　And during (that week/those weeks), how many <u>hours</u> each <u>week</u> does (CHILD) receive care from (his/her) (RELATIVE)?

*RCHRWK1-*
*RCHRWK4*　　　HOURS ......................................................□□　　(GO TO ED13)

ED12.　　On the days that (CHILD) receives care, that would be about (HOURS) per day, on average.  Is that right?

*　　　　YES ................................................................. 1　(GO TO ED13)
　　　　NO .................................................................. 2　(CORRECTION SCREEN)

ED13.　　How old was (CHILD) in years and months when <u>this particular</u> regular care arrangement with (his/her) (RELATIVE) began?

*RCSTRTM1-*
*RCSTRTM4*　　　YEARS (　)　　MONTHS (　)
*RCSTRTY1-*
*RCSTRTY4*

ED14.　　How many <u>children</u> are usually cared for together, in the same group at the same time, by (CHILD)'s (RELATIVE), counting (CHILD)? [IF IT VARIES, PROBE:  How many children are there the majority of the time (CHILD) is there?]

*RCKIDS1-*
*RCKIDS4*　　　NUMBER OF CHILDREN....................................□□

ED15.　　Counting (CHILD)'s (RELATIVE), how many adults usually care for (him/her) at the same time during that care arrangement? [IF IT VARIES, PROBE:  How many adults are there the majority of the time (CHILD) is there?]

*RCADLTS1-*
*RCADLTS4*　　　NUMBER ......................................................... □

23

ED16.      What language does (CHILD)'s (RELATIVE) speak most when caring for (him/her)?

**RCSPEAK1-**        ENGLISH ........................................................................ 1
**RCSPEAK4**        SPANISH ....................................................................... 2
                    ENGLISH AND SPANISH EQUALLY ....................................... 3
                    ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4
                     SPECIFY_____
                    ANOTHER LANGUAGE ....................................................... 91
**RCSPKOS1/R**        SPECIFY_____
**RCSPKOS4/R**


ED17.      Will (CHILD)'s (RELATIVE) care for (him/her) when (CHILD) is…

|  |  | YES | NO |
|---|---|---|---|
| **RCSKNFV1-**<br>**RCSKNFV4** | a. sick, but does not have a fever?................................ 1 | | 2 |
| **RCSKFV1**<br>**RCSKFV4** | b. sick and has a fever?................................................. 1 | | 2 |

ED18.      In an average month, how many days would you say that (CHILD)'s (RELATIVE) cancels this care arrangement because (CHILD)'s (RELATIVE) is sick, has an appointment, or for another similar reason?

**RCCANCE1-**        DAYS ..............................................................☐☐
**RCCANCE4**

> *CATI to calculate number of days per month.  Number given in ED18 must be less than number of days per month in care.*


ED19.      Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE), paid either by you or some other person or agency?

**RCFEE1-**        YES .............................................................................. 1    (GO TO ED20)
**RCFEE4**        NO ............................................................................... 2    (GO TO BOX AFTER ED22OV)


ED20.      Do any of the following people or organizations help to pay for (CHILD)'s (relative) to care for (him/her)?  How about...

|  |  | YES | NO |
|---|---|---|---|
| **RCREL1-RCREL4** | a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care, not including general child support? .......................................... 1 | | 2 |
| **RCTANF1- RCTANF4** | b. Temporary Assistance for Needy Families, or TANF?..............1 | | 2 |
| **RCSSAC1- RCSSAC4** | c. Another social service, welfare, or child care agency? .......... 1 | | 2 |
| **RCEMPL1- RCEMPL4** | d. An employer, not including a tax-free spending account for child care? ........................................... 1 | | 2 |
| **RCOTHER1- RCOTHER4** | e. Someone else?................................................................ 1 | | 2 |

ED21.    How much does your household pay for (CHILD'S) (RELATIVE) to care for (him/her), not counting any money that you may receive from others to help pay for care?
[IF NOTHING, ENTER ZERO.]

*RCCOST1- RCCOST4*    AMOUNT $☐☐☐☐.☐☐

*RCUNIT1- RCUNIT4*    UNIT:
PER HOUR.................................................................................. 1
PER DAY .................................................................................. 2
PER WEEK................................................................................. 3
PER MONTH .............................................................................. 4
PER YEAR ................................................................................. 5
EVERY TWO WEEKS ................................................................ 6
OTHER....................................................................................... 91
*RCCSTOS1/R-*    SPECIFY_____
*RCCSTOS4/R*

> *If ED21 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after ED22OV. Else, ask ED22.*

ED22.    Is this amount for (CHILD) only or does it include other children in your household?

*RCCSTHH1-*    CHILD ONLY .......................................................................... 1    (GO TO BOX AFTER ED22OV)
*RCCSTHH4*    CHILD AND OTHER(S)............................................................ 2    (GO TO ED22OV)

ED22OV.    How many children is this amount for, including (CHILD)?

*RCCSTHN1-*    NUMBER OF CHILDREN...................................................... ☐
*RCCSTHN4*

> *If ED2 = 2 (one relative arrangement), ask ED23.*
> *Else, if ED2OV => 2 (more than one relative arrangement), return to ED3 until the number of arrangements in ED20V are completed, then ask ED23.*

ED23.    Does (CHILD) have another care arrangement with a relative on a regular basis?

*    YES .......................................................................................... 1    (GO TO ED3)
NO ............................................................................................ 2    (GO TO EEINTRO)

*Nonrelative Care*

EEINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

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

[SECOND PRESCHOOL INTERVIEW.]

[Now let's talk about any care (CHILD) receives from people who are not related to (him/her), not including daycare centers or preschools.]

EE1.        Is (CHILD) now receiving care in your home or another home on a <u>regular basis</u> from someone who is <u>not</u> related to (him/her)?

*NCNOW*
YES ................................................................................. 1    (GO TO EE2)
NO .................................................................................. 2    (GO TO EGINTRO)

EE2.        Do you currently have more than one <u>regular</u> care arrangement with a nonrelative for (CHILD)?

*
YES ................................................................................. 1    (GO TO EE2OV)
NO .................................................................................. 2    (GO TO BOX AFTER EE2OV)

EE2OV.      How many different <u>regular</u> care arrangements do you have with nonrelatives?

[CODE 1 NOT USED]
*
TWO ................................................................................ 2
THREE .............................................................................. 3
FOUR OR MORE ................................................................. 4

> *Ask EE3 through EE26OV for each nonrelative who cares for child.*

EE3.     [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.]  Is this care provided in your own home or in another home?

**NCPLACE1-**
**NCPLACE4**
OWN HOME ........................................................................ 1     (GO TO EE4)
OTHER HOME .................................................................... 2     (GO TO EE5)
BOTH/VARIES .................................................................... 3     (GO TO EE5)
NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] ......... 9     (GO TO EGINTRO)


EE4.     Does this person who cares for (CHILD) live in your household?

**NCINHH1-**
**NCINHH4**
YES ................................................................................. 1
NO .................................................................................. 2


EE5.     Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

**NCWEEK1-**
**NCWEEK4**
YES ................................................................................. 1     (GO TO EE7)
NO .................................................................................. 2     (GO TO EE6)


EE6.     Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

**NCMONTH1-**
**NCMONTH4**
YES ................................................................................. 1     (GO TO EE9)
NO .................................................................................. 2     (GO TO BOX BEFORE EE27)


EE7.     How many days each week does (CHILD) receive care from that person?

**NCDAYS1-**
**NCDAYS4**
DAYS ............................................................................. ☐


EE8.     How many hours each week does (CHILD) receive care from that person?

**NCHRS1-**
**NCHRS4**
HOURS ........................................................................ ☐☐


```
If EE7 = 1 (nonrelative care only 1 day per week)
ask EE13.  Else, go to EE12.
```

EE9.    For how many <u>weeks</u> each <u>month</u> does (CHILD) receive care from that person?

*NCWKMO1-*    WEEKS .......................................................................... ☐
*NCWKMO4*


EE10.   During (that week/those weeks) for how many <u>days</u> each <u>week</u> does (CHILD) receive care from that person?

*NCDAYWK1-*    DAYS .............................................................................. ☐
*NCDAYWK4*


EE11.   And during (that week/those weeks), how many <u>hours</u> each <u>week</u> does (CHILD) receive care from that person?

*NCHRWK1-*    HOURS ........................................................................ ☐☐    (GO TO EE13)
*NCHRWK4*


EE12.   On the days that (CHILD) receives care, that would be about (HOURS) per day, on average.  Is that right?

*    YES ................................................................................. 1    (GO TO EE13)
     NO .................................................................................. 2    (CORRECTION SCREEN)


EE13.   How old was (CHILD) in years and months when <u>this particular</u> regular care arrangement with that person began?

*NCSTRTY1-*    YEARS (   )    MONTHS (   )
*NCSTRTY4*
*NCSTRTM1-*
*NCSTRTM4*


EE14.   How many <u>children</u> are usually cared for together, in the same group at the same time, by that person, counting (CHILD)?  [IF IT VARIES, PROBE:  How many children are there the majority of the time (CHILD) is there?]

*NCKIDS1-*    NUMBER OF CHILDREN .................................................. ☐☐
*NCKIDS4*


EE15.   Counting that person, how many adults usually care for (CHILD) at the same time during that care arrangement?  [IF IT VARIES, PROBE:  How many adults are there the majority of the time (CHILD) is there?]

*NCADLTS1-*    NUMBER .......................................................................... ☐
*NCADLTS4*


EE16.   Was this care provider someone you already knew?

*NCALKNE1-*    YES ................................................................................. 1
*NCALKNE4*    NO .................................................................................. 2

EE17.    How did you learn about this person as a care provider for (CHILD)?
         [CODE ALL THAT APPLY.]

*NCFRIEN1-*
*NCFRIEN4*          FRIENDS/NEIGHBORS/RELATIVES/COWORKERS ................... 1
*NCPLEMP1-*
*NCPLEMP4*          PLACE OF EMPLOYMENT .................................................... 2
*NCSCHOO1-*
*NCSCHOO4*          PUBLIC OR PRIVATE SCHOOL ............................................. 3
*NCCHURC1-*
*NCCHURC4*          CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP ........ 4
*NCSOCWK1-*
*NCSOCWK4*          WELFARE OR SOCIAL SERVICE CASEWORKERS ................... 5
*NCADS1-*
*NCADS4*            NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES ............... 6
*NCAGENC1-*
*NCAGENC4*          RESOURCE AND REFERRAL (R&R) AGENCY ........................ 7
*NCCARE1-*
*NCCARE4*           CHILD CARE PROVIDER OR AGENCY ................................... 8
*NCKNEW1-*
*NCKNEW4*           R ALREADY KNEW PROVIDER ............................................. 9
*NCCHILD1-*
*NCCHILD4*          PROVIDER CARED FOR ANOTHER CHILD OF R'S ................. 10
*NCREFER1-*
*NCREFER4*          REFERENCE MATERIALS................................................... 11
*NCBULLE1-*
*NCBULLE4*          PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY ...... 12
*NCINTR1-*
*NCINTR4*           INTERNET ...................................................................... 13
*NCSOURC1-*
*NCSOURC4*          OTHER........................................................................... 91
*NCSOURO1/R-*          SPECIFY_____
*NCSOURO4/R*


EE18.    Is (CHILD)'s care provider of the same or a different race or ethnic background as (CHILD)?

*NCRACE1-*            SAME.............................................................................. 1
*NCRACE4*            DIFFERENT....................................................................... 2


EE19.    Is (CHILD)'s care provider age 18 or older?

*NCAGE1-*            YES ................................................................................ 1    (GO TO EE20)
*NCAGE4*             NO .................................................................................. 2    (GO TO EE19OV)


EE19OV.  About how old is that person?

*NCAGEYY1-*           YEARS ....................................................................☐☐☐
*NCAGEYY4*

EE20.  What language does (CHILD)'s care provider speak most when caring for (CHILD)?

**NCSPEAK1-**
**NCSPEAK4**
ENGLISH .......................................................................... 1
SPANISH .......................................................................... 2
ENGLISH AND SPANISH EQUALLY ....................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4
  SPECIFY_____
ANOTHER LANGUAGE ....................................................... 91
**NCSPKOS1/R-**
**NCSPKOS4/R**
  SPECIFY_____


EE21.  Will (CHILD)'s care provider care for (him/her) when (CHILD) is…

|  |  | YES | NO |
|---|---|---|---|
| **NCSKNFV1-**<br>**NCSKNFV4** | a. sick, but does not have a fever?............................... 1 | | 2 |
| **NCSKFV1-**<br>**NCSKFV4** | b. sick and has a fever?............................................... 1 | | 2 |


EE22.  In an average month, how many days would you say that care provider cancels this care arrangement because the provider is sick, has an appointment, or for another similar reason?

**NCCANCE1-**
**NCCANCE4**
DAYS ............................................................................□□


> *CATI to calculate number of days per month.  Number given in EE22 must be less than number of days per month in care.*


EE23  Is there any charge or fee for the care (CHILD) receives from that person, paid either by you or another person or agency?

**NCFEE1-**
**NCFEE4**
YES ................................................................................ 1   (GO TO EE24)
NO ................................................................................. 2   (GO TO BOX AFTER EE26OV)


EE24.  Do any of the following people or organizations help to pay for (CHILD) to be cared for by that person?  How about...

|  |  | YES | NO |
|---|---|---|---|
| **NCREL1- NCREL4** | a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support? ........................................... | 1 | 2 |
| **NCTANF1- NCTANF4** | b. Temporary Assistance for Needy Families, or TANF?........... | 1 | 2 |
| **NCSSAC1- NCSSAC4** | c. Another social service, welfare, or child care agency? .......... | 1 | 2 |
| **NCEMPL1- NCEMPL4** | d. An employer, not including a tax-free spending account for child care? ........................................................ | 1 | 2 |
| **NCOTHER1- NCOTHER4** | e. Someone else?..................................................................... | 1 | 2 |

EE25.     How much does your household pay this person to care for (CHILD), not counting any money that you may receive from others to help pay for care?
[IF NOTHING, ENTER ZERO.]

*NCCOST1-*          AMOUNT $☐☐☐☐.☐☐
*NCCOST4*

                    UNIT:
*NCUNIT1-*          PER HOUR.......................................................................... 1
*NCUNIT4*           PER DAY ........................................................................... 2
                    PER WEEK.......................................................................... 3
                    PER MONTH ....................................................................... 4
                    PER YEAR ......................................................................... 5
                    EVERY TWO WEEKS ............................................................ 6
                    OTHER............................................................................. 91
*NCCSTOS1/R-*         SPECIFY_____
*NCCSTOS4/R*

> *If EE25 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after EE26OV. Else, ask EE26.*

EE26.     Is this amount for (CHILD) only or does it include other children in your household?

*NCCSTHH1-*         CHILD ONLY .......................................................... 1   (GO TO BOX AFTER EE26OV)
*NCCSTHH4*          CHILD AND OTHER(S)............................................ 2   (GO TO EE26OV)

EE26OV.   How many children is this amount for, including (CHILD)?

*NCCSTHN1-*         NUMBER ............................................................ ☐
*NCCSTHN4*

> *If EE2 = 2 (one nonrelative arrangement), ask EE27.  Else, if EE2OV => 2 (more than one nonrelative arrangement), return to EE3 until the number of arrangements in EE2OV are completed, then ask EE27.*

EE27.     Does (CHILD) have another care arrangement in a private home with a nonrelative on a <u>regular basis</u>?

*             YES .................................................................................. 1   (GO TO EE3)
              NO ................................................................................... 2   (GO TO EGINTRO)

## Center-based Programs

EGINTRO. Now let's talk about any day care centers and early childhood programs (CHILD) attends.

EG1. Is (CHILD) now attending a day care center, preschool, prekindergarten, or (Early) Head Start program?

*CPNNOW*
YES ............................................................................... 1 (GO TO EG2)
NO ................................................................................ 2 (GO TO BOX BEFORE EH1)

EG2. How many different day care centers, preschools, prekindergartens, or (Early) Head Start programs does (CHILD) <u>currently</u> go to?

* NUMBER ........................................................................ □

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┌─────────────────────────────────────────────────────┐
│        Ask EG5 through EG25OV for each program.       │
└─────────────────────────────────────────────────────┘
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EG3. (Let's start with the program where (CHILD) spends the most time./Let's talk about the next program). Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

*CPPLACE1-*
*CPPLACE4*
OWN HOME ....................................................................... 1 (GO TO EG6)
ANOTHER HOME ................................................................ 2 (GO TO EG6)
A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP ...... 3 (GO TO EG4)
A PUBLIC PRESCHOOL OR SCHOOL (K-12) ........................... 4 (GO TO EG5)
A PRIVATE PRESCHOOL OR SCHOOL (K-12) ......................... 5 (GO TO EG4)
A COLLEGE OR UNIVERSITY ............................................... 6 (GO TO EG4)
A COMMUNITY CENTER ..................................................... 7 (GO TO EG4)
A PUBLIC LIBRARY ........................................................... 8 (GO TO EG5)
ITS OWN BUILDING ............................................................ 9 (GO TO EG4)
A PLACE OF EMPLOYMENT OR BUSINESS ........................... 10 (GO TO EG4)
OTHER............................................................................ 91 (GO TO EG4)

*CPPLCOS1/R-*
*CPPLCOS4/R*
SPECIFY _____
NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] ........ 13 (GO TO BOX BEFORE EH1)

EG4. Is this program run by a church, synagogue, or other religious group?

*CPSPRLG1-*
*CPSPRLG4*
YES ............................................................................... 1
NO ................................................................................ 2

EG5. Is that also the location of your job [or (his/her) (OTHER PARENT)'s job]?

*CPWORK1-*
*CPWORK4*
YES ............................................................................... 1
NO ................................................................................ 2

EG6.        Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

CPWEEK1-          YES .................................................................. 1    (GO TO EG8)
CPWEEK4           NO ................................................................... 2    (GO TO EG7)


EG7.        Does (CHILD) go to that program on some other regularly scheduled basis at least once each
            month?

CPMONTH1-         YES .................................................................. 1    (GO TO EG10)
CPMONTH4          NO ................................................................... 2    (GO TO BOX
                                                                                               BEFORE EG26)


EG8.        How many days each week does (CHILD) go to that program?

CPDAYS1-          DAYS ............................................................. □
CPDAYS4


EG9.        How many hours each week does (CHILD) go to that program?

CPHRS1-          HOURS .......................................................□□
CPHRS4


┌─────────────────────────────────────────────────────────────┐
│        If EG8 = 1 (center-based care 1 day per week) go to EG14.        │
│                       Else, ask EG13.                        │
└─────────────────────────────────────────────────────────────┘


EG10.       For how many weeks each month does (CHILD) go that that program?

CPWKMO1-         WEEKS ........................................................... □
CPWKMO4

EG11.       During (that week/those weeks), for how many days each week does (CHILD) go to that
            program?

CPDAYWK1-        DAYS ............................................................... □
CPDAYWK4


EG12.       And during (that week/those weeks), for how many hours each week does (CHILD) go to that
            program?

CPHRWK1-         HOURS .......................................................□□    (GO TO EG14)
CPHRWK4


EG13.       On the days that (CHILD) goes to the program, that would be about (HOURS) per day, on
            average.  Is that right?

*                YES ............................................................. 1    (GO TO EG14)
                 NO .............................................................. 2    (CORRECTION SCREEN)

EG14.    How old was (CHILD) in years and months when (he/she) started going to this particular program?

**CPSTRTY1-**
**CPSTRTY4**                YEARS (   )    MONTHS (   )
**CPSTRTM1-**
**CPSTRTM4**


EG15.    How many children are usually in (CHILD)'s room or group, at the same time, at that program, counting (CHILD? [IF IT VARIES, PROBE:  How many children are there the majority of the time (CHILD) is there?]

**CPKIDS1-**                NUMBER ............................................................................    ☐☐
**CPKIDS4**


EG16.    How many adults are usually in (CHILD)'s room or group, at the same time, at that program? [IF IT VARIES, PROBE:  How many adults are there the majority of the time (CHILD) is there?]

**CPADLTS1-**               NUMBER ....................................................................☐☐
**CPADLTS4**


EG17.    How did you learn about that program for (CHILD)?
         [CODE ALL THAT APPLY.]

**CPFRIEN1-**               FRIENDS/NEIGHBORS/RELATIVES/COWORKERS ................... 1
**CPFRIEN4**
**CPPLEMP1-**               PLACE OF EMPLOYMENT .................................................... 2
**CPPLEMP4**
**CPSCHOO1-**               PUBLIC OR PRIVATE SCHOOL .............................................. 3
**CPSCHOO4**
**CPCHURC1-**               CHURCH SYNAGOGUE, OR OTHER PLACE OF WORSHIP ......... 4
**CPCHURC4**
**CPSOCWK1-**               WELFARE OR SOCIAL SERVICE CASEWORKERS .................... 5
**CPSOCWK4**
**CPADS1-**                 NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES ................ 6
**CPADS4**
**CPAGENC1-**               RESOURCE AND REFERRAL (R&R) AGENCY ......................... 7
**CPAGENC4**
**CPCARE1-**                CHILD CARE PROVIDER OR AGENCY ................................... 8
**CPCARE4**
**CPKNEW1-**                R ALREADY KNEW PROVIDER ............................................ 9
**CPKNEW4**
**CPCHILD1-**               ATTENDED BY ANOTHER CHILD OF R'S ............................. 10
**CPCHILD4**
**CPREFER1-**               REFERENCE MATERIALS................................................. 11
**CPREFER4**
**CPBULLE1-**               PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY ...... 12
**CPBULLE4**
**CPINTER1-**               INTERNET ................................................................... 13
**CPINTER4**
**CPSOURC1-**               OTHER........................................................................ 91
**CPSOURC4**              SPECIFY_____
**CPSOURO1/R-**
**CPSOURO4/R**

EG18.     Is (CHILD)'s main care provider or teacher at that program of the same or a different race or ethnic background as (CHILD)?

*CPRACE1-*               SAME............................................................................. 1
*CPRACE4*              DIFFERENT................................................................... 2


EG19.     What language does (CHILD)'s main care provider or teacher at that program speak most with (him/her)?

*CPSPEAK1-*           ENGLISH ....................................................................... 1
*CPSPEAK4*          SPANISH ....................................................................... 2
                         ENGLISH AND SPANISH EQUALLY ....................................... 3
                         ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4
                          SPECIFY_____
                         ANOTHER LANGUAGE....................................................... 91
*CPSPKOS1/R-*         SPECIFY_____
*CPSPKOS4/R*


EG20.     Does that program provide any of the following services to (CHILD) or your family?

|  |  | YES | NO |
|---|---|---|---|
| *CPTEST1- CPTEST4* | a. Hearing, speech, or vision testing? ...............1 | | 2 |
| *CPPHYSE1- CPPHYSE4* | b. Physical examinations?...............................1 | | 2 |
| *CPDENTA1- CPDENTA4* | c. Dental examinations? ...................................1 | | 2 |
| *CPDISAB1- CPDISAB4* | d. Formal testing for developmental or learning problems?.......................................1 | | 2 |
| *CPSKNFV1- CPSKNFV4* | e. Sick child care when (CHILD) is sick but does not have a fever?...................................................1 | | 2 |
| *CPSKFV1- CPSKFV4* | f.  Sick child care when (CHILD) is sick and has a fever?.. 1 | | 2 |


EG21.     Since September, how many times has (CHILD)'s main care provider or teacher at that program changed?

*CPTEACH1-*          NO CHANGE ...................................................................... 1
*CPTEACH4*         1-2 TIMES......................................................................... 2
                         3 OR MORE TIMES ............................................................. 3


EG22.     Is there any charge or fee for this program, paid either by you or some other person or agency?

*CPFEE1-*              YES ............................................................................... 1   (GO TO EG23)
*CPFEE4*             NO .................................................................................. 2   (GO TO BOX AFTER EG25OV)

EG23. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

|  |  | YES | NO |
|---|---|---|---|
| CPREL1-CPREL4 | a. A relative of (CHILD) outside your household who provides money specifically for that program, not including general child support? | 1 | 2 |
| CPTANF1- CPTANF4 | b. Temporary Assistance for Needy Families, or TANF? | 1 | 2 |
| CPSSAC1- CPSSAC4 | c. Another social service, welfare, or child care agency? | 1 | 2 |
| CPEMPL1- CPEMPL4 | d. An employer, not including a tax-free spending account for child care? | 1 | 2 |
| CPOTHER1- CPOTHER4 | e. Someone else? | 1 | 2 |

EG24. How much does your household pay for (CHILD) to go to that program, not counting any money that you may receive from others to help pay for care?
[IF NOTHING, ENTER ZERO.]

CPCOST1-
CPCOST4
AMOUNT $☐☐☐☐.☐☐

UNIT:

CPUNIT1-
CPUNIT4
PER HOUR........................................................................... 1
PER DAY ............................................................................. 2
PER WEEK........................................................................... 3
PER MONTH ....................................................................... 4
PER YEAR ........................................................................... 5
EVERY TWO WEEKS .......................................................... 6
OTHER................................................................................. 91

CPCSTOS1/R-
CPCSTOS4/R
    SPECIFY_____

> *If EG24 = zero or NUMKID15 (number of children in household age 15 or younger)= 1, go to box after EG25OV. Else, ask EG25.*

EG25. Is this amount for (CHILD) only or does it include other children in your household?

CPCSTHH1-
CPCSTHH4
CHILD ONLY ........................................................................ 1  (GO TO BOX AFTER EG25OV)
CHILD AND OTHER(S)........................................................ 2  (GO TO EG25OV)

EG25OV. How many children is this amount for, including (CHILD)?

CPCSTHN1-
CPCSTHN4
NUMBER ....................................................................☐☐

> *If EG2 = 1 (one center-based arrangement), ask EG26.*
> *Else, if EG2 >= 2 (two or more center-based arrangements),*
> *return to EG3 until the number of arrangements in EG2 are*
> *completed, then ask EG26.*

EG26.   Does (CHILD) go to another day care center, preschool, prekindergarten, or (Early) Head Start program?

*               YES ................................................................................ 1   (GO TO EG3)
                NO .................................................................................. 2   (GO TO BOX BEFORE EH1)

*(EARLY) HEAD START*

EH1.        (Early) Head Start is a federally sponsored preschool program primarily for children from low-income families. (Is this/Are any of (CHILD'S)) care arrangement(s) (Early) Head Start?

*PCANYHD*            YES ................................................................................. 1   (GO TO EH2)
                        NO .................................................................................. 2   (GO TO EH3)

EH2.        [Which arrangement(s) (is/are) (Early) Head Start?]

*PCHDTYP1-*   (ARRANGEMENT 1) .............................. (LOCATION; DAYS & HOURS/WEEK)
*PCHDTYP4*   (ARRANGEMENT 2) .............................. (LOCATION; DAYS & HOURS/WEEK)
               (ARRANGEMENT 3) .............................. (LOCATION; DAYS & HOURS/WEEK)
               (ARRANGEMENT 4) .............................. (LOCATION; DAYS & HOURS/WEEK)
               (ARRANGEMENT 5) .............................. (LOCATION; DAYS & HOURS/WEEK)

               ARRANGEMENT NUMBERS ...........................................☐☐☐   (GO TO BOX)

EH3.        Has (CHILD) ever attended (Early) Head Start in the past?

*PCEVRHD*            YES ................................................................................. 1   (GO TO 1ST BOX BEFORE EI1)
                        NO .................................................................................. 2   (GO TO 1ST BOX BEFORE EI1)

EH4.        (Early) Head Start is a federally funded program that usually has no cost for eligible participants. However, you mentioned that your household pays (COST/UNIT) for (ARRANGEMENT.) What is this fee for?

*PCHDCOS1-*   CHILD IS NOT HEAD START ELIGIBLE BUT IS ENROLLED
*PCHDCOS4*     IN A HEAD START PROGRAM ............................................... 1
               FEE IS FOR DAYCARE BEFORE OR AFTER HEAD START.......... 2
               NOW SAYS IT IS NOT A HEAD START PROGRAM..................... 3
               NOW SAYS THERE IS NO FEE ............................................. 4
               OTHER........................................................................... 91
*PCHOS1/R-*     SPECIFY_____
*PCHOS4/R*

> *If ED1, EE1, or EG1 = 1 (child currently participates in at least one arrangement), go to box.  Else, go to EI3.*

> *If there is only one arrangement, go to EI1.*
>
> *Else, if there is more than one arrangement, select the arrangement with the most hours (to calculate average weekly hours for monthly arrangements, multiply number of weeks in care by number of hours per week in care and divide by 4) and go to EI1INTRO.*
>
> *Else, if two arrangements are the same number of hours, CATI will select one and go to EI1 Intro.*

EI1INTRO    You said that (CHILD) receives care from ((HIS/HER) RELATIVE/a nonrelative/a program in (LOCATION)) for (NUMBER) hours per week, (NUMBER) days per week, and (NUMBER) weeks per month.  Please respond to the next question thinking about that arrangement.

EI1.    Parents select child care arrangements for a number of reasons.  For each of the reasons I read, please tell me how important it was when you chose this arrangement for (CHILD).  Please tell me whether it was not at all important, a little important, somewhat important, or very important to you.

| NOT AT ALL IMPORTANT | A LITTLE IMPORTANT | SOMEWHAT IMPORTANT | VERY IMPORTANT |
|---|---|---|---|
| 1 | 2 | 3 | 4 |

Rating

*DLOCA*    The location of the arrangement? ................................................................□

*DCOST*    The cost of the arrangement? .....................................................................□

*DRELY*    The reliability of the arrangement? .............................................................□

*DLERN*    The learning activities at the arrangement? ................................................□

*DCHIL*    (CHILD) spending time with other kids (his/her age)?...................................□

*DHROP*    The times during the day that this caregiver is able
to provide care?.........................................................................................□

*DNBGRP*    The number of other children in (CHILD)'s care group? ...............................□

EI2.    How much difficulty did you have finding the type of child care or early childhood program you wanted for (CHILD)?  Would you say….

PPDIFCLT
A lot,................................................................................. 1
Some, ............................................................................... 2
A little, .............................................................................. 3
No difficulty, or................................................................. 4
Have you not found the child care or program you
 wanted?  ....................................................................... 5

---

*Ask EI3 only once per household.*

---

EI3.    Do you feel there are good choices for child care or early childhood programs where you live?

PPCHOIC
YES ................................................................................... 1
NO ..................................................................................... 2
HAVE NOT TRIED TO FIND CARE ......................................... 3

*HOME ACTIVITIES*

EKINTRO.    Now I'd like to talk with you about (CHILD)'s activities with family members in the past week.

EK1.    How many times have you or someone in your family <u>read</u> to (CHILD) in the past <u>week</u>?
Would you say...

*FOREADTO*              Not at all,.............................................................. 1    (GO TO BOX AFTER EK2)
                       Once or twice,........................................................ 2    (GO TO EK2)
                       3 or more times, or ............................................... 3    (GO TO EK2)
                       Every day?............................................................. 4    (GO TO EK2)

EK2.    About how many minutes (on each of those days/each day) do you or someone in your
family read to (him/her)?
[IF TIME PER DAY VARIES, ASK FOR AVERAGE TIME PER DAY.]

*FORDDAY*              MINUTES.................................................................. ☐☐

> *If PATH =I, and AGE2004 = 2, go to ELINTRO.  Else, if*
> *PATH = N, ask EK 3.  Else, go to PTINTRO*

EK3.         <u>In the past week</u>, has anyone in your family done the following things with (CHILD)?
[IF YES: Would you say one or two times, or three or more?]

|  |  |  | YES | NO |  | 1-2 TIME | 3+ TIMES |
|---|---|---|---|---|---|---|---|
| *FOSTORY* *FOSTORYN* | a. | Told (him/her) a story? ..................................... | 1 | 2 | ¦ | 1 | 2 |
| *FOWORDS* *FOWORDSN* | b. | Taught (him/her) letters, words, or numbers?.......................................................... | 1 | 2 | ¦ | 1 | 2 |
| *FOMUSIC* *FOMUSICN* | c. | Taught (CHILD) songs or music? ....................... | 1 | 2 | ¦ | 1 | 2 |
| *FOCRAFTS* *FOCRAFTN* | d. | Worked on arts and crafts with (him/her)? .......................................................... | 1 | 2 | ¦ | 1 | 2 |

EK4.    In the past <u>month</u>, have you or someone in your family visited a library with (CHILD)?

*FOLIBRAY*              YES ..................................................................... 1
                       NO ...................................................................... 2

*EMERGING LITERACY AND NUMERACY*

ELINTRO.     These next questions are about things that different children do at different ages.  These things may or may not be true for (CHILD).

EL1.     Can (CHILD) identify the colors red, yellow, blue, and green by name?  Would you say...

*DPCOLOR*
All of them,......................................................... 1
Some of them, or ............................................... 2
None of them? .................................................... 3

EL2.     Can (he/she) recognize...

*DPLETTER*
All of the letters of the alphabet,..................... 1
Most of them, ..................................................... 2
Some of them, or ............................................... 3
None of them? .................................................... 4

EL3.     How high can (CHILD) count?  Would you say...

*DPCOUNT*
Not at all,........................................................... 1
Up to five,.......................................................... 2
Up to ten, .......................................................... 3
Up to twenty,..................................................... 4
Up to fifty, or .................................................... 5
Up to 100 or more?............................................ 6

EL4.     Can (CHILD) write (his/her) first name, even if some of the letters are backwards?

*DPNAME*
YES .................................................................... 1
NO ...................................................................... 2

EL5.     Is (CHILD) able to read story books on (his/her) own now?

*HASTORY*
YES .................................................................... 1     (GO TO EL6)
NO ...................................................................... 2     (GO TO EL7)

EL6.     Does (CHILD) actually read the words written in the book, or does (he/she) look at the book and pretend to read?

*HAWORDS*
READS THE WRITTEN WORDS ............................................. 1     (GO TO PTINTRO)
PRETENDS TO READ ........................................................ 2     (GO TO EL8)
DOES BOTH ...................................................................... 3     (GO TO PTINTRO)

EL7.    (Although (CHILD) doesn't yet read story books on (his/her) own,) (Does/does) (he/she) ever look at a book with pictures and pretend to read?

*HAPRETND*             YES .................................................................... 1    (GO TO EL8)
                       NO ..................................................................... 2    (GO TO PTINTRO)


EL8.    When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

*HACONECT*             SOUNDS LIKE CONNECTED STORY ...................................... 1
                       TELLS WHAT'S IN EACH PICTURE ........................................ 2
                       DOES BOTH......................................................... 3

PTINTRO.    Now I have a few questions about (CHILD)'s health.

PT1.        Has a doctor or other health professional ever told you that (CHILD) was developmentally delayed?

***HDDELAY***              YES ............................................................................... 1
                           NO ................................................................................ 2

> *If PATH = I, go to PT3.  Else, ask PT2.*

PT2.        Has a health professional told you that (CHILD) has any of the following disabilities?
            [RANDOM START; KEEP h, i, j, and k LAST.]

| | | | YES | NO |
|---|---|---|---|---|
| ***HDLEARN*** | a. | A specific learning disability? | 1 | 2 |
| ***HDRETARD*** | b. | Mental retardation? | 1 | 2 |
| ***HDSPEECH*** | c. | A speech or language delay? | 1 | 2 |
| ***HDDISTRB*** | d. | A serious emotional disturbance? | 1 | 2 |
| ***HDDEAFIM*** | e. | Deafness or another hearing impairment? | 1 | 2 |
| ***HDBLNDIM*** | f. | Blindness or another visual impairment? | 1 | 2 |
| ***HDORTHO*** | g. | An orthopedic impairment? | 1 | 2 |
| ***HDAUTISM*** | h. | Autism? | 1 | 2 |
| ***HDADD*** | i. | Attention deficit disorder, ADD, or ADHD? | 1 | 2 |
| ***HDPDD*** | j. | Pervasive developmental disorder or PDD? | 1 | 2 |
| ***HDOTHER*** | k. | Another health impairment lasting 6 months or more? | 1 | 2 |

> *If any PT2a-k= 1, go to PT4.  Else, go to PTBINTRO.*

PT3.        Has a health professional told you that (CHILD) has any of the following disabilities?
            [RANDOM START; KEEP e LAST.]

| | | | YES | NO |
|---|---|---|---|---|
| ***HDDEAFIM*** | a. | Deafness or another hearing impairment? | 1 | 2 |
| ***HDBLNDIM*** | b. | Blindness or another visual impairment? | 1 | 2 |
| ***HDORTHO*** | c. | An orthopedic impairment? | 1 | 2 |
| ***HDDEVEL*** | d. | Severe developmental delay? | 1 | 2 |
| ***HDOTHER*** | e. | Another health impairment lasting 6 months or more? | 1 | 2 |

> *If any PT3a-e=1, go to PT4.  Else, go to PTBINTRO.*

PT4.        Is (CHILD) receiving services for (his/her) (disability/disabilities) ...

|              |     |                                                      | YES | NO |
|--------------|-----|------------------------------------------------------|-----|----|
| **HDSCHL**   | a.  | From your local school district? ...................................... | 1 | 2 |
| **HDGOVT**   | b.  | From a state or local health or social service agency? ............................................. | 1 | 2 |
| **HDDOCTOR** | c.  | From a doctor, clinic, or other health care provider? ......... | 1 | 2 |
| **HDSOURCE** | d.  | From some other source? ................................................. | 1 | 2 |
| **HDSOUROS/R** |   | What is that? _____ |   |   |

> *If PATH = N, S, H, or (PATH I and AGE2004=2) ask PT5.*
> *Else,  go to PTBINTRO.*

PT5.        (Does/Do) (CHILD)'s (disability/disabilities) affect (his/her) ability to learn?

**HDAFFECT**            YES .................................................................................. 1
                        NO ................................................................................... 2

PTBINTRO.    Now I have some questions about (CHILD)'s background.

PTB1.        In what state, country, or territory was (CHILD) born?

**CBORNUS**            ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA ...... 1    (GO TO PTB2)
                       ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM,
                           AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
                           MARIANA ISLANDS, OR SOLOMON ISLANDS] ................... 2    (GO TO PTB1OV)
**CTERROS/R**           SPECIFY _____
                       SOME OTHER COUNTRY? ................................................... 3    (GO TO PTB1OV)
**CCONTOS/R**           SPECIFY _____

PTB1OV.    How old was (CHILD) when (he/she) first moved to the (United States/50 states or the District of Columbia)?  [ROUND MONTHS OR FRACTIONS TO NEAREST YEAR.]

**CMOVEAGE**            AGE ............................................................................ ☐☐

PTB2.        Is (he/she) of Spanish, Hispanic, or Latino origin?

**CHISPAN**            YES .................................................................................. 1
                       NO .................................................................................. 2

PTB3.     What is (CHILD)'s race?  You may name more than one. Is (he/she)…
          [IF "HISPANIC" PROBE "Is that White Hispanic, Black Hispanic, both, or something else?"]
          [CODE ALL THAT APPLY].

*CWHITE*              White,.................................................................................. 1
*CBLACK*              Black or African American, ............................................ 2
*CAMIND*              American Indian or Alaska Native, ................................ 3
*CASIAN*              Asian, or.............................................................................. 4
*CPACI*               Native Hawaiian or other Pacific Islander?.................... 5
*CRACEOTH*           OTHER RACE?.................................................................... 91
*CRACEOS/R*             SPECIFY _____


        ┌────────────────────────────────────────────────────────┐
        │   *If AGE2004 >= 2, ask PTB4.  Else, go to PARINTRO*    │
        └────────────────────────────────────────────────────────┘


PTB4.     What language does (CHILD) speak most at home?

                      ENGLISH ........................................................................... 1
*CSPEAK*              SPANISH ........................................................................... 2
                      ENGLISH AND SPANISH EQUALLY ....................................... 3
                      ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
*CSPEAKOS/R*           SPECIFY _____
                      CHILD DOESN'T SPEAK ...................................................... 5
                      ANOTHER LANGUAGE...................................................... 91
*CSPEAKOS/R*            SPECIFY_____

## Parent/Guardian Characteristics [PATH = ALL]

### Mother Items

PARINTRO.    These next questions are about parents or guardians who live with (CHILD).

> *Ask all parent/guardian characteristics (PUINTRO through PU20) once for their mother in the household. Except ask question PU19 for each sampled child when PATH = I, N, S or (PATH = H and HOMSCFLG = 1).*

> *If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PU about the grandmother (and section PV about the grandfather). Else, go to the next box.*

> *If there are two mothers or two fathers, use the lowest value between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and DADTYPE2 to select the subject of section PU or PV. If both same sex parents have the same value, choose MOMTYPE1 or DADTYPE1 as the subject of section PU or PV. Else, go to next box.*

> *\*If HHMOM = 1, 2, or 3 (mother or female guardian), go to PUINTRO. Else, if HHMOM = 4 (no mother/ female guardian), go to first box before PVINTRO.*

PUINTRO.    Let's start with (you/(CHILD)'s mother/grandmother/(NAME)).

PU1.    [Are you/Is (CHILD'S) (mother/stepmother/foster mother/grandmother/(NAME))] currently…

**MOMSTAT**

| | | |
|---|---|---|
| Married,............................................................... | 1 | (GO TO PU2) |
| Separated, ........................................................... | 2 | (GO TO BOX) |
| Divorced,.............................................................. | 3 | (GO TO BOX) |
| Widowed, or........................................................... | 4 | (GO TO BOX) |
| Never married?....................................................... | 5 | (GO TO BOX) |

\*If HHMOM is 1, then there is a birth or adoptive mother in the household. If HHMOM is 2, then there is a stepmother or foster mother, other parent/guardian, or female partner/girlfriend of parent in the household. If HHMOM is 3, then there is no mom or dad; there is a female respondent in the household.

> *If the only HH member other than the mother/grandmother who is age 16 or older is the subject child, autocode PU1OV = 2. Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PU1OV = 1. Else, if any HH member other than the mother/grandmother and other than the subject child is age 16 or older ask PU1OV. Else, go to PU2.*

PU1OV.          (Are you/Is she) currently living with a partner?

*MOMLIVW*              YES ................................................................................... 1
                      NO ..................................................................................... 2


PU2.            How old (were you/was (CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) when (you/she) first became a mother, stepmother, or guardian to any child?

*MOMNEW*              YEARS OF AGE ........................................................... ☐☐


PU3.            What was the <u>first</u> language (you/(CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) learned to speak?

*MOMLANG*             ENGLISH ............................................................................ 1     (AUTOCODE PU4=1 AND
                                                                                                                  GO TO PU5)

                     SPANISH ............................................................................ 2     (GO TO PU4)
                     ENGLISH AND SPANISH EQUALLY ....................................... 3            (GO TO PU4)
                     ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4             (GO TO PU4)
                         SPECIFY_____
                     ANOTHER LANGUAGE ...................................................... 91         (GO TO PU4)
*MOMLANOS/R*             SPECIFY_____


PU4.            What language (do you/does she) speak most at home now?

*MOMSPEAK*            ENGLISH ............................................................................ 1
                     SPANISH ............................................................................ 2
                     ENGLISH AND SPANISH EQUALLY ....................................... 3
                     ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4
                         SPECIFY _____
                     (ENGLISH AND OTHER LANGUAGE SPECIFIED
                     IN PU3 EQUALLY).................................................................. 5
                     (OTHER LANGUAGE SPECIFIED IN PU3)............................... 6
                     ANOTHER LANGUAGE ...................................................... 91
*MOMSPEOS/R*            SPECIFY_____

PU5.      In what state, country, or territory [were you/was (CHILD)'s (mother/stepmother/foster mother/ grandmother/( NAME))] born?

**MOMBORN**

ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA ...... 1    (GO TO PU6)

ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM,
  AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA
  ISLANDS, OR SOLOMON ISLANDS] .................................... 2    (GO TO PU5OV)

**MOMTEROS/R**      SPECIFY_____

SOME OTHER COUNTRY ..................................................... 3    (GO TO PU5OV)

**MOMCONOS/R**      SPECIFY_____

PU5OV.      How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

**MOMUSAGE**      AGE ............................................................. ☐☐

PU6.      What is the highest grade or year of school that (you/(CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) completed?

**MOMGRADE**

UP TO 8TH GRADE ................................................................ 1    (ENTER GRADE, GO TO PU7)

9TH TO 11TH GRADE ........................................................... 2    (ENTER GRADE, GO TO PU7)

**MOMGRAD1**    12TH GRADE BUT NO DIPLOMA .......................................... 3    (GO TO PU7)

**MOMGRAD2**    HIGH SCHOOL DIPLOMA/EQUIVALENT ................................. 4    (GO TO PU8)

VOC/TECH PROGRAM AFTER HIGH SCHOOL
 BUT NO VOC/TECH DIPLOMA .............................................. 5    (GO TO PU7)

VOC/TECH DIPLOMA AFTER HIGH SCHOOL .......................... 6    (GO TO PU7)

SOME COLLEGE BUT NO DEGREE ...................................... 7    (GO TO PU6OV)

ASSOCIATE'S DEGREE (AA, AS).......................................... 8    (GO TO PU7)

BACHELOR'S DEGREE (BA, BS) .......................................... 9    (GO TO PU8)

GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ... 10    (GO TO PU8)

MASTER'S DEGREE (MA, MS) ........................................... 11    (GO TO PU8)

DOCTORATE DEGREE (PHD, EDD) ..................................... 12    (GO TO PU8)

PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ......... 13    (GO TO PU8)

PU6OV.      Did (you/she) earn a vocational or technical diploma after leaving high school?

**MOMVOTEC**

YES ................................................................................... 1

NO .................................................................................... 2

PU7.      (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

**MOMDIPL**

YES ................................................................................... 1

NO .................................................................................... 2

PU8.     During the past week, did (you/(CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) work at a job for pay or income, including self-employment?

**MOMWORK**
YES ...................................................................... 1   (GO TO PU10)
NO ........................................................................ 2   (GO TO PU9)
RETIRED ............................................................... 3   (GO TO PU13)
DISABLED/UNABLE TO WORK .............................. 4   (GO TO PU13)

PU9.     (Were you/Was she) on leave or vacation from a job during the past week?

**MOMLEAVE**
YES ...................................................................... 1   (GO TO PU10)
NO ........................................................................ 2   (GO TO PU13)

PU10.    About how many total hours per week (do you/does she) usually work for pay or income, counting all jobs?
[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

**MOMHOURS**
WEEKLY HOURS .......................................................... ☐☐

PU11.    (Do you/Does she) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

**MOMRSFT**
YES ...................................................................... 1   (GO TO PU13)
NO ........................................................................ 2   (GO TO PU12)

PU12.    (Do you/Does she) work…

**MOMVSFT**
A regular shift at times other than between 6 am
   and 6 pm, .................................................................. 1
A variable shift—one that changes from days
   to evenings or nights, where (you/she) choose(s)
   your/her) own hours, ................................................. 2
A variable shift, with hours set by (your/her)
   employer?.................................................................... 3
WORKS WHEN WORK IS AVAILABLE ..................................... 4

PU13.    In the past 12 months, how many months, [if any], (have you/has she) worked for pay or income?

**MOMMTHS**
MONTHS .................................................................... ☐☐

> *If PU8 or PU9 = 1 (working or on leave/vacation), go to*
> *PU17. If PU8 =3 (retired), then autocode PU16 = 3*
> *(retired), and go to box after PU16.  If PU8 = 4*
> *(disabled/unable to work), then autocode PU16 = 5*
> *(unable to work), and go to box after PU16.  Else, ask*
> *PU14.*

PU14.   (Have you/Has she) been actively looking for work <u>in the past 4 weeks</u>?

**MOMLOOK**          YES ................................................................. 1   (GO TO PU15)
                     NO .................................................................. 2   (GO TO PU16)


PU15.   What (have you/has she) been doing <u>in the past 4 weeks</u> to find work? (Have you/Has she)…

| | | YES | NO |
|---|---|---|---|
| **MOMAGN** | a. Checked with an employment agency?...................... 1 | | 2 |
| **MOMEMPL** | b. Checked with employer directly or sent resume? ...... 1 | | 2 |
| **MOMREL** | c. Checked with friends or relatives?............................. 1 | | 2 |
| **MOMANSAD** | d. Placed or answered job ads? .................................... 1 | | 2 |

> *If PU15 a-d NE 1 (not actively looking for work), go to*
> *PU16.  Else, go to box after PU16.*


PU16.   What (were you/was she) doing most of last week?  Would you say...

**MOMACTY**          Keeping house or caring for children or
                       other dependents,........................................................... 1
                     Going to school,.............................................................. 2
                     Retired, .......................................................................... 3
                     Volunteering .................................................................. 4
                     Unable to work, or .......................................................... 5
                     Something else?............................................................. 91
**MOMACTOS/R**        What was that?_____

> *If PU16 = 2, autocode PU17 = 1 and go to PU18.  Else,*
> *ask PU17.*


PU17.   (Are you/is (CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) attending or enrolled
        in a school, college, university, or adult learning center, or receiving vocational education or job
        training [other than at (your/her) regular job]?

**MOMENROL**          YES ................................................................. 1   (GO TO PU18)
                     NO .................................................................. 2   (GO TO BOX BEFORE PU19)


PU18.   How many hours each week (do you/does she) attend school or training? [REFERS TO ACTUAL
        TIME, NOT CREDIT HOURS.]

**MOMENHRS**          WEEKLY HOURS ....................................................... ☐☐

PU19.   Have (CHILD)'s (child/after-school) care needs influenced [your/(his/her) (mother/stepmother/foster mother/grandmother)/(NAME))'s] choice of a job or work schedule in any way?

**MOMCHOIC**
YES ................................................................................... 1
NO ..................................................................................... 2

*Ask PU20 only once per mother per household.*

PU20.   How easy is it for (you/her) to leave work if (CHILD/one of your children/one of her children) gets sick or needs (you/her) unexpectedly? Would you say…

**MOMLVEAS**
[VERY] Easy, ..................................................................... 1
Somewhat easy, ............................................................... 2
Not very easy, or .............................................................. 3
Difficult? .......................................................................... 4

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*Father Items*

*If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PV about the grandfather.  Else, go the next box.*

*If there are two fathers, use the lowest value between DADTYPE1 and DADTYPE2 to select the subject of section PV. If both same sex parents have the same value, choose DADTYPE1 as the subject of section PV.  Else, go to next box.*

*\*If HHDAD = 1, 2, or 3 (father or male guardian), go to PVINTRO.*
*Else, if HHDAD = 4 (no father or male guardian), go to PWINTRO.*

PVINTRO.  Let's talk about [you/ (CHILD'S) (father/stepfather/foster father/grandfather/(NAME))].

PV1.  [Are you/Is (CHILD'S) (father/stepfather/foster father/grandfather/(NAME))] currently…

*DADSTAT*

| | | |
|---|---|---|
| Married, | 1 | (GO TO PV3) |
| Separated, | 2 | (GO TO BOX) |
| Divorced, | 3 | (GO TO BOX) |
| Widowed, or | 4 | (GO TO BOX) |
| Never married? | 5 | (GO TO BOX) |

*If the only HH member other than the father/grandfather who is age 16 or older is the subject child, autocode PV2 = 2.  Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PV2 = 1. Else, if any HH member other than the father/grandfather and other than the subject child is age 16 or older ask PV2.  Else, go to PV3.*

*If HHDAD is 1, then there is a birth or adoptive father in the household.  If HHDAD is 2, then there is a stepfather or foster father, other parent/guardian, or male partner/boyfriend of parent in the household.  If HHDAD is 3, then there is no mom or dad; there is a male respondent in the household.

PV2.        (Are you/Is he) currently living with a partner?

**DADLIVW**

YES ............................................................................ 1
NO ............................................................................. 2

PV3.        What was the <u>first</u> language (you/(CHILD)'s (father/stepfather/foster father/grandfather/(NAME)) learned to speak?

**DADLANG**

ENGLISH ...................................................................... 1    (AUTOCODE PV4=1 AND GO TO PV5)

SPANISH ...................................................................... 2    (GO TO PV4)
ENGLISH AND SPANISH EQUALLY ...................................... 3    (GO TO PV4)
ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4    (GO TO PV4)
    SPECIFY_____
ANOTHER LANGUAGE ..................................................... 91    (GO TO PV4)

**DADLANOS/R**    SPECIFY_____

PV4.        What language (do you/does he) speak most at home now?

**DADSPEAK**

ENGLISH ...................................................................... 1
SPANISH ...................................................................... 2
ENGLISH AND SPANISH EQUALLY ...................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ..................... 4
    SPECIFY_____
(ENGLISH AND OTHER LANGUAGE SPECIFIED
IN PV3 EQUALLY) ................................................... 5
(OTHER LANGUAGE SPECIFIED IN PV3) .............................. 6
ANOTHER LANGUAGE ..................................................... 91

**DADSPEOS/R**    SPECIFY_____

PV5.        In what state, country, or territory (were you/was (CHILD)'s father/stepfather/foster father/grandfather/was (NAME)) born?

**DADBORN**

ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA ...... 1    (GO TO PV6)
ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM,
    AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
    MARIANA ISLANDS, OR SOLOMON ISLANDS] .................... 2    (GO TO PV5OV)

**DADTEROS/R**    SPECIFY_____

SOME OTHER COUNTRY ................................................... 3    (GO TO PV5OV)

**DADCONOS/R**    SPECIFY_____

PV5OV.      How old (were you/was he) when (you/he) first moved to the (United States/50 states or the District of Columbia)?

**DADUSAGE**    AGE ........................................................................ ☐☐

PV6.    What is the highest grade or year of school that (you/(CHILD)'s (father/stepfather/foster father/grandfather(NAME)) completed?

DADGRADE        UP TO 8TH GRADE ............................................................... 1    (ENTER GRADE, GO TO PV7)
                9TH TO 11TH GRADE ........................................................... 2    (ENTER GRADE, GO TO PV7)
DADGRAD1        12TH GRADE BUT NO DIPLOMA ......................................... 3    (GO TO PV7)
DADGRAD2        HIGH SCHOOL DIPLOMA/EQUIVALENT ................................ 4    (GO TO PV8)
                VOC/TECH PROGRAM AFTER HIGH SCHOOL
                 BUT NO VOC/TECH DIPLOMA ............................................ 5    (GO TO PV7)
                VOC/TECH DIPLOMA AFTER HIGH SCHOOL ......................... 6    (GO TO PV7)
                SOME COLLEGE BUT NO DEGREE ..................................... 7    (GO TO PV6OV)
                ASSOCIATE'S DEGREE (AA, AS) ......................................... 8    (GO TO PV7)
                BACHELOR'S DEGREE (BA, BS) .......................................... 9    (GO TO PV8)
                GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ... 10    (GO TO PV8)
                MASTER'S DEGREE (MA, MS) ........................................... 11    (GO TO PV8)
                DOCTORATE DEGREE (PHD, EDD) ..................................... 12    (GO TO PV8)
                PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE
                 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ......... 13    (GO TO PV8)


PV6OV.    Did (you/he) earn a vocational or technical diploma after leaving high school?

DADVOTEC        YES .................................................................................. 1
                NO ................................................................................... 2


PV7.    (Do you/Does he) have a high school diploma or its equivalent, such as a GED?

DADDIPL         YES .................................................................................. 1
                NO ................................................................................... 2


PV8.    During the past week, did (you/(CHILD)'s (father/stepfather/foster father/grandfather/(NAME)) work at a job for pay or income, including self-employment?

DADWORK         YES .................................................................................. 1    (GO TO PV10)
                NO ................................................................................... 2    (GO TO PV9)
                RETIRED ........................................................................... 3    (GO TO PV13)
                DISABLED/UNABLE TO WORK .............................................. 4    (GO TO PV13)


PV9.    (Were you/Was he) on leave or vacation from a job during the past week?

DADLEAVE        YES .................................................................................. 1    (GO TO PV10)
                NO ................................................................................... 2    (GO TO PV13)


PV10.    About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?
         [IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

DADHOURS        WEEKLY HOURS ............................................................☐☐

PV11.      (Do you/Does he) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

**DADRSFT**                      YES ................................................................... 1    (GO TO PV13)
                                        NO ................................................................... 2    (GO TO PV12)

PV12.      (Do you/Does he) work…

**DADVSFT**                      A regular shift at times other than between 6 am
                          and 6 pm, .................................................... 1
                      A variable shift—one that changes from days
                        to evenings or nights, where (you/he) choose(s)
                        your/his) own hours, .................................... 2
                      A variable shift, with hours set by (your/his)
                        employer?.................................................... 3
                      WORKS WHEN WORK IS AVAILABLE ................................... 4

PV13        In the past 12 months, how many months, [if any], (have you/has he) worked for pay or income?

**DADMTHS**                      MONTHS .................................................... ☐☐

> *If PV8 or PV9 = 1 (working or on leave/vacation), go to*
> *PV17. If PV8 = 3 (retired), then autocode PV16 = 3*
> *(retired), and go to the box before PV17.  If PV8 = 4*
> *(disabled/unable to work), then autocode PV16 = 5*
> *(unable to work), and go to the box before PV17.  Else,*
> *ask PV14.*

PV14.      (Have you/Has he) been actively looking for work <u>in the past 4 weeks</u>?

**DADLOOK**                      YES ................................................................... 1    (GO TO PV15)
                                          NO ................................................................... 2    (GO TO PV16)

PV15.      What (have you/has he) been doing <u>in the past 4 weeks</u> to find work? (Have you/Has he)…

|  |  | YES | NO |
|---|---|---|---|
| **DADAGN** | a. Checked with an employment agency............................ | 1 | 2 |
| **DADEMPL** | b. Checked with employer directly or  sent resume ............ | 1 | 2 |
| **DADREL** | c. Checked with friends or relatives.................................... | 1 | 2 |
| **DADANSAD** | d. Placed or answered job ads ........................................... | 1 | 2 |

> *If PV15 a-d NE 1 (not actively looking for work), go to*
> *PV16.  Else, go to box after PV16.*

PV16.       What (were you/was he) doing most of last week?  Would you say...

DADACTY           Keeping house or caring for children or
                      other dependents,........................................................ 1
                  Going to school,............................................................. 2
                  Retired, ........................................................................ 3
                  Volunteering ................................................................. 4
                  Unable to work, or ......................................................... 5
                  Something else?.......................................................... 91
DADACTOS/R         What was that?_____

```
If PV16 = 2, then autocode PV17 = 1, and go to PV18.
Else, ask PV17.
```

PV17.       (Are you/is (CHILD)'s (father/stepfather/foster father/grandfather/(NAME)) attending or enrolled in a
            school, college, university, or adult learning center, or receiving vocational education or job
            training [other than at (your/his) regular job]?

DADENROL          YES ................................................................................ 1     (GO TO PV18)
                  NO ................................................................................. 2     (GO TO BOX BEFORE PV19)

PV18.       How many hours each week (do you/does he) attend school or training? [REFERS TO ACTUAL TIME,
            NOT CREDIT HOURS]

DADENHRS          WEEKLY HOURS ............................................ ☐☐

```
If (PV8 = 1 or PV9 = 1), and( PATH = I, N S, or (PATH = H and
HOMSCFLG = 1)) (working or on leave/vacation and child is not
homeschooled only), ask PV19.
Else, go to box before PWINTRO.
```

PV19.       Have (CHILD)'s (child/after-school) care needs influenced [your/(his/her) (father/stepfather/foster
            father/ grandfather/(NAME))'s] choice of a job or work schedule in any way?

DADCHOIC          YES ................................................................................ 1
                  NO ................................................................................. 2

```
Ask PV20 once per father per household.
```

PV20.       How easy is it for (you/him) to leave work if (CHILD/one of your children/one of his children) gets
            sick or needs (you/him) unexpectedly? Would you say…

DADLVEAS          [VERY] Easy,.................................................................... 1
                  Somewhat easy, ............................................................ 2
                  Not very easy, or ........................................................... 3
                  Difficult? ....................................................................... 4

*HOUSEHOLD CHARACTERISTICS [PATH = ALL]*

> *The following questions are asked only once per household.*

PWINTRO.     Now, a few questions about your household.

> If PU8=1 or PU9=1 (mother works, on leave/vacation) and PV8=1 or PV9=1
>
> (father works, on leave/vacation) and ED1, EE1, & EG1 = 2 (no child care
> arrangements), then ask PW1.  Else ask PW2.

PW1.     (Do you and (CHILD'S)(OTHER PARENT/GUARDIAN)/Do (CHILD'S) parent's) arrange your work schedules
         so that a parent is available to care for [(CHILD)/the children]?

*HWKSKED*         YES ............................................................................................1
                  NO ..............................................................................................2

PW2.     (Do you/Does anyone in your household) work for a child care center?

*CNTRWORK*        YES ............................................................................................1
                  NO ..............................................................................................2

PW3.     (Do you/Do any adults or teenagers in your household) care for or baby-sit someone else's child or
         children on a regular basis, either in your home or someone else's home?

         Please do not include occasional babysitting.

*CHCRWORK*        YES ............................................................................................1
                  NO ..............................................................................................2

PW4.     Do you...

*HOWNHOME*        Own your home, ..........................................................................1
                  Rent your home, or.......................................................................2
                  Have some other arrangement?...................................................3

PW5.     Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including
         cellular phones?

*         YES ............................................................................................1     (GO TO PW7)
          NO ..............................................................................................2     (GO TO PW8)
          NOT MY NUMBER ............................................................................3     (GO TO PW6)

PW6.      [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED. RECORD REASON FOR REACHING DIFFERENT TELEPHONE NUMBER.]

\*                TELEPHONE NUMBER REACHED _____

AREA CODE CHANGE.................................................................. 1
OTHER NUMBER IN HOUSEHOLD ............................................... 2
ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND
  NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD ................ 3
NEVER HEARD OF ORIGINAL NUMBER ......................................... 4
OTHER [RECORD EXPLANATION IN COMMENTS] ........................... 5

> *If PW6 = 3, go to CLOSE2. Else, for cases where PW5 = 3 (not number dialed), ask PW5 again with new number.*

PW7.      How many of these additional telephone numbers are for home use, not including cellular phones?

*HNUMUSE*      NUMBER .................................................................. ▢▢   (GO TO BOX)

> *If PW7 > 0 (other telephone numbers for home use), go to PW9. Else, go to PW8.*

PW8.      Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

\*                YES ...................................................................................... 1   (GO TO PW9)
NO ....................................................................................... 2   (GO TO PW12)

PW9.      How many of these additional telephone numbers are used for computer or fax lines?

\*                NUMBER ........................................................................... ▢▢   (GO TO PW10)

> *If PW9 = 0, go to PW12. Else, ask PW10.*

PW10.     Some households have telephone numbers that are used both for talking and for computer or fax lines. (Is the number/Are any of the numbers) used for (a) computer or fax line(s) ever answered for talking?

\*                YES ...................................................................................... 1   (GO TO BOX)
NO ....................................................................................... 2   (GO TO PW12)

> *If PW9 = 1 (only 1 other telephone number for computer or fax), autocode PW11= 1, and go to PW12. Else, ask PW11.*

PW11.        How many computer or fax telephone numbers are also answered for talking?

*                    NUMBER ............................................................................ ☐☐

PW12.        So that we can group households geographically, may I have your ZIP code?

*HZIPCODE/R*        ZIP CODE ............................................................. ☐☐☐☐☐

PW13.        Are there any conditions in your neighborhood that make you worried about the health or safety of ((CHILD)/any of the children in your household)?

*HNEIGHB*            YES ..................................................................................... 1
                      NO ...................................................................................... 2

> *If NUMKID15 = 1 and if all of RCFEE, NCFEE, and CPFEE NE 1, then autocode PW14 = 2 and go to PW15. Else ask PW14.*

PW14.        Is a state government or welfare agency currently helping you pay for any child care costs (for any child)?

*HGOVCUR*          YES ..................................................................................... 1
                      NO ...................................................................................... 2

PW15.        In the past 3 years, that is, since (DATE), has your family received benefits from Temporary Assistance for Needy Families, or TANF?

*HTANF3YR*        YES ..................................................................................... 1
                      NO ...................................................................................... 2

PW16.        In the past 3 years, that is, since (DATE), has your family received benefits from (STATE WELFARE PROGRAM)?

*HWELF3YR*        YES ..................................................................................... 1
                      NO ...................................................................................... 2

> If PW15 =2 (no TANF in past 3 years) autocode PW17a=2. If PW16=2 (no state welfare in past 3 years), autocode PW17b =2 and go to PW17c. Else, ask PW17a-f.

PW17.    In the past 12 months, that is since (CURRENT MONTH) of 2004, has your family received benefits from any of the following programs?  How about...

|          |                                                            | YES | NO |
|----------|------------------------------------------------------------|-----|----|
| HWELFTAN | a. Temporary Assistance for Needy Families, or TANF?       | 1   | 2  |
| HWELFADC | b. Your (STATE WELFARE PROGRAM)                             | 1   | 2  |
| HWIC     | c. Women, Infants, and Children, or WIC?                   | 1   | 2  |
| HFOODST  | d. Food Stamps?                                            | 1   | 2  |
| HMEDIC   | e. Medicaid or (STATE MEDICAID PROGRAM)?                   | 1   | 2  |
| HCHIP    | f. Child Health Insurance Program or (STATE CHIP PROGRAM)? | 1   | 2  |

PW18.    In studies like this, households are sometimes grouped according to income.   What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it...

HINCMRNG    $25,000 or less, or.................................................................1  (READ SET 1)
More than $25,000? ...............................................................2 . (GO TO PW19)

PW19.    Was it...

HINCM50K    $50,000 or less, or.................................................................1  (READ SET 2)
More than $50,000? ...............................................................2  (READ SET 3)

Was it...

[SET 1]

HINCOME    $5,000 or less ..........................................................................1
$5,001 to $10,000.....................................................................2
$10,001 to $15,000...................................................................3
$15,001 to $20,000, or ............................................................4
$20,001 to $25,000?.................................................................5

[SET 2]

$25,001 to $30,000...................................................................6
$30,001 to $35,000...................................................................7
$35,001 to $40,000...................................................................8
$40,001 to $45,000, or ............................................................9
$45,001 to $50,000...................................................................10

[SET 3]

$50,001 to $60,000, ................................................................11
$60,001 to $75,000, ................................................................12
$75,001 to $100,000, or ..........................................................13
Over $100,000?.......................................................................14

CLOSE1.    Thank you, but we are only asking about children in a specific age or grade range.  Please hold on for a moment while I check to see if there is anyone else I need to ask you about or anyone else I need to speak with. [IF NOT, THANK RESPONDENT]


CLOSE2.    Those are all the questions I have about (CHILD).  Please hold on for a moment while I check to see if there is anyone else I need to ask about or anyone else I need to speak with.  [IF NOT, THANK RESPONDENT]