



Spring 1999



KINDERGARTEN FOLLOWUP
of the
Head Start Family and Child Experiences Survey
Kindergarten Parent Survey

LABEL

Date: _____ Interviewer: _____

Complete

Westat

Hello, may I speak with [SPRING '98 RESPONDENT]?

S1. SPRING '98 RESPONDENT IS:

- THERE AND AVAILABLE..... 1 (GO TO MAIN INTRODUCTION)
- NOT CURRENTLY AVAILABLE..... 2
- NO LONGER THERE 3 (GO TO S3)

S2. When would be the best time for me to call back to reach (him/her)?

BEST DAY: _____ TIME: _____

THANK RESPONDENT AND END CONVERSATION. RECORD CALLBACK INFORMATION ON CALL RECORD.

S3. I am trying to reach the person most responsible for [CHILD]. Would that (still) be [SPRING '98 RESPONDENT]?

- YES 1
- NO..... 2 (GO TO S5)

S4. Could you please tell me how I can reach (him/her)?

STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

THANK RESPONDENT AND END CONVERSATION. USE INFORMATION OBTAINED ABOVE TO CONTACT SPRING '98 RESPONDENT.

S5. Who is most responsible for [CHILD]'s care?

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

S6. What is (your/his/her) relationship to [CHILD]? (DO NOT READ LIST. CIRCLE ONE RESPONSE.)

MOTHER (BIRTH/ADOPTIVE).....	01
FATHER (BIRTH/ADOPTIVE).....	02
STEPMOTHER.....	03
STEPFATHER	04
GRANDMOTHER	05
GRANDFATHER.....	06
GREAT GRANDMOTHER.....	07
GREAT GRANDFATHER	08
SISTER/STEPSISTER.....	09
BROTHER/STEPBROTHER	10
OTHER RELATIVE OR IN-LAW (FEMALE)	11
OTHER RELATIVE OR IN-LAW (MALE).....	12
FOSTER PARENT (FEMALE).....	13
FOSTER PARENT (MALE)	14
OTHER NON-RELATIVE (FEMALE).....	15
OTHER NON-RELATIVE (MALE).....	16
PARENT’S PARTNER (FEMALE).....	17
PARENT’S PARTNER (MALE).....	18

S7. Since last spring, how many months (have/has (you/he/she) been the person most responsible for [CHILD]’s care?

NUMBER OF MONTHS: _____

S8. MOST RESPONSIBLE PERSON IS:

- | | | |
|---|---|--|
| PERSON YOU ARE CURRENTLY
SPEAKING WITH | 1 | (GO TO MAIN INTRODUCTION) |
| SOMEONE ELSE..... | 2 | (THANK R AND END CONVERSATION.
USE INFORMATION FROM S5 TO
CONTACT MOST RESPONSIBLE PERSON) |

MAIN INTRODUCTION

(Hello), my name is _____ and I am (calling) from Westat. We are part of the research team that is conducting a study of the Head Start Program. (You may remember that) someone from the research team talked to (you/SPRING '98 RESPONDENT) last Spring, while your child, [CHILD'S NAME], was attending Head Start.

As part of this same study, the Family and Child Experiences Survey, we would like to again interview you, administer a child assessment to [CHILD] and ask [CHILD]'s current teacher some questions. The study will help us learn more about what happens to children and families who participate in Head Start and what happens when the children enter kindergarten. We want to get your point of view on how [CHILD] is doing in kindergarten and what is now happening in your family. This information will be used to help Head Start better serve children and families. To thank you and [CHILD] for your participation, you will receive \$15.00 and [CHILD] will receive a small gift.

S9. We would like to ask *you* a few questions now, (similar to the interview you did in person last spring). It should take about 30 minutes.

IF THIS IS NOT A GOOD TIME TO COMPLETE THE INTERVIEW, RECORD APPOINTMENT TIME BELOW AND ON THE CALL RECORD. THEN COMPLETE THE CONSENT/TEACHER PERMISSION FORM.

APPOINTMENT INFORMATION:

BEST DAY: _____ TIME: _____

First, I want you to know that your participation is completely voluntary and your responses will be kept completely confidential.

S10. Did (CHILD) keep going to Head Start until the end of the program year, or did (he/she) stop going before the program ended?

- Kept going to end of program year..... 1 (*SKIP TO SECTION A.*)
Stopped going before end of program year 2
Other (*specify*) _____ 3

S11. When did (CHILD) stop going to Head Start?

_____/_____/_____
MONTH DAY YEAR

S12. Why did (CHILD) stop going to Head Start? What was the most important reason?
 (CIRCLE ONLY ONE)

- ILLNESS (CHILD)..... 01
- ILLNESS (FAMILY MEMBER)..... 02
- CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE 03
- LACK OF TRANSPORTATION..... 04
- BAD WEATHER 05
- CHILD DID NOT WANT TO GO 06
- PARENT DECISION NOT TO SEND CHILD OR
 TO SEND CHILD ELSEWHERE 07
- NEEDED FULL DAY CHILD CARE 08
- OTHER (SPECIFY) _____ 09

S13. After he/she stopped going to Head Start and before he/she started kindergarten (or first grade), did you enroll (CHILD) in another preschool or child development program?

- YES..... 1
- NO 2 (SKIP TO S18.)

IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM.

S14. What kind of program was that? Was it...

- A public school prekindergarten..... 1
- A private school prekindergarten or nursery school,..... 2
- A child care center or child development program,..... 3
- Another Head Start program, or 4
- Somewhere else? (Specify) _____ 5

S15. For how many days a week did (CHILD) go to that program?

DAYS A WEEK _____

S16. How many hours a week was (CHILD) at that program?

HOURS A WEEK _____

S17. As far as helping (CHILD) learn and get ready for school, do you think that program was

- Not as good as Head Start, 1
- Just as good as Head Start, or 2
- Better than Head Start? 3

S18. After he/she stopped going to Head Start and before (he/she) started Kindergarten (or first grade) did (CHILD) receive child care on a regular basis from someone other than a parent? (That is, child care other than in the preschool program you just told me about. Don't count occasional use of babysitters.)

- YES..... 1
- NO 2 (SKIP TO SECTION A.)

S19. Where was that care provided? (IF MORE THAN ONE CHILD CARE ARRANGEMENT, ASK ABOUT PRIMARY ARRANGEMENT. CIRCLE ONE RESPONSE.)

- At child's home by a relative 01
- At child's home by a non-relative 02
- In a relative's home 03
- In a friend or neighborhood's home 04
- Family day care home 05
- Child care center 06
- Other (*specify*) _____ 07

S20. Was that person or place licensed, certified, or regulated?

- YES..... 1
- NO 2
- DON'T KNOW..... 98

S21. For how many days a week was (CHILD) cared for (by that person/in that place)?

DAYS A WEEK _____

S22. For how many hours a week was (CHILD) cared for (by that person/in that place)?

HOURS A WEEK _____

A. DEMOGRAPHIC CHARACTERISTICS

A1. Now, I'd like to confirm [CHILD]'s age. We have (his/her) birthday listed as [BIRTHDATE]? Is that correct?

- YES 1 (GO TO A3)
- NO..... 2

A2. What is [CHILD]'s correct birthdate?

 MONTH / DAY / YEAR

A3. Now, about your language background. What was the first language you learned to speak?

- ENGLISH 1 (GO TO B1)
 - SPANISH..... 2
 - ENGLISH AND SPANISH EQUALLY 3
 - ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
 - ANOTHER LANGUAGE 5
- (SPECIFY) _____

A4. What language do you speak most at home now?

- ENGLISH 1
 - SPANISH..... 2
 - ENGLISH AND SPANISH EQUALLY 3
 - ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
 - ANOTHER LANGUAGE 5
- (SPECIFY) _____

IF S6 WAS ASKED, COPY RESPONSE TO S6 TO A5 AND GO TO B1.

A5. I just want to confirm your relationship to [CHILD]. Are you (his/her)...

MOTHER (BIRTH/ADOPTIVE).....	01
FATHER (BIRTH/ADOPTIVE).....	02
STEPMOTHER.....	03
STEPFATHER	04
GRANDMOTHER	05
GRANDFATHER.....	06
GREAT GRANDMOTHER.....	07
GREAT GRANDFATHER	08
SISTER/STEPSISTER.....	09
BROTHER/STEPBROTHER	10
OTHER RELATIVE OR IN-LAW (FEMALE)	11
OTHER RELATIVE OR IN-LAW (MALE).....	12
FOSTER PARENT (FEMALE).....	13
FOSTER PARENT (MALE)	14
OTHER NON-RELATIVE (FEMALE).....	15
OTHER NON-RELATIVE (MALE).....	16
PARENT'S PARTNER (FEMALE).....	17
PARENT'S PARTNER (MALE).....	18

B. CURRENT SCHOOL STATUS

B1. Now I'd like to talk with you about [CHILD]'s school experiences. Is [CHILD] attending (or enrolled in) school?

YES 1
NO.....2 (GO TO B9)

B2. What grade or year is [CHILD] attending?

HEAD START 01 (GO TO Q1 ON PAGE 38)
NURSERY/PRESCHOOL/PREKINDERGARTEN 02 (GO TO B9)
TRANSITIONAL KINDERGARTEN (BEFORE K) 03 (GO TO B3)
KINDERGARTEN 04 (GO TO B3)
PREFIRST GRADE (AFTER K) 05 (GO TO B3)
FIRST GRADE 06 (GO TO B4)
SECOND GRADE..... 07 (GO TO B4)
UNGRADED 08 (GO TO B8)

B3. Does [CHILD] go to a full-day or part-day (kindergarten/prefirst grade)?

FULL-DAY..... 1
PART-DAY 2

B4. How many hours each day does (he/she) spend in (kindergarten/prefirst grade/first grade/second grade)?

NUMBER OF HOURS PER DAY: _____

B5. How many days each week does (he/she) spend in (kindergarten/prefirst grade/first grade/second grade)?

NUMBER OF DAYS PER WEEK: _____

B6. Approximately how many days has [CHILD] been absent from class since the beginning of the school year that is, since last September?

NUMBER OF DAYS ABSENT: _____

**IF NUMBER OF DAYS ABSENT IS GREATER THAN 5 CHECK THIS BOX....
THEN ASK B7. OTHERWISE, GO TO C1.**

B7. What is the most frequent reason for [CHILD]'s missing class?

ILLNESS OF CHILD	01
ILLNESS OF FAMILY MEMBER	02
CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE	03
LACK OF TRANSPORTATION	04
BAD WEATHER	05
CHILD DID NOT WANT TO GO	06
PARENT DECISION NOT TO SEND CHILD OR TO SEND CHILD ELSEWHERE	07
OTHER (PLEASE SPECIFY)	08

SKIP TO SECTION C.

B8. What grade would [CHILD] be in if (he/she) were attending [school/a school with regular grades]?

NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	01	
TRANSITIONAL KINDERGARTEN (BEFORE K)	02	(GO TO C1)
KINDERGARTEN	03	(GO TO C1)
PREFIRST GRADE (AFTER K)	04	(GO TO C1)
FIRST GRADE	05	(GO TO C1)
SECOND GRADE	06	(GO TO C1)
UNGRADED, NO EQUIVALENT	07	

B9. Do you expect [CHILD] to be enrolled in kindergarten next year or the year after that?

NEXT YEAR	1
YEAR AFTER THAT	2
NEITHER, DON'T EXPECT CHILD TO ATTEND KINDERGARTEN	3
DON'T KNOW	8

SKIP TO SECTION G, PAGE 14.

C. SCHOOL CHARACTERISTICS

Now let's talk about the school [CHILD] goes to (now).

C1. Does [CHILD] go to a public or private school?

PUBLIC..... 1 (GO TO C4)
PRIVATE 2

C2. Is the school church-related or not church-related?

CHURCH-RELATED..... 1
NOT CHURCH-RELATED..... 2 (GO TO C4)

C3. Is it a Catholic school?

YES 1
NO..... 2

C4. Approximately how many students are in [CHILD]'s class?

NUMBER OF STUDENTS IN CLASS: _____

C5. How many teachers are in [CHILD]'s class?

NUMBER OF TEACHERS IN CLASS: _____

C6. Since the beginning of this school year, has [CHILD] been in the same school?

YES 1
NO..... 2

D. SCHOOL PRACTICES

D1. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things (during this school year):

[IF NECESSARY, READ AFTER EACH ADDITIONAL STATEMENT.]: Would you say [CHILD]'s school does this *very well*, *just O.K.*, or *doesn't do it at all*?

	Does it very well	Just O.K.	Does not do it at all	Don't know
a. Lets you know (between report cards) how [CHILD] is doing in school.	1	2	3	8
b. Helps you understand what children at [CHILD]'s age are like.....	1	2	3	8
c. Makes you aware of chances to volunteer at the school.....	1	2	3	8
d. Provides workshops, materials, or advice about how to help [CHILD] learn at home	1	2	3	8
e. Provides information on community services to help [CHILD] or your family.....	1	2	3	8

IF LANGUAGE MOST SPOKEN AT HOME (A4) IS NOT ENGLISH, ASK:

f. Understands the needs of families who don't speak English.....	1	2	3	8
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E. FAMILY/SCHOOL INVOLVEMENT AND SCHOOL PRACTICES

Now I'd like to ask you about your involvement with [CHILD]'s current school.

E1. Since the beginning of this school year, have you ...

	YES	NO
a. Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization?.....	1	2
b. Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher?	1	2
c. Attended a school or class event, such as a play, (or) sports event because of [CHILD]?.....	1	2
d. Acted as a volunteer at the school or served on a committee?.....	1	2

E2. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?

NUMBER OF TIMES: _____

F. TEACHER FEEDBACK ON CHILD’S SCHOOL PERFORMANCE AND BEHAVIOR

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn’t agree.

F1. Since the beginning of this school year, has a teacher said or written that [CHILD]...

	YES	NO
a. has been doing really well in school?	1	2
b. has not been learning up to (his/her) capabilities?.....	1	2
c. doesn’t concentrate, doesn’t pay attention for long?.....	1	2
d. has been acting up in school or disrupting the class?.....	1	2
e. has often seemed sad or unhappy in class?.....	1	2
f. has been very restless, fidgets all the time, or doesn’t sit still?	1	2
g. has been having trouble taking turns, sharing or cooperating with other children?	1	2
h. gets along with other children or works well in a group?	1	2
i. is very enthusiastic and interested in a lot of different things?.....	1	2
j. lacks confidence in learning new things or taking part in new activities?.....	1	2
k. It’s hard to understand what [CHILD] is saying?	1	2
l. is often sleepy or tired in class?.....	1	2
m. likes to speak out in class and express (his/her) ideas?.....	1	2
n. is often bored in class?	1	2

F2. As far as you know, is [CHILD] going to be promoted to (first grade/second grade) this coming fall, or will he/she spend another year in (kindergarten/first grade)?

YES, WILL BE PROMOTED TO (FIRST/SECOND) GRADE.....	1
NO, WILL SPEND ANOTHER YEAR IN KINDERGARTEN/ FIRST GRADE.....	2
NO, WILL GO INTO A TRANSITIONAL CLASS (PREFIRST GRADE).....	3

F3. Now that [CHILD] has been in (kindergarten/first grade) for most of a school year, how satisfied are you with what Head Start did to help [CHILD] and your family be prepared for school? Are you...

Very dissatisfied,	1
Somewhat dissatisfied,	2
Somewhat satisfied, or	3
Very satisfied?	4

G. YOUR CHILD'S ABILITIES

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

G1. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

- All of them 1
- Some of them, or 2
- None of them? 3

G2. Can (he/she) recognize...

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

G3. How high can [CHILD] count? Would you say...

- 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

G4. Does [CHILD]....

	Yes	No
a. mostly write and draw rather than scribble?.....	1	2
b. write (his/her) first name, even if some of the letters are backwards?	1	2
c. trip, stumble, or fall easily?	1	2
d. stutter or stammer?	1	2
e. When [CHILD] speaks, is (he/she) understandable to a stranger?	1	2

G5. Is [CHILD] able to read story books on (his/her) own now?

- YES 1
- NO 2 (GO TO G8)

G6. Does [CHILD] actually read the words written in the book, or does (he/she) look at the book and pretend to read?

- READS THE WRITTEN WORDS 1
- PRETENDS TO READ..... 2 (GO TO G9)
- DOES BOTH 3

G7. How old was [CHILD] in years and months when (he/she) began reading simple, whole sentences?

YEARS _____ MONTHS _____ (GO TO H1)

G8. Does (he/she) ever look at a book with pictures and pretend to read?

- YES 1
- NO..... 2 (*GO TO H1*)

G9. 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?

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

H. YOUR CHILD'S BEHAVIOR

H1. I am going to read you a list of statements describing things that children sometimes do. For each statement, I want you to tell me how often [CHILD] acts in this way. For each one, would you say never, sometimes, often, or very often?

(READ ALL ITEMS. CIRCLE ONE RESPONSE FOR EACH. REPEAT CATEGORIES AS NECESSARY.)

How often does (CHILD)...	Never	Some- times	Often	Very often
a. Easily join others in play?.....	1	2	3	4
b. Respond appropriately to teasing?.....	1	2	3	4
c. Make and keep friends?.....	1	2	3	4
d. Comfort or help others?.....	1	2	3	4
e. Worry about things?.....	1	2	3	4
f. Listen carefully to others?.....	1	2	3	4
g. Act sad?.....	1	2	3	4
h. Control his/her temper?.....	1	2	3	4
i. Cooperate with family members?.....	1	2	3	4
j. Keep working at something until he/she is finished?.....	1	2	3	4
k. Argue with others?.....	1	2	3	4
l. Fight with others?.....	1	2	3	4
m. Show interest in a variety of things?.....	1	2	3	4
n. Have a tantrum when he/she does not get his/her way?.....	1	2	3	4
o. Concentrate on a task and ignore distractions?.....	1	2	3	4
p. Easily become angry?.....	1	2	3	4
q. Appear to be lonely?.....	1	2	3	4
r. Help with chores?.....	1	2	3	4
s. Have a problem being accepted and liked by others?.....	1	2	3	4
t. Act impulsively?.....	1	2	3	4
u. Show low self-esteem?.....	1	2	3	4
How often is [CHILD]....				
v. Eager to learn new things?.....	1	2	3	4
w. Hyperactive?.....	1	2	3	4
x. Creative in work or play?.....	1	2	3	4
y. Nervous, high-strung, or tense?.....	1	2	3	4
z. Disobedient at home?.....	1	2	3	4

I. ACTIVITIES WITH YOUR CHILD

Now I have some questions about you and your child at home.

I1. How many times have you or someone in your family *read* to [CHILD] in the past *week*? Would you say...

Not at all,.....	1
Once or twice,.....	2
3 or more times, or	3
Every day?	4

I2. In the past week, have you or someone in your family done the following things with [CHILD]?

IF YES, ASK: How many times have you or someone in your family done this in the past week? Would you say one or two times, or three or more times?

	YES	NO	1-2 TIMES	3+ TIMES
a. Told (him/her) a story?	1	2	1	2
b. Taught (him/her) letters, words, or numbers?	1	2	1	2
c. Taught (him/her) songs or music?	1	2	1	2
d. Worked in arts and crafts with (him/her)?	1	2	1	2
e. Played a game, sport, or exercised together?	1	2	1	2
f. Took (him/her) along while doing errands like going to the post office, the bank, or the store?.....	1	2	1	2
g. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?.....	1	2	1	2

I3. In the past month, have you or someone in your family done the following things with [CHILD]?

	YES	NO
a. Visited a library?.....	1	2
b. Gone to a movie?.....	1	2
c. Gone to a play, concert, or other live show?.....	1	2
d. Gone to a mall?	1	2
e. Visited an art gallery, museum, or historical site?.....	1	2
f. Visited a playground, park, or gone on a picnic?	1	2
g. Visited a zoo or aquarium?.....	1	2
h. Talked with [CHILD] about (his/her) family history or ethnic heritage?.....	1	2
i. Attended an event sponsored by a community, ethnic, or religious group?	1	2
j. Attended an athletic or sporting event in which [CHILD] was not a player?..	1	2

J. HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits at home.

J1. In your house, are there general rules about...

	YES	NO
a. What TV programs [CHILD] can watch?	1	2
b. How many hours [CHILD] can watch TV?.....	1	2
c. What kinds of food [CHILD] eats?.....	1	2
d. What time [CHILD] goes to bed?.....	1	2
e. What chores [CHILD] does?.....	1	2

J2. About how many hours a day does [CHILD] watch television?

HOURS A DAY: _____

J3. Sometimes kids mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES 1
NO..... 2 (GO TO K1)

J4. About how many times in the past week?

NUMBER OF TIMES: _____

K. HEALTH AND DISABILITY

Now I have a few questions about [CHILD]'s health.

K1. Does [CHILD] have any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

- YES 1
 NO..... 2 (GO TO K6)

K2. How would you describe [CHILD]'s needs? Does (she/he) have....

	YES	NO	DON'T KNOW
a. A specific learning disability?	1	2	8
b. Mental retardation?	1	2	8
c. A speech impairment?	1	2	8
d. A serious emotional disturbance?.....	1	2	8
e. Deafness or another hearing impairment?.....	1	2	8
f. Blindness or another visual impairment?.....	1	2	8
g. An orthopedic impairment?.....	1	2	8
h. Another health impairment lasting 6 months or more?.....	1	2	8

**IF NO TO K2a-h, CHECK THIS BOX....
 THEN SKIP TO K6.**

K3. (Does/Do) [CHILD]'s (disability/disabilities) affect (his/her) ability to learn?

- YES 1
 NO..... 2

K4. Did you or another family member participate in developing an Individualized Education Program or Plan (IEP) for [CHILD]?

- YES 1
 NO..... 2 (GO TO K6)

K5. How satisfied are you with the plan? Would you say you are...

- Very dissatisfied,..... 1
 Somewhat dissatisfied,..... 2
 Somewhat satisfied, or 3
 Very satisfied? 4

K6. Overall, would you say [CHILD]'s health is....

- Excellent,..... 1
 Very good,..... 2
 Good,..... 3
 Fair, or 4
 Poor?..... 5

K7. Does [CHILD] have a regular health care provider for routine medical care, for example, well-child care and check-ups?

- YES 1
- NO..... 2

K8. About how long has it been since [CHILD] last saw a medical doctor or other health professional for a checkup or other routine care? Would you say...

- Less than 1 year,..... 1
- 1 year, but less than 2 years, or..... 2
- 2 years, or more?..... 3

K9. Has [CHILD] ever been to a dentist or dental hygienist for dental care?

- YES 1
- NO.....2 (GO TO K11)

K10. About how long has it been since [CHILD] last saw a dentist or dental hygienist for dental care? Would you say...

- Less than 1 year,..... 1
- 1 year, but less than 2 years, or..... 2
- 2 years, or more?..... 3

K11. Now some questions about your health. Would you say your health in general is...

- Excellent,..... 1
- Very good,..... 2
- Good,..... 3
- Fair, or..... 4
- Poor?..... 5

K12. Does any impairment or health problem now keep you from working at a job or business?

- YES 1 (GO TO K14)
- NO..... 2

K13. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- YES 1
- NO..... 2

K14. Do you have a regular health care provider for your own routine medical care, for example, checkups?

- YES 1
- NO..... 2

K15. Does anyone in your household smoke cigarettes regularly?

- YES 1
- NO..... 2

L. YOU AND YOUR FAMILY

Now I'm going to ask you some questions about you and your family.

L1. What is your current marital status?

- Single, never married..... 1
- Married..... 2
- Separated..... 3
- Divorced..... 4
- Widowed..... 5

L2. Including yourself, how many adults age 18 and older live in your household?

NUMBER OF ADULTS: _____

L3. Including [CHILD], how many children age 17 and younger live in your household?

NUMBER OF CHILDREN: _____

L4. What is the highest grade or year of school that you have completed?

- UP TO 8TH GRADE 01
- 9TH TO 11TH GRADE..... 02
- 12TH GRADE BUT NO DIPLOMA 03
- HIGH SCHOOL DIPLOMA/EQUIVALENT 04
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA 05
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 06
- SOME COLLEGE BUT NO DEGREE..... 07
- ASSOCIATE'S DEGREE..... 08
- BACHELOR'S DEGREE 09
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
- MASTER'S DEGREE (MA, MS)..... 11
- DOCTORATE DEGREE (PHD, EDD) 12
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 13
- DON'T KNOW 98

L5. Are you currently working towards any certificate, diploma, or degree?

- YES 1
- NO..... 2 (GO TO L6)

L5A. What kind of certificate, diploma, or degree?

- TRADE LICENSE OR CERTIFICATE..... 01
- GED CERTIFICATE (OR EQUIVALENT) 02
- HIGH SCHOOL DIPLOMA..... 03
- ASSOCIATE'S DEGREE 04
- CHILD DEVELOPMENT ASSOCIATE (CDA)..... 05
- BACHELOR'S DEGREE 06
- GRADUATE DEGREE..... 07
- OTHER (*PLEASE SPECIFY*) _____ 08

L6. Have you completed a certificate, diploma, or degree since last spring?

- YES 1
- NO..... 2 (*GO TO BOX BEFORE L8*)

L7. What kind of certificate, diploma, or degree? (*CIRCLE ONE RESPONSE.*)

- TRADE LICENSE OR CERTIFICATE..... 01
- GED CERTIFICATE (OR EQUIVALENT) 02
- HIGH SCHOOL DIPLOMA..... 03
- ASSOCIATE'S DEGREE 04
- CHILD DEVELOPMENT ASSOCIATE (CDA)..... 05
- BACHELOR'S DEGREE 06
- GRADUATE DEGREE..... 07
- OTHER (*PLEASE SPECIFY*)..... 08

RESPONDENT IS: (CIRCLE ONE.)

- [CHILD]'s MOTHER..... 1 (*GO TO BOX BEFORE L18*)
- NOT [CHILD]'s MOTHER 2 (*CONTINUE WITH L8*)

L8. Is [CHILD]'s mother in this household?

- MOTHER IN HOUSEHOLD..... 1 (*GO TO L12*)
- MOTHER NOT IN HOUSEHOLD 2
- MOTHER DECEASED..... 3 (*GO TO L16*)

L9. Does [CHILD]'s mother live in the same city or county as [CHILD]?

- YES 1
- NO..... 2

L10. In the past year, on about how many days has [CHILD] seen (his/her) mother?

NUMBER OF DAYS: _____

L11. How long has it been since [CHILD] last had contact with (his/her) mother?

[CHILD] NEVER HAD CONTACT 00 (GO TO L16)
 DON'T KNOW 98

OR

NUMBER: _____ DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

**IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX... .
 THEN SKIP TO L13.**

L12. Since (the beginning of this school year), has [CHILD]'s mother...

	YES	NO	DON'T KNOW
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
c. Attended a school or class event, such as a sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?..	1	2	8

L13. What is the highest grade or year of school that [CHILD'S] mother completed?

UP TO 8TH GRADE 01
 9TH TO 11TH GRADE..... 02
 12TH GRADE BUT NO DIPLOMA 03
 HIGH SCHOOL DIPLOMA/EQUIVALENT 04
 VOC/TECH PROGRAM AFTER HIGH SCHOOL
 BUT NO VOC/TECH DIPLOMA 05
 VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 06
 SOME COLLEGE BUT NO DEGREE..... 07
 ASSOCIATE'S DEGREE..... 08
 BACHELOR'S DEGREE 09
 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
 MASTER'S DEGREE (MA, MS)..... 11
 DOCTORATE DEGREE (PHD, EDD) 12
 PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 13
 DON'T KNOW 98

L14. Is she currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

- WORKING FULL-TIME (30 HOURS OR MORE PER WEEK)..... 01
- WORKING PART-TIME 02
- LOOKING FOR WORK..... 03
- LAID OFF FROM WORK 04
- IN SCHOOL/TRAINING..... 05
- IN JAIL/PRISON..... 06
- IN MILITARY 07
- KEEPING HOUSE 08
- SOMETHING ELSE (PLEASE SPECIFY) _____ 09
- DON'T KNOW 98

**IF CHILD'S MOTHER IS IN HOUSEHOLD, CHECK THIS BOX....
THEN SKIP TO BOX BEFORE L18.**

L15. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?

- YES 1
- NO..... 2

L16. Is there anyone else who is like a mother to [CHILD]?

- YES 1
- NO..... 2 (GO TO L18)

L17. Who is this person? Is she...

- [THE RESPONDENT,] 1
- Your (spouse/partner)..... 2
- A relative of the child who lives in the household 3
- A relative of the child who doesn't live in the household 4
- A friend of the family who lives in the household, or 5
- A friend of the family who doesn't live in the household 6

RESPONDENT IS: (CIRCLE ONE.)

- [CHILD]'s FATHER..... 1 (GO TO M1)
- NOT [CHILD]'s FATHER 2 (CONTINUE WITH L18)

L18. Is [CHILD]'s father in this household?

- FATHER IN HOUSEHOLD..... 1 (GO TO L22)
- FATHER NOT IN HOUSEHOLD 2
- FATHER DECEASED 3 (GO TO L26)

L19. Does [CHILD]'s father live in the same city or county as [CHILD]?

YES 1
NO..... 2
DON'T KNOW 8

L20. In the past year, on about how many days has [CHILD] seen (his/her) father?

NUMBER OF DAYS: _____

L21. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT 00 (GO TO L26)
DON'T KNOW 98

NUMBER: _____ DAYS 1
WEEKS..... 2
MONTHS..... 3
YEARS 4

**IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX....
THEN SKIP TO L25.**

L22. Since (the beginning of this school year), has [CHILD]'s father...

	YES	NO	DON'T KNOW
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?.....	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?.....	1	2	8
c. Attended a school or class event, such as a play or sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?.....	1	2	8

L23. What is the highest grade or year of school that [CHILD's] father completed?

UP TO 8TH GRADE	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA.....	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06
SOME COLLEGE BUT NO DEGREE.....	07
ASSOCIATE'S DEGREE.....	08
BACHELOR'S DEGREE	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (MA, MS).....	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13
DON'T KNOW	98

L24. Is he currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

WORKING FULL TIME (30 HOURS OR MORE PER WEEK)	01
WORKING PART-TIME.....	02
LOOKING FOR WORK	03
LAID OFF FROM WORK	04
IN SCHOOL/TRAINING.....	05
IN JAIL/PRISON.....	06
IN MILITARY	07
KEEPING HOUSE	08
SOMETHING ELSE (PLEASE SPECIFY) _____	09
DON'T KNOW	98

**IF CHILD'S FATHER IS IN HOUSEHOLD, CHECK THIS BOX....
THEN SKIP TO M1.**

L25. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) father?

YES	1
NO.....	2
DON'T KNOW	8

L26. Is there anyone else who is like a father to [CHILD]?

- YES 1
- NO..... 2 (*GO TO M1*)

L27. Who is this person? Is he...

- [THE RESPONDENT],..... 1
- Your (spouse/partner)..... 2
- A relative of the child who lives in the household 3
- A relative of the child who doesn't live in the household 4
- A friend of the family who lives in the household, or 5
- A friend of the family who doesn't live in the household 6

M. PARENT EDUCATION

Now I have some questions about you and your parents.

M1. What grades (do/did) you usually get in high school?

MOSTLY A'S (NUMERICAL AVERAGE OF 90-100)	01
MOSTLY A'S AND B'S (85-89)	02
MOSTLY B'S (80-84)	03
MOSTLY B'S AND C'S (75-79)	04
MOSTLY C'S (70-74)	05
MOSTLY C'S AND D'S (65-69)	06
MOSTLY D'S AND LOWER (64 AND BELOW).....	07
NEVER IN HIGH SCHOOL	08 (GO TO M4)

M2. (Is/Was) your high school program...

Academic or college preparatory,	1
Commercial or business training, or	2
Vocational or technical?	3

M3. Now I have a list of high school mathematics and technical courses. As I read each one, please tell me whether you have taken that course in high school.

	YES	NO
a. Elementary Algebra or Algebra I?	1	2
b. Plane geometry?	1	2
c. Business Math?	1	2
d. Computer Science?	1	2
e. Intermediate Algebra or Algebra II?	1	2
f. Trigonometry?	1	2
g. Calculus?	1	2
h. Physics?	1	2

M4. What is the highest grade or year of school that your father completed?

UP TO 8TH GRADE	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06
SOME COLLEGE BUT NO DEGREE.....	07
ASSOCIATE'S DEGREE	08
BACHELOR'S DEGREE	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (MA, MS).....	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13
DON'T KNOW	98

M5. What is the highest grade or year of school that your mother completed?

UP TO 8TH GRADE	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06
SOME COLLEGE BUT NO DEGREE.....	07
ASSOCIATE'S DEGREE.....	08
BACHELOR'S DEGREE	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (MA, MS).....	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13
DON'T KNOW	98

M6. When you were growing up, did your family ever receive public assistance?

YES	1
NO.....	2
DON'T KNOW	8

M7. What is your religious background?

BAPTIST	01
METHODIST.....	02
LUTHERAN	03
PRESBYTERIAN	04
EPISCOPAL.....	05
PENTECOSTAL	06
OTHER PROTESTANT.....	07
ROMAN CATHOLIC	08
EASTERN ORTHODOX.....	09
MORMON	10
OTHER CHRISTIAN	11
JEWISH	12
MOSLEM.....	13
EASTERN RELIGION (BUDDHIST, HINDU, TAO)	14
OTHER RELIGION (<i>SPECIFY</i>)	15
NONE.....	16

M8. In the past year, about how often have you attended religious services? Would you say...

- About once a week, 1
- 2 or 3 times a month, 2
- About once a month, 3
- Several times during the year, or, 4
- Not at all? 5

N. EMPLOYMENT AND INCOME

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

N1. Do you have any earnings from a job or jobs, including self-employment?

- YES 1
 NO..... 2 (GO TO N5)

N2. How many jobs do you have currently?

NUMBER OF JOBS: _____

N3. What do you do in (this job/
 the first job/the second job/the third job)?

N4. Is this job full-time, 30 or more hours per week; part-time, less than 30 hours per week; or seasonal or occasional during certain times of the year?

	FULL-TIME	PART-TIME	SEASONAL
a. JOB 1 _____ _____	1	2	3
b. JOB 2 _____ _____	1	2	3
c. JOB 3 _____ _____	1	2	3

N5. In how many of the last six months have you worked?

MONTHS WORKED: _____

N6. Are you currently looking for (a/another) job?

- YES 1
 NO..... 2

N7. Not including yourself, how many other adults contribute to your household income?

NUMBER OF ADULTS: _____

N8. Does your family have health insurance other than Medicaid through (your job) or the job of another employed adult in the household?

- YES 1
- NO..... 2
- DON'T KNOW 8

N9. Did you receive any of the following other sources of household income or support in the past six months?

	YES	NO
a. Welfare, TANF, or general assistance.....	1	2
b. Unemployment insurance.....	1	2
c. Food Stamps	1	2
d. WIC -- Special supplemental food program for Women, Infants, and Children.....	1	2
e. Child support.....	1	2
f. SSI or Social Security Retirement, Disability, or Survivor's benefits.....	1	2
g. Payments for providing foster care	1	2

**IF N9 a, c, OR d WERE ANSWERED YES, CHECK THIS BOX.....
THEN ASK N10. OTHERWISE, GO TO N11.**

N10. In some states people who receive different types of public assistance are being required to do certain things such as take courses, get job training, or find a job. Are you now required to or will you soon be required to...

	YES	NO
a. attend job training?.....	1	2
b. attend school or a GED class?	1	2
c. get a job?	1	2
d. do something else? <i>(please specify)</i> _____	1	2

N11. Thinking about all of the sources of income you just told me about, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

HOUSEHOLD INCOME \$ __ , __ __ __ *(GO TO N13)*

OR

- REFUSED..... 7 *(GO TO N13)*
- DON'T KNOW 8 *(CONTINUE WITH N12)*

N12. Would you say it was...

less than \$250.....	01
between \$251 and \$500.....	02
between \$501 and \$1,000.....	03
between \$1,001 and \$1,500.....	04
between \$1,501 and \$2,000.....	05
between \$2,001 and \$2,500, or	06
over \$2,500.....	07
REFUSED.....	97
DON'T KNOW	98

Our next questions are about housing.

N13. Do you now live in ...

a house, apartment, or trailer of your own,.....	1
a house, apartment, or trailer you share with another family..	2
transitional housing (apartment) or a homeless shelter, or.....	3
somewhere else? (please specify) _____	4

N14. How many times have you moved in the last six months?

TIMES: _____

N15. Do you currently own your own home or apartment, pay rent, or live in public or subsidized housing?

Owns or is buying home or apartment.....	1
Rents (without public assistance).....	2
Public or subsidized housing	3
Some other arrangement.....	4

N16. Has [CHILD] ever lived apart from [you/(his/her) mother] for six months or longer, not including vacations or shared custody arrangements?

YES	1
NO.....	2

N17. In the last year, has [CHILD] ever been a witness to a crime or domestic violence?

YES	1
NO.....	2
REFUSED.....	7
DON'T KNOW	8

N18. In the last year, has [CHILD] ever been the victim of a crime or domestic violence?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

N19. Since [CHILD] was born, has anyone in your household or ([CHILD]'s (biological) (father/mother)) been arrested or charged with any crime by the police?

- YES 1
- NO..... 2 (*GO TO O1*)
- REFUSED..... 7 (*GO TO O1*)
- DON'T KNOW 8 (*GO TO O1*)

N20. Did this person spend any time in jail?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW 8

O. CHILD CARE

Now let's talk about any child care arrangements that you are currently using for [CHILD]. Child care does not include time in kindergarten class, but may include separate child care arrangements at school before or after class.

O1. Is [CHILD] in child care?

- YES 1
 NO..... 2 (*GO TO P1*)

O2. In how many different child care arrangements does [CHILD] spend time each week?

NUMBER OF ARRANGEMENTS: _____

O3. Where is the primary care provided?

- IN [CHILD]'S HOME WITH SOMEONE OTHER THAN PARENT 1
 RELATIVE'S HOME 2
 NONRELATIVE'S HOME 3
 AT THE SCHOOL IN A BEFORE- OR AFTER-SCHOOL
 PROGRAM (OR WRAP-AROUND CARE)..... 4
 OTHER CHILD CARE CENTER..... 5
 OTHER (*PLEASE SPECIFY*) _____ 6

O4. How many hours per week is this care used?

HOURS PER WEEK: _____

O5. Who pays for this child care?

	YES	NO
a. Do you pay for it yourself?.....	1	2
b. Does a government agency pay?	1	2
c. Does an employer pay?	1	2
d. Do you trade child care with someone else?.....	1	2
e. Other (<i>please specify</i>) _____	1	2

O6. Now I'm going to ask you about [CHILD]'s experiences in child care. Please let me know which of these answers best describes [CHILD]'s experience: *never, sometimes, often, or always*:

		Some- Never	times	Often	Always
a. [CHILD] feels safe and secure in care.	1	2	3	4	
b. [CHILD] gets lots of individual attention	1	2	3	4	
c. [CHILD]'s caregiver is open to new information and learning.....	1	2	3	4	

P. YOUR FEELINGS

P1. I'm going to read a list of feelings or attitudes people have about themselves. After I read each one please tell me if you *strongly disagree*, *disagree*, *agree*, or *strongly agree* that you feel this way.

	Strongly disagree	Disagree	Agree	Strongly agree
a. There is really no way I can solve some of the problems I have.....	1	2	3	4
b. Sometimes I feel that I'm being pushed around in life.....	1	2	3	4
c. I have little control over the things that happen to me.....	1	2	3	4
d. I can do just about anything I really set my mind to do.....	1	2	3	4
e. I often feel helpless in dealing with the problems of life	1	2	3	4
f. What happens to me in the future depends mostly on me.....	1	2	3	4
g. There is little I can do to change many of the important things in my life	1	2	3	4

P2. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: *rarely or never*, *some or a little*, *occasionally or moderately*, or *most or all of the time*.

	Rarely or never	Some or a little	Occasionally or moderately	Most or all of the time
a. Bothered by things that usually don't bother you	1	2	3	4
b. You did not feel like eating; your appetite was poor.....	1	2	3	4
c. That you could not shake off the blues, even with help from your family and friends	1	2	3	4
d. You had trouble keeping your mind on what you were doing.....	1	2	3	4
e. Depressed.....	1	2	3	4
f. That everything that you did was an effort.....	1	2	3	4
g. Fearful.....	1	2	3	4
h. Your sleep was restless	1	2	3	4
i. You talked less than usual.....	1	2	3	4
j. You felt lonely.....	1	2	3	4
k. You felt sad.....	1	2	3	4
l. You could not get "going"	1	2	3	4

Those are all the questions that I have right now. I would like to thank you very much for participating in this interview. (INTERVIEWER CIRCLE ONE.)

CONSENT/TEACHER INFO ALREADY OBTAINED..... 1 (GO TO BOX BELOW)
CONSENT/TEACHER INFO NEEDED 2 (GO TO CONSENT FORM)

Please remember that our research team will be in your area during the weeks of [DATES FROM SCHEDULE]. Someone from that team will contact you to schedule a time to bring [CHILD] in for an assessment. As I mentioned before, once the assessment has been completed, you will receive \$15 and [CHILD] will receive a toy.

COMMENTS: _____

Q. HEAD START TRACKING INFORMATION

(ONLY IF CHILD IN HEAD START)

Q1. Which Head Start Center is [CHILD] currently attending?

CENTER NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Q2. Is that the same center he/she attended last year?

YES 1 (GO TO BOX BELOW)

NO..... 2

Q3. When did [CHILD] begin attending this center?

_____/_____
MONTH YEAR

We may want to include [CHILD] in the Head Start part of this study. One of our other team members will be contacting you with further information.