fOMB No.: 0970-354
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MATHEMATICA
Policy Research

Baby FACES

Parent Interview
2010-2012 Versions

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

Parent Interview 2010-2012 Versions

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SC. SCREENER

ALL

CALL-OUT

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

QUESTIONS SC2 – SC75 VERIFY WE ARE SPEAKING WITH THE CORRECT PERSON AND THAT THE FAMILY IS ELIGIBLE FOR THE INTERVIEW.

IF NEW RESPONDENT OR MISSING FROM PREVIOUS INTERVIEWS

SC45 **What is your birth date?**

INTERVIEWER: IF UNSURE OR HESITATES: **The month and year are fine.**

PxSC45

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

DON'T KNOW ..... d SC49

REFUSED ..... r SC49

BOX SC45.1
IF BIRTH DATE IS ANSWERED AT SC45, GO TO SC51;
IF BIRTH DATE IS d OR r, CONTINUE TO SC49.

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

SC49 **How old are you?**

PxSC49

|__|__| YEARS (RANGE 12 – 99)

DON'T KNOW ..... d

REFUSED ..... r

ALL

SC51 CODE GENDER WITHOUT ASKING IF KNOWN.

ELSE: **I am required to ask if you are male or female.**

PxSC51

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

IF MISSING FROM PREVIOUS INTERVIEWS

SC80a Was [CHILD] born early or prematurely?

PxSC80a

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

SC80a = 1

SC80b How many weeks early was [CHILD] born?

PxSC80b

|__|__| WEEK(S) (RANGE 01 – 20)

DON'T KNOW ..... d

REFUSED ..... r

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

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

PROGRAMMER: CALCULATE WEEKSEARLY = SC80b

SC80b = EMPTY, d, r

SC80c At how many weeks was [CHILD] delivered?

PxSC80c

|__|__| NUMBER OF WEEKS WHEN CHILD WAS DELIVERED (RANGE 01 – 20)

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

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

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

SC98 Are you [CHILD]'s legal guardian?

PxSC98

YES 1

NO 0

HH. ABOUT HOUSEHOLD

DEFINITION BOX HH0 and HH99	
SET HH0 = 1 (BIRTH MOTHER DECEASED)	PxA00
SET HH99 = 2 (BIRTH FATHER DECEASED)	PxA99

The next questions are about the makeup of your house where [CHILD] lives.

IF NEW RESPONDENT, NO PREVIOUS INTERVIEW, OR MISSING FROM PREVIOUS INTERVIEWS

HH29a Are you of Spanish, Hispanic or Latino origin?

PxA29_01

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

HH29a = 1

HH30a Which of these best describes your Spanish, Hispanic or Latino origin? You may name more than one. Would you say…

PxA30_01_01 – PxA30_04_01

CODE ALL THAT APPLY

Mexican, Mexican American, Chicano, ... 1
Puerto Rican, ... 2
Cuban, or 3
Another Spanish, Hispanic, or Latino group? (SPECIFY) 4

_____

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

IF NEW RESPONDENT, NO PREVIOUS INTERVIEW, OR MISSING FROM PREVIOUS INTERVIEWS

HH31a What is your race? You may name more than one if you like.

PxA31_11_01 – PxA31_24_01; PxA31_99_01

RESPONSE OPTIONS FOR 2010 – 2011 VERSIONS:

CODE ALL THAT APPLY

WHITE	11	ASIAN (NOT FURTHER SPECIFIED)	20
BLACK OR AFRICAN AMERICAN	12	NATIVE HAWAIIAN	21
AMERICAN INDIAN OR ALASKA NATIVE	13	GUAMANIAN OR CHAMORRO	22
(SPECIFY) _____		SAMOAN	23
ASIAN INDIAN	14	OTHER PACIFIC ISLANDER	24
CHINESE	15	(SPECIFY) _____	
FILIPINO	16	ANOTHER RACE	99
JAPANESE	17	(SPECIFY) _____	
KOREAN	18	DON'T KNOW	d
VIETNAMESE	19	REFUSED	r

RESPONSE OPTIONS FOR 2012 VERSION ONLY:

PxA31a_01 – PxA31f_01

	YES	NO	DON'T KNOW	REFUSED
a. **White?**	1	0	d	r
b. **Black of African American?**	1	0	d	r
c. **American Indian or Alaska Native?**	1	0	d	r
d. **Asian?**	1	0	d	r
e. **Native Hawaiian or Other Pacific Islander?**	1	0	d	r
f. **Some other race?** (SPECIFY)	1	0	d	r

IF NEW RESPONDENT, NO PREVIOUS INTERVIEW, OR MISSING FROM PREVIOUS INTERVIEWS

HH32a In what country were you born?

PxA32_01

CODE ONLY ONE

USA	059	EL SALVADOR	312
MEXICO	303	HONDURAS	314
GUATEMALA	313	PANAMA	316
CUBA	327	ECUADOR	365
DOMINICAN REPUBLIC	329	SUDAN	451
PHILIPPINES	233	OTHER	600
JAPAN	215	(SPECIFY) _____	
GERMANY	110	DON'T KNOW	d
IRAQ	213	REFUSED	r

HH32a NE 059

HH33a How many years have you lived in the United States?

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR

PxA33_01

|__|__| NUMBER

DON'T KNOW ..... d

REFUSED ..... r

IF MISSING FROM PREVIOUS INTERVIEWS

HH29b Is [CHILD] of Spanish, Hispanic or Latino origin?

PxA29_02

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

HH29b = 1

HH30b Which of these best describes [CHILD]'s Spanish, Hispanic or Latino origin? You may name more than one. Would you say…

PxA30_01_02 – PxA30_04_02

CODE ALL THAT APPLY

Mexican, Mexican American, Chicano, ... 1

Puerto Rican, ... 2

Cuban, or 3

Another Spanish, Hispanic, or Latino group? (SPECIFY) 4

_____

DON'T KNOW ..... d

REFUSED ..... r

IF MISSING FROM PREVIOUS INTERVIEWS

HH31b What is [CHILD]'s race? You may name more than one if you like.

PxA31_11_02 – PxA31_24_02; PxA31_99_02

CODE ALL THAT APPLY

WHITE	11	ASIAN (NOT FURTHER SPECIFIED)	20
BLACK OR AFRICAN AMERICAN	12	NATIVE HAWAIIAN	21
AMERICAN INDIAN OR ALASKA NATIVE	13	GUAMANIAN OR CHAMORRO	22
(SPECIFY) _____		SAMOAN	23
ASIAN INDIAN	14	OTHER PACIFIC ISLANDER	24
CHINESE	15	(SPECIFY) _____	
FILIPINO	16	ANOTHER RACE	99
JAPANESE	17	(SPECIFY) _____	
KOREAN	18	DON'T KNOW	d
VIETNAMESE	19	REFUSED	r

IF MISSING FROM PREVIOUS INTERVIEWS

HH32b In what country was [CHILD] born?

PxA32_02

CODE ONLY ONE

USA	059	EL SALVADOR	312
MEXICO	303	HONDURAS	314
GUATEMALA	313	PANAMA	316
CUBA	327	ECUADOR	365
DOMINICAN REPUBLIC	329	SUDAN	451
PHILIPPINES	233	OTHER	600
JAPAN	215	(SPECIFY) _____	
GERMANY	110	DON'T KNOW	d
IRAQ	213	REFUSED	r

HH32b NE 059

HH33b How many years has [CHILD] lived in the United States?

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR

PxA33_02

|__|__| NUMBER

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

ALL

HH15a Do you have a spouse or partner who lives in this household?

PxA15_01

YES 1
NO 0 HH19
DON'T KNOW ..... d HH19
REFUSED ..... r HH19

HH15a = 1

HH5c How old is [SPOUSE FIRST NAME]?

PxA05_03

|__|__| AGE (15 – 99)

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

HH15a = 1

HH10c Is [SPOUSE FIRST NAME] male or female?

PxA10_03

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

HH15a = 1

HH25c What is [SPOUSE FIRST NAME]'s relationship to [CHILD]?

PxA25_03

MOTHER/FEMALE GUARDIAN	1	HH25.1c
FATHER/MALE GUARDIAN	6	HH25.2c
SISTER	11	HH25.3c
BROTHER	17	HH25.4c
GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	23	HH19
BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN	24	HH19
GRANDMOTHER	25	HH19
GRANDFATHER	26	HH19
AUNT	27	HH19
UNCLE	28	HH19
COUSIN	29	HH19
OTHER RELATIVE	30	HH19
OTHER NON-RELATIVE	31	HH25.5c
DON'T KNOW	d	HH19
REFUSED	r	HH19

HH25c = 1

HH25.1c **Is [SPOUSE FIRST NAME] [CHILD]'s…?**

PxA25a03

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

ALL RESPONSES GO TO HH19

HH25c = 6

HH25.2c **Is [SPOUSE FIRST NAME] [CHILD]'s…?**

PxA25b03

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

ALL RESPONSES GO TO HH19

HH25c = 11

HH25.3c **Is [SPOUSE FIRST NAME] [CHILD]'s…?**

PxA25c03

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

ALL RESPONSES GO TO HH19

HH25c = 17

HH25.4c **Is [SPOUSE FIRST NAME] [CHILD]'s…?**

PxA25d03

Full brother, ... 18

Half brother, ... 19

Stepbrother, ... 20

Adoptive brother, or 21

Foster brother? 22

DON'T KNOW ..... d

REFUSED ..... r

ALL RESPONSES GO TO HH19

HH25c = 31

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

PxA25e03

GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN 32

BOYFRIEND OR PARTNER OF CHILD'S PARENT GUARDIAN 33

FEMALE GUARDIAN 34

MALE GUARDIAN 35

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

OTHER RELATIVE OF CHILD'S PARENT'S PARTNER 37

NA 98

ALL

HH19 **My next questions are about all the people who live in the same household as you and [CHILD]. When answering these questions, please do not include yourself or [CHILD].**

<u>Not including yourself</u>, how many <u>adults</u> age 18 and older live in your household?

PxA19

|___|___| NUMBER (RANGE 00 – 20)

DON'T KNOW ..... d

REFUSED ..... r

ALL

HH20 **Not including yourself or [CHILD], how many children age 17 and younger live in your household?**

PxA20

|__|__| NUMBER (RANGE 00 – 20)

DON'T KNOW ..... d

REFUSED ..... r

HH20 GE 1

HH21 IF HH20 IS GE 2: **How many of the [FILL HH20] children you just mentioned are younger than 8 years old?**

IF HH20 = 1: **Is the other child you just mentioned younger than 8 years old?**

PROGRAMMER: FOLLOWING NOTE SHOULD APPEAR ONLY OF HH20 = 1.
INTERVIEWER: IF ANSWER IS YES, ENTER "01"; IF NO, ENTER "00".

PxA21

|__|__| (RANGE 00 – 20)

DON'T KNOW ..... d

REFUSED ..... r

HH20 GE 1

HH21.1 IF HH20 GE 2: **How many of the [FILL HH20] children living in your household are [CHILD]'s siblings?**

IF HH20 = 1: **Is the other child living in your household [CHILD]'s sibling?**

PROGRAMMER: FOLLOWING NOTE SHOULD APPEAR ONLY OF HH20 = 1.
INTERVIEWER: IF ANSWER IS YES, ENTER "01"; IF NO, ENTER "00".

READ IF NECESSARY: **A sibling is person's brother or sister.**

PxA21a

|__|__| NUMBER (RANGE 00 – 20)

DON'T KNOW ..... d

REFUSED ..... r

Px_RRelat NE 2 AND HH25.1c NE 2 (RESPONDENT AND SPOUSE ARE NOT BIRTH MOTHER)

HH38 Does [CHILD]'s birth mother live in your home with you and [CHILD]?

PxA38

YES 1
NO 0
NO, MOTHER IS DECEASED 2
DON'T KNOW ..... d
REFUSED ..... r

PROGRAMMER BOX HH38.1
IF HH38 = 2, RESET HH0 = 1

HH38 = 0, d, r

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

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

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

PROGRAMMER: DO NOT ALLOW DON'T KNOW OR REFUSED AT HH40_PER

PxA40amt

|__|__| NUMBER (RANGE 01 – 99)

CODE ONLY ONE

PxA40unit

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

HARD CHECK: IF HH40 = empty AND HH40_per = 1 – 4; HH40 = BLANK; HH40_PER CAN ONLY BE 5. PLEASE CORRECT.
HARD CHECK: IF HH40 = 1 – 99 AND HH40_per = 5; HH40 IS NOT BLANK; YOU CANNOT CODE HH40_PER 5.

Px_RRelat NE 7 AND HH25.2c NE 7 (RESPONDENT AND SPOUSE ARE NOT BIRTH FATHER) AND

HH42 Does [CHILD]'s birth father live in your home with you and [CHILD]?

PxA42

YES 1
NO 0
NO, FATHER IS DECEASED 2
BIRTH FATHER IS UNKNOWN 4
DON'T KNOW ..... d
REFUSED ..... r

PROGRAMMER BOX HH42.1
IF HH42 = 2, RESET HH99 = 2

HH42 = 0 (NON-RESIDENT BIRTH FATHER)

HH58 How long has it been since [CHILD] last had contact with (his/her) father?

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

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

PxA58amt

|__|__| NUMBER (RANGE 01 – 99)

CODE ONLY ONE

PxA58unit

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

HARD CHECK: IF HH58 = empty AND HH58_per = 1 – 4; HH58 = BLANK; HH58_PER CAN ONLY BE 5. PLEASE CORRECT.

HARD CHECK: IF HH58 = 1 – 99 AND HH58_per = 5; HH58 IS NOT BLANK; YOU CANNOT CODE HH58_PER 5.

HH42 NE 4
FILL BIRTH MOTHER FIRST NAME FROM SC20 OR SC25 (IF RESPONDENT Px_RRelat = 2), HH1c (IF SPOUSE HH25.1c = 2), HH41 (IF NOT RESPONDENT OR SPOUSE). IF BLANK, FILL **"[CHILD]'s birth mother"**. FILL BIRTH FATHER FIRST NAME FROM SC20 OR SC25 (IF RESPONDENT Px_RRelat = 7), HH1c (IF SPOUSE HH25.2c = 7), HH41 (IF NOT RESPONDENT OR SPOUSE). IF BLANK, FILL **"[CHILD]'s birth father"**.

HH59 IF RESPONDENT IS BIRTH MOTHER (Px_RRelat = 2) AND FATHER IS KNOWN AND LIVING (HH42 NE 4 AND HH99 NE 2):
Are you and [FATHER]…

IF RESPONDENT IS BIRTH MOTHER (Px_RRelat = 2) AND FATHER IS DECEASED (HH99 = 2):
Were you and [FATHER]…

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

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

IF RESPONDENT IS NEITHER BIRTH MOTHER NOR FATHER (Px_RRelat NE 2 AND Px_RRelat NE 7) AND BOTH ARE LIVING (HH0 NE 1 AND HH99 NE 2):
Are [MOTHER] and [FATHER]…

IF RESPONDENT IS NEITHER BIRTH MOTHER OR FATHER (Px_RRelat NE 2 AND Px_RRelat NE 7) AND EITHER IS DECEASED (HH0 = 1 OR HH99 = 2):

Were [MOTHER] and [FATHER]…

PxA59

Married,	1	SECTION B
Divorced,	2	
Separated, or	3	
Were (you/they) never married?	4	
DON'T KNOW	d	
REFUSED	r	

HH59 NE 1 (NOT MARRIED) AND EITHER: 1. (Px_RRelat = 2 (BIRTH MOTHER) AND HH42 NE 4 AND HH99 NE 2 (BIRTH FATHER KNOWN AND LIVING)) OR 2. (Px_RRelat = 7 (BIRTH FATHER) AND HH0 NE 1 (MOTHER LIVING))
his IF Px_RRelat = 2 (BIRTH MOTHER); **her** IF Px_RRelat = 7 (BIRTH FATHER)

HH60 What is (his/her) relationship to you?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

PxI07 Moved from 2009 Interview

PARTNER/BOYFRIEND OR GIRLFRIEND 2
NONE AT THIS TIME 0
DON'T KNOW ..... d
REFUSED ..... r

B. HOUSEHOLD LANGUAGES

B0 INTERVIEWER: IS INTERVIEW BEING CONDUCTED IN ENGLISH OR SPANISH?

PxB00

ENGLISH 1
SPANISH 2

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

ALL

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

INTERVIEWER: IF YOU ARE CONDUCTING THIS INTERVIEW IN SPANISH, THE ANSWER SHOULD BE "YES"?

PxB01

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

B1 = 1

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

PROBE: **Any other languages?**

CODE ALL THAT APPLY

PxB02_111	SPANISH	111
PxB02_112	FRENCH	112
PxB02_121	HAITIAN CREOLE	121
PxB02_131	GERMAN	131
PxB02_205	ARABIC	205
PxB02_229	SOMALI	229
PxB02_309	CHINESE (MANDARIN, CANTONESE, WU, YUE, MIN)	309
PxB02_321	JAPANESE	321
PxB02_429	AMERICAN INDIAN LANGUAGE (NAVAJO, LAKOTA, YUPIK)	429
PxB02_479	SIGN LANGUAGE	479
PxB02_499	OTHER (SPECIFY) _____	499
	DON'T KNOW	d
	REFUSED	r

ALL

B3 What is your first language?

PxB03

CODE ONE ONLY

ENGLISH	101	BOX B7.1
SPANISH	111	
FRENCH	112	
HAITIAN CREOLE	121	
GERMAN	131	
ARABIC	205	
SOMALI	229	
CHINESE (MANDARIN, CANTONESE, WU, YUE, MIN)	309	
JAPANESE	321	
AMERICAN INDIAN LANGUAGE (NAVAJO, LAKOTA, YUPIK)	429	
SIGN LANGUAGE	479	
OTHER (SPECIFY)	499	
DON'T KNOW	d	BOX B7.1
REFUSED	r	BOX B7.1

BOX B3.1

IF B1 = 0 (NO LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME) AND B3 = 101 GO TO B8

ELSE, CONTINUE.

PROGRAMMER NOTE FOR B7

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

B3 NE 101, d, OR r

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

PxB07a – PxB07e

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

BOX B7.1
IF B1 = 0 (NO LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME), GO TO B8
ELSE, CONTINUE.

B2 = 111 – 479, 499

B5 **What languages do you speak to [CHILD] in at home?**

PxB05_101 – PxB05_499

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

ENGLISH 101
DON'T KNOW ..... d
REFUSED ..... r

COUNT OF RESPONSES IN B5 GE 2

B6 **What language do you speak most often to [CHILD]?**

PxB06

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B5.

INTERVIEWER: CODE ONLY ONE

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

B2 = 111 – 479, 499 AND HH19 GE 1

B16 **What languages do other adults in your household 18 and older use when speaking to [CHILD] at home?**

PxB16_101 – PxB16_499

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

ENGLISH 101
DON'T KNOW ..... d
REFUSED ..... r

B2 = 111-479, 499 AND HH20 GE 1

B21 **What languages do <u>other children</u> in your household use when they speak to [CHILD] at home? Include all the languages spoken by children in your household who are 17 and younger.**

PROBE: **Any other languages?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2.

INTERVIEWER: CODE ALL THAT APPLY

PxB21_101 – PxB21_499

ENGLISH 101
OTHER CHILDREN DO NOT SPEAK..... 98
DON'T KNOW ..... d
REFUSED ..... r

AT LEAST ONE LANGUAGE SELECTED AT B16 OR B21 AND AT LEAST TWO UNIQUE

B17 **Overall, what language is spoken <u>most often</u> to child at home?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B5, B16, AND B21.

INTERVIEWER: CODE ONLY ONE

PxB17

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

BEGIN LOOP. LOOP B12 FOR EACH LANGUAGE LISTED IN B2 MINUS 479 (SIGN LANGUAGE)

B2 = 111-429, 499 (DOES NOT INCLUDE 479 SIGN LANGUAGE)

B12 **How often does [CHILD] <u>hear</u> [LANGUAGE FROM B2] at home? Would you say…**

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

PxB12_111 – PxB12_499

B2 = 111-429, 499

B13 **How often does [CHILD] <u>hear</u> English at home? Would you say…**

Never,	1	PxB13
Very little,	2	
Sometimes,	3	
Most of the time, or	4	
All of the time?	5	
DON'T KNOW	d	
REFUSED	r	

END LOOP.

COHORT 1 ONLY IN 2010 VERSION, ALL IN 2011-2012 VERSIONS

B8 IF B1 = 1 **Please tell me all of the languages [CHILD] can speak even if it is only a few words.**

IF B1 = 0: **Does [CHILD] speak English even if it is only a few words?**

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B2. CODE ALL THAT APPLY.

INTERVIEWER: CODE ALL THAT APPLY.

PxB08_98 – PxB08_499

ENGLISH	101	
CHILD DOESN'T SPEAK	98	B28
DON'T KNOW	d	B28
REFUSED	r	B28

BOX B8.1
IF B8 = 98, GO TO B28.
IF ONLY ONE LANGUAGE IS SELECTED AT B8, GO TO B26.
ELSE, CONTINUE.

HARD CHECK: IF B8 = 98 AND B8 = ANY OTHER LANGUAGES; INTERVIEWER: YOU CODED THAT THE CHILD DOES NOT SPEAK AND YOU CODED THAT THE CHILD DOES SPEAK A LANGUAGE. PLEASE CORRECT.

COUNT OF LANGUAGES IN B8 IS GT 1 AND B8 NE 98, d, r

B9 **What was the first language [CHILD] learned to speak?**

INTERVIEWER: CODE ONLY ONE

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B8. CODE ONE ONLY.

PxB09

ENGLISH AND SPANISH EQUALLY	6	B10
ENGLISH AND OTHER LANGUAGE(S) EQUALLY	7	
OTHER LANGUAGES EQUALLY	8	
DON'T KNOW	d	B10
REFUSED	r	B10

HARD CHECK: IF B9 = 6 AND B8 NE 101 AND 111; IN ORDER TO CODE 6 (ENGLISH AND SPANISH EQUALLY), ENGLISH AND SPANISH MUST BE SELECTED AT B8.
HARD CHECK: IF B9 = 7 AND B8 NE 101 AND ANOTHER LANGUAGE; IN ORDER TO CODE 7 (ENGLISH AND OTHER LANGUAGES EQUALLY), ENGLISH AND AT LEAST ONE OTHER LANGUAGE MUST BE SELECTED AT B8.
HARD CHECK: IF B9 = 8 AND B8 NE AT LEAST TO LANGUAGES OTHER THAN ENGLISH; IN ORDER TO CODE 8 (OTHER LANGUAGES EQUALLY), AT LEAST TWO LANGUAGES OTHER THAN ENGLISH MUST BE SELECTED AT B8.

B9 = 7, 8

B9.1 INTERVIEWER: CODE OTHER THE LANGUAGE(S) CHILD SPEAKS FIRST LEARNED TO SPEAK.

INTERVIEWER: IF RESPONDENT SAYS MORE THAN THREE LANGUAGES EQUALLY, VERIFY THAT CHILD SPEAKS MORE THAN THREE.

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B8 MINUS ENGLISH (101). CODE ALL THAT APPLY.

PxB09a_111 – PxB09a_499

DON'T KNOW	d
REFUSED	r

COUNT OF LANGUAGES IN B8 IS GT 1 AND B8 NE 98, d, r

B10 What language does [CHILD] speak <u>most</u> at home now?

INTERVIEWER: CODE ONLY ONE

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B8. CODE ONE ONLY.

PxB10

ENGLISH AND SPANISH EQUALLY	6	BOX 10.2
ENGLISH AND OTHER LANGUAGE(S) EQUALLY	7	
OTHER LANGUAGES EQUALLY	8	
DON'T KNOW	d	BOX 10.2
REFUSED	r	BOX 10.2

HARD CHECK: IF B10 = 6 AND B8 NE 101 AND 111; IN ORDER TO CODE 6 (ENGLISH AND SPANISH EQUALLY), ENGLISH AND SPANISH MUST BE SELECTED AT B8.
HARD CHECK: IF B10 = 7 AND B8 NE 101 AND ANOTHER LANGUAGE; IN ORDER TO CODE 7 (ENGLISH AND OTHER LANGUAGES EQUALLY), ENGLISH AND AT LEAST ONE OTHER LANGUAGE MUST BE SELECTED AT B8.
HARD CHECK: IF B10 = 8 AND B8 NE AT LEAST TO LANGUAGES OTHER THAN ENGLISH; IN ORDER TO CODE 8 (OTHER LANGUAGES EQUALLY), AT LEAST TWO LANGUAGES OTHER THAN ENGLISH MUST BE SELECTED AT B8.

B10 = 7, 8

B10.1 INTERVIEWER: CODE OTHER THE LANGUAGE(S) CHILD SPEAKS MOST AT HOME

INTERVIEWER: IF RESPONDENT SAYS MORE THAN THREE LANGUAGES EQUALLY, VERIFY THAT CHILD SPEAKS MORE THAN THREE.

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B8 MINUS ENGLISH (101). CODE ALL THAT APPLY.

PxB10a_111 – PxB10a_499

DON'T KNOW	d
REFUSED	r

BOX B10.2

IF B8 = 101 (ENGLISH) AND AT LEAST ONE OTHER LANGUAGE (111-479, 499) CONTINUE;
IF B8 = 98, GO TO B28; ELSE, GO TO B26.

B8 = 101 (ENGLISH) AND B8 = AT LEAST ONE OTHER LANGUAGE
FILL LANGUAGE FROM B8 IF B8 = 101 (ENGLISH) AND ONE OTHER LANGUAGE ONLY; **other languages** IF B8 = 101 (ENGLISH) AND MORE THAN ONE OTHER LANGUAGE SPOKEN

B22 What language does [CHILD] use when (he/she) speaks to you at home? Would you say . . .

PxB22

Only English, ... 5
Mostly English, ... 4
English and (FILL LANGUAGE FROM B8 / **other languages**) **equally,**..... 3
Mostly (FILL LANGUAGE FROM B8 / **other languages**), **or**..... 2
Only (FILL LANGUAGE FROM B8 / **other languages**),..... 1
DON'T KNOW ..... d
REFUSED ..... r

B8 = 101 (ENGLISH) AND B8 = AT LEAST ONE OTHER LANGUAGE AND HH19 GE 1
FILL LANGUAGE FROM B8 IF B8 = 101 (ENGLISH) AND ONE OTHER LANGUAGE ONLY; **other languages** IF B8 = 101 (ENGLISH) AND MORE THAN ONE OTHER LANGUAGE SPOKEN

B23 What language does [CHILD] use when (he/she) speaks to other adults at home? Would you say . . .

PxB23

Only English, ... 5
Mostly English, ... 4
English and (FILL LANGUAGE FROM B8 / **other languages**) **equally,**..... 3
Mostly (FILL LANGUAGE FROM B8 / **other languages**), **or**..... 2
Only (FILL LANGUAGE FROM B8 / **other languages**),..... 1
DON'T KNOW ..... d
REFUSED ..... r

B8 = 101 (ENGLISH) AND B8 = AT LEAST ONE OTHER LANGUAGE AND HH20 GE 1
FILL LANGUAGE FROM B8 IF B8 = 101 (ENGLISH) AND ONE OTHER LANGUAGE ONLY; **other languages** IF B8 = 101 (ENGLISH) AND MORE THAN ONE OTHER LANGUAGE SPOKEN

B24 **What language does [CHILD] use when (he/she) speaks to <u>other</u> children in your household at home? Would you say . . .**

PxB24

Only English, ... 5

Mostly English, ... 4

English and (FILL LANGUAGE FROM B8 / **other languages**) **equally,**..... 3

Mostly (FILL LANGUAGE FROM B8 / **other languages**), **or**..... 2

Only (FILL LANGUAGE FROM B8 / **other languages**),..... 1

DON'T KNOW ..... d

REFUSED ..... r

B8 = 101 (ENGLISH) AND B8 = AT LEAST ONE OTHER LANGUAGE
FILL LANGUAGE FROM B8 IF B8 = 101 (ENGLISH) AND ONE OTHER LANGUAGE ONLY; **other languages** IF B8 = 101 (ENGLISH) AND MORE THAN ONE OTHER LANGUAGE SPOKEN

B25 **What language does [CHILD] use when (he/she) speaks to (his/her) <u>friends</u> outside of the home? Would you say . . .**

INTERVIEWER: CODE 98 IF CHILD DOES NOT SPEAK TO FRIENDS OR HAVE FRIENDS OUTSIDE OF THE HOME

PxB25

Only English, ... 5

Mostly English, ... 4

English and (FILL LANGUAGE FROM B8 / **other languages**) **equally,**..... 3

Mostly (FILL LANGUAGE FROM B8 / **other languages**), **or**..... 2

Only (FILL LANGUAGE FROM B8 / **other languages**),..... 1

CHILD DOES NOT SPEAK TO FRIENDS/HAVE FRIENDS..... 98

DON'T KNOW ..... d

REFUSED ..... r

BEGIN LOOP. LOOP FOR EACH LANGUAGE LISTED IN B8. READ B26 AND B27 FOR FIRST LANGUAGE LISTED, THEN REPEAT FOR EACH SUBSEQUENT LANGUAGE.

B8 = 101-479, 499

B26 **Which of the following best describes [CHILD]'s speaking skills in [LANGUAGE FROM B8] ? Would you say (he/she) . . .**

PxB26_101 – PxB26_499

Speaks only a few words or phrases,..... 1
Speaks it, but has limited vocabulary, or..... 2
Speaks it and has good vocabulary? 3
DON'T KNOW..... d
REFUSED..... r

B8 = 101-479, 499

B27 **Which of the following best describes [CHILD]'s comprehension skills in [LANGUAGE FROM B8]? Would you say (he/she) . . .**

PxB27_101 – PxB27_499

Only understands a few words,..... 1
Understands the general idea of what is said, or. 2
Understands most or all of what is said? 3
DON'T KNOW..... d
REFUSED..... r

END LOOP

The next few questions I am going to ask are about reading books and telling stories.

COHORT 1 ONLY IN 2010 VERSION, ALL IN 2011-2012 VERSIONS

B28 **How many books for children are there in your home? Would you say . . .**

PxB28

zero,..... 0 B34
1 to 4,..... 1
5 to 10,..... 2
11 to 25, or..... 3
more than 25? 4
DON'T KNOW..... d B34
REFUSED..... r B34

B28 = 1 – 4 AND AT LEAST ONE LANGUAGE SELECTED AT B2 EXCEPT 479 (SIGN LANGUAGE),
FILL LANGUAGE FROM B2 IF ONLY ONE LANGUAGE SELECTED AT B2 **other languages** IF MORE THAN ONE OTHER LANGUAGE SELECTED AT B2 EXCEPT 479 (SIGN LANGUAGE)

B29 What languages are these books in . . .

PxB29

Only English, ... 5
Mostly English, ... 4
English and (FILL LANGUAGE FROM B2 / **other languages**) **equally,** 3
Mostly (FILL LANGUAGE FROM B2 / **other languages**), **or** 2
Only (FILL LANGUAGE FROM B2 / **other languages**)**?** 1
DON'T KNOW ..... d
REFUSED ..... r

B28 = 1 – 4

B30 How often do you read or look at books with [CHILD]? Would you say . . .

PxB30

more than once a day, ... 4
about once a day, ... 3
a few times a week, ... 2
once a week, or 1
less than once a week 0
DON'T KNOW ..... d
REFUSED ..... r

B28 = 1 – 4 AND HOUSEHOLD TOTAL GT 2

B31 How often do other adults or children in your house read or look at books with [CHILD]? Would you say . .

PxB31

more than once a day, ... 4
about once a day, ... 3
a few times a week, ... 2
once a week, or 1
less than once a week 0
DON'T KNOW ..... d
REFUSED ..... r

B28 = 1 – 4 (THERE ARE BOOKS) AND AT LEAST TWO LANGUAGES SELECTED AT B5 EXCEPT

B33 What language do you usually use when reading to [CHILD]?

INTERVIEWER: CODE ONLY ONE

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B5

PxB33

ENGLISH AND SPANISH EQUALLY	6	B34
ENGLISH AND OTHER LANGUAGE(S) EQUALLY	7	
OTHER LANGUAGES EQUALLY	8	
DON'T KNOW	d	B34
REFUSED	r	B34

HARD CHECK: IF B33 = 6 AND B5 NE 101 AND 111; IN ORDER TO CODE 6 (ENGLISH AND SPANISH EQUALLY), ENGLISH AND SPANISH MUST BE SELECTED AT B5.
HARD CHECK: IF B33 = 7 AND B5 NE 101 AND ANOTHER LANGUAGE; IN ORDER TO CODE 7 (ENGLISH AND OTHER LANGUAGES EQUALLY), ENGLISH AND AT LEAST ONE OTHER LANGUAGE MUST BE SELECTED AT B5.
HARD CHECK: IF B33 = 8 AND B5 NE AT LEAST TO LANGUAGES OTHER THAN ENGLISH; IN ORDER TO CODE 8 (OTHER LANGUAGES EQUALLY), AT LEAST TWO LANGUAGES OTHER THAN ENGLISH MUST BE SELECTED AT B5.

B33 = 7, 8

B33.1 INTERVIEWER: CODE THE OTHER LANGUAGE(S)

PROGRAMMER: DISPLAY LANGUAGES AND CODES SELECTED IN B5 MINUS ENGLISH (101). CODE ALL THAT APPLY.

INTERVIEWER: CODE ONLY ONE

PxB33a_111 – PxB33a_499

DON'T KNOW	d
REFUSED	r

COHORT 1 ONLY IN 2010 VERSION, ALL IN 2011-2012 VERSIONS

B34 **How often do you tell a story to [CHILD]? Would you say . . .**

PxB34

more than once a day, ... 4
about once a day, ... 3
a few times a week, ... 2
once a week, or 1
less than once a week 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 ONLY IN 2010 VERSION, ALL IN 2011-2012 VERSIONS; IF HOUSEHOLD TOTAL GT 2

B35 **How often do other adults or children in your house tell a story to [CHILD]? Would you say . .**

PxB35

more than once a day, ... 4
about once a day, ... 3
a few times a week, ... 2
once a week, or 1
less than once a week 0
DON'T KNOW ..... d
REFUSED ..... r

COHORT 1 ONLY IN 2010 VERSION, ALL IN 2011-2012 VERSIONS;
(B5, B16, OR B21 = 101 (ENGLISH)) AND (AT LEAST ONE OTHER LANGUAGE SELECTED AT B5, B16, OR B21 EXCEPT 479 (SIGN LANGUAGE))

FILL LANGUAGE FROM B5, B16, OR B21 IF ONLY ONE UNIQUE LANGUAGE SELECTED;
other languages IF MORE THAN ONE UNIQUE LANGUAGE OTHER THAN 101 (ENGLISH) OR 479 (SIGN LANGUAGE) IS SELECTED BETWEEN B5, B16, OR B21

B36 **What language do you or others in your house use when telling a story to [CHILD] . . .**

PxB36

Only English, ... 5
Mostly English, ... 4
English and (FILL LANGUAGE FROM B5, B16, OR B21 / **other languages**) **equally,** 3
Mostly (FILL LANGUAGE FROM B5, B16, OR B21 / **other languages**)**, or** 2
Only (FILL LANGUAGE FROM B5, B16, OR B21 / **other languages**)**,** 1
DON'T KNOW ..... d
REFUSED ..... r

C. PROGRAM SERVICES

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

IF EXITED, BUT STILL IN DATA COLLECTION WINDIW:
Since [CHILD] is no longer receiving Early Head Start services, please do your best to think of the services you did receive from [PROGRAM] Early Head Start right before you left the program.

2010 VERSION ONLY; IF MISSING FROM PREVIOUS INTERVIEW

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

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

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

P2C01mo	|___|___| / |___|___|___|___| (1994 - present) MONTH YEAR
P2C01yr	DON'T KNOW ..... d REFUSED ..... r

ALL

C2.1 **I am going to read you three descriptions of the types of Early Head Start services programs often provide. Please do not include any other child care program [CHILD] may be enrolled in other than [PROGRAM].**

Which of the following best describes the kind of care [CHILD] (currently receives / received) from [PROGRAM]?

INTERVIEWER: DO NOT READ: FAMILY CHILD CARE MEANS THAT EARLY HEAD START SERVICES ARE PROVIDED IN THE PROVIDERS *OWN* HOME, NOT IN THE CHILD'S HOME, OR IN A CHILD CARE CENTER.

PxC02_1

CODE ONLY ONE

Center-based, meaning Early Head Start services (are/were) provided at a child care center and staff may (visit/have visited) you in your home a few times per year	1	C2.2
Home-based, meaning a home visitor from the program (visits/visited) your family in your home on a regular basis and the program (may also organize/may have also organized) group socializations elsewhere, or,	2	C2.3
Both center-based and home-based services such as going to a center several days per week and getting home visits at least monthly?	3	C2.3
FAMILY CHILD CARE	4	C2.2
SOME OTHER PROGRAM OPTION (SPECIFY) _____ (STRING 250)	99	C2.2
DON'T KNOW	d	C2.2
REFUSED	r	C2.2

C2.1 = 1, 4, 99, d, r

C2.2 **Home visitors may have come to do activities with you and [CHILD] or talk to you about how (he/she) is doing or about how your family is getting along. (Has / Did) anyone from [PROGRAM] Early Head Start (visited / visit) you at home (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?**

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

PxC02_2

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

C2.1 = 2, 3 (HOME-BASED OR COMBO) OR C2.2 = 1 (RECEIVED HOME VISITS)

C2.3 **How often (does/did) [CHILD] typically receive home visits from [PROGRAM]?**

PxC02_3

PROGRAMMER: FILLC2.1 ANSWER HERE IN BLUE. IF C2.1 = 1, FILL CENTER-BASED; IF C2.1 = 2, FILL HOME-BASED, IF C2.1 = 3, FILL BOTH; IF C2.1 = 4, FILL FAMILY CHILD CARE, IF C2.1 = 99, FILL SPECIFY TEXT.

INTERVIEWER: HOME-BASED SHOULD BE AT LEAST TWO OR THREE TIMES A MONTH. BOTH CENTER AND HOME-BASED SHOULD BE AT LEAST ONCE A MONTH.

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

INTERVIEWER: READ LIST IF NECESSARY

TWO OR MORE TIMES A WEEK	7
ABOUT ONCE A WEEK	6
TWO OR THREE TIMES A MONTH	5
ABOUT ONCE A MONTH	4
A FEW TIMES A YEAR (MORE THAN 2)	3
TWICE A YEAR	2
ONCE A YEAR	1
DON'T KNOW	d
REFUSED	r

C2.2 = 1 OR C2.3 = ANS (1 – 7, d, r)

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

PxC02_4

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

C2.4 = 1

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

CODE ALL THAT APPLY

PxC02_5_1 – PxC02_5_5

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

C2.2 = 1 OR C2.3 = ANS (1 – 7, d, r)

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

CODE ALL THAT APPLY

PxC02_6_1 – PxC02_6_4

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

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

2010 VERSION ONLY;
IFPx_RRelat = 2 AND MISSING FROM PREVIOUS INTERVIEW

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

P2C03

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

2010 VERSION ONLY; C4 = 0, d

C6 Did anyone from [PROGRAM] Early Head Start visit you at another place, such as another person's home, while you were pregnant with [CHILD]?

P2C06

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

2010 VERSION ONLY; C4 = 1 OR C6 = 1

C7 **How often did someone from [PROGRAM] visit you while you were pregnant with [CHILD]?**

P2C07

INTERVIEWER: READ LIST IF NECESSARY

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

2011-2012 VERSIONS ONLY; C2.2 = 1 OR C2.3 = ANS (1 – 7, d, r)

C8. **How much (does/did) [CHILD]'s home visitor involve you when planning home visit activities? (Is/Was) it…**

PxC08

CODE ONE ONLY

a lot, ... 4
somewhat, ... 3
a little, **or** 2
your home visitor (takes care/took care) of all planning? 1
DON'T KNOW ..... d
REFUSED ..... r

2011-2012 VERSIONS ONLY;
C2.2 = 1 OR C2.3 = ANS (1 – 7, d, r)

C9. Would you say the amount of information you (get/got) from [CHILD]'s home visitor about (his/her) development (is/was)...

PxC09

CODE ONE ONLY

more than enough,..... 1

just right, or 2

you would (like/have liked) more? 3

DON'T KNOW ..... d

REFUSED ..... r

ALL

C12 (Is / Did) [CHILD] (receiving / receive) Early Head Start child care at a [PROGRAM] center?

PxC12

YES 1

NO 0 C19

DON'T KNOW ..... d C19

REFUSED ..... r C19

2010 VERSION ONLY; C12 = 1 AND MISSING FROM PREVIOUS INTERVIEW

C13 When did [CHILD] first start attending an Early Head Start child development center at [PROGRAM]?

P2C13mo

P2C13yr

|___|___| / 2 0 |___|___| (RANGE 2007-2009)
MONTH YEAR

DON'T KNOW ..... d

REFUSED ..... r

C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

C14 How many <u>days</u> each week (does/did) [CHILD] go to [PROGRAM]?

PxC14

|___| DAYS (RANGE 0 – 7)

LESS THAN ONCE A WEEK..... 0

DON'T KNOW ..... d

REFUSED ..... r

C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

C15 How many <u>hours</u> each day (does/did) [CHILD] go to [PROGRAM]?

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

INTERVIEWER: IF RESPONDENT SAYS "IT VARIES", ASK FOR THE MOST TYPICAL NUMBER OF HOURS PER DAY.

PxC15

|___|___| HOURS (RANGE 01 – 18)

DON'T KNOW ..... d

REFUSED ..... r

2011-2012 VERSIONS ONLY;
C2.1 = 1 OR 3 (CENTER-BASED OR COMBO)

C15.1 How much (does/did) [CHILD]'s teacher keep you up to date with the things going on in the class? (Is/Was) it…

<u>CODE ONE ONLY</u>

PxC15_01

a lot,..... 3

somewhat, **or**..... 2

just a little? 1

DON'T KNOW..... d

REFUSED..... r

2011-2012 VERSIONS ONLY;
C2.1 = 1 OR 3 (CENTER-BASED OR COMBO)

C15.2 Would you say the amount of information you (get/got) from [CHILD]'s teacher about (his/her) development (is/was)...

PxC15_02

CODE ONE ONLY

more than enough, ... 1
just right, or 2
you would (have liked/like) more? 3
DON'T KNOW ..... d
REFUSED ..... r

C12 = 1 (CHILD RECEIVES EHS CENTER CARE)

C16 (**Is/Was) there any charge or fee for any of the care [CHILD] (receives/received) from [PROGRAM]?**

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

PxC16

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

C16 = 1

C17 (Do/Did) you pay for some or all of the child care costs from [PROGRAM]?

PxC17

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

C16 = 1

C18 (Does/Did) a government agency pay for some or all of the child care costs from [PROGRAM]?

PxC18

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

ALL

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

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

INTERVIEWER: IEP OR IFSP DOES NOT HAVE TO BE THROUGH EHS PROGRAM

PxC19

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

C19 = 1

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

PxC21

EHS STAFF 1
SOME OTHER PERSON/AGENCY 0
DON'T KNOW ..... d
REFUSED ..... r

ALL

C28 **Now I'm going to ask you about activities you or your family may have taken part in through [PROGRAM] Early Head Start. For each one, tell me if you did not participate at all or if you participated once or twice, or three or more times.**

(In the past year / Since [MONTH AND YEAR OF LAST INTERVIEW]), how did you or other family members [INSERT ITEMS a-i] at [PROGRAM]?

Tell me if you did not participate at all or if you participated once or twice, or three or more times.

PxC28a – PxC28i	NOT AT ALL	ONCE OR TWICE	THREE OR MORE TIMES	NA	DON'T KNOW	REFUSED
b. **Attend workshops on job skills**	0	1	2		d	r
c. **Attend parent education meetings or workshops on raising children**	0	1	2		d	r
d. **Attend events just for men/fathers**	0	1	2		d	r
e. **Volunteer in an Early Head Start classroom**.....						
NA = no child in an EHS classroom	0	1	2	98	d	r
f. **Attend an Early Head Start social event**	0	1	2		d	r
g. **Participate on the Policy Council**.....	0	1	2		d	r
h. **Volunteer to help out at [PROGRAM] or served on a committee, but not in a classroom or on Policy Council**	0	1	2		d	r
a. **Attend group activities for parents and their children**	0	1	2		d	r
i. **Take part in center activities in some other way?** (SPECIFY) ..... _____	0	1	2		d	r

ALL

C30 **Now I have some questions about your household's experiences with [PROGRAM] Early Head Start. (In the past year/Since [MONTH AND YEAR OR PREVIOUS INTERVIEW]), have you or anyone in your household received** [INSERT a-r] **from [PROGRAM]?**

PxC30a, b, d, e, f, h, I, q, r

	YES	NO	DON'T KNOW	REFUSED
a. **Help finding good child care**	1	0	d	r
b. **Help getting to and from work or other places**.....	1	0	d	r
d. **Short-term help getting or paying for things you need in an emergency**.....	1	0	d	r
e. **Help finding a job**.....	1	0	d	r
f. **Education or job training**	1	0	d	r
h. **Help finding or paying for housing**.....	1	0	d	r
i. **Counseling on how to manage money**.....	1	0	d	r
q. **Help finding health services**.....	1	0	d	r
r. **Help finding mental health or substance abuse services**	1	0	d	r

WHERE C30 = 1

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

PxC31a, b, d, e, f, h, I, q, r

PROVIDED SERVICE DIRECTLY 1

REFERRED TO ANOTHER AGENCY 2

OTHER (SPECIFY)..... 99

_____

DON'T KNOW..... d

REFUSED..... r

END LOOP

D. STAFF-PARENT RELATIONSHIPS

C2.1 = 1, 2, 4
teacher IF CENTER-BASED (C2.1 = 1); **home visitor** IF HOME-BASED (C2.1 = 2); **family child care provider** IF FAMILY CHILD CARE (C2.1 = 4);

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

(IF CENTER-BASED C2.1 = 1)
…[CHILD]'s teacher.

(IF HOME-BASED C2.1 = 2)
…[CHILD]'s home visitor. If more than one person has visited you at home, please think about the person who you have spent the most time with.

(IF FAMILY CHILD CARE C2.1 = 4)
…[CHILD]'s family child care provider.

C2.1 = 3, 99, d, r

D0 **The next questions are about your relationship with [CHILD]'s care provider. I'd like you to think about the person from [PROGRAM] [CHILD] has spent the most time with or the person that has been most involved in (his/her) development. Would you like to answer about [CHILD]'s teacher or home visitor?**

PxD00

TEACHER..... 1
HOME VISITOR..... 2

PROGRAMMER BOX
FILL FOR D2 – D10:
IF D0 = 1 (TEACHER), FILL **teacher;**
IF D0 = 2 (HOME VISITOR), FILL **home visitor**.

IF EXITED, BUT STILL IN DATA COLLECTION WINDOW:
Again please think of your relationship with [CHILD]'s (teacher/home visitor/family child care provider) while you were still receiving services from [PROGRAM].

For each statement, tell me whether you strongly disagree, disagree, somewhat agree, agree, or strongly agree.

ONLY DISPLAY THIS TEXT IF STILL IN PROGRAM:
Please answer the statements as you are feeling now.

[READ ITEM]. Do you strongly disagree, disagree, somewhat agree, agree, or strongly agree?

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
D2. If there is a problem, [CHILD]'s (teacher/home visitor/family child care provider) and I always talk about it soon.	PxD02 1	2	3	4	5	d	r
D4. I feel that [CHILD]'s (home visitor/teacher/family child care provider) genuinely cares for (him/her).....	PxD04 1	2	3	4	5	d	r
D9. [CHILD]'s (teacher/ home visitor/family child care provider) has the knowledge and skills needed to be a good (teacher/home visitor/family child care provider).	PxD09 1	2	3	4	5	d	r
D10. I like to work closely with [CHILD]'s (teacher/home visitor/family child care provider) in order to gain a better understanding of [CHILD].	PxD10 1	2	3	4	5	d	r
D21. I know that [CHILD] truly enjoys being with (his/her) (teacher/home visitor/family child care provider).	PxD21 1	2	3	4	5	d	r
CENTER-BASED OR FAMILY CHILD CARE (C2.1 = 1 OR 4) OR ANSWERING ABOUT TEACHER (D0 = 1) D22. I always trust [CHILD]'s (teacher/family child care provider) to give (him/her) good, consistent care.....	PxD22 1	2	3	4	5	d	r
D25. [CHILD]'s (teacher/home visitor/family child care provider) gives me valuable suggestions and advice about working with [CHILD].	PxD25 1	2	3	4	5	d	r
D30. I admire the way [CHILD]'s (teacher/home visitor/family child care provider) works with [CHILD].	PxD30	2	3	4	5	d	r

B7b = 1, 2 (RESPONDENT SPEAKS ENGLISH NOT AT ALL OR NOT WELL)
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE; ELSE FILL FROM D0

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

PxD36

	CODE ONE ONLY
ENGLISH	101
SPANISH	111
FRENCH	112
HAITIAN CREOLE	121
GERMAN	131
ARABIC	205
SOMALI	229
CHINESE (MANDARIN, CANTONESE, WU, YUE, MIN)	309
JAPANESE	321
AMERICAN INDIAN LANGUAGE (NAVAJO, LAKOTA, YUPIK)	429
SIGN LANGUAGE	479
OTHER (SPECIFY) _____	499
DON'T KNOW	d
REFUSED	r

BOX D36.1
IF D36 = 101, CONTINUE;
ELSE, GO TO NEXT SECTION.

D36 = 101
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE; ELSE FILL FROM D0

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

PxD37

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

D37 = 0
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE; ELSE FILL FROM D0

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

PxD38

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

D37 = 0
teacher IF CENTER-BASED; **home visitor** IF HOME-BASED; **family child care provider** IF FAMILY CHILD CARE; ELSE FILL FROM D0

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

PxD39

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

E. CHILD BEHAVIOR

2010 VERSION ONLY; COHORT 0 ONLY IN 2010

E1

BITSEA

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E2

ASQ

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F. CHILD HEALTH

The next questions are about health and health related issues.

ALL

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

PxF001

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

2011-2012 INTERVIEWS ONLY; ALL

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

PxF023

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

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

IF MISSING FROM PREVIOUS INTERVIEWS

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

INTERVIEWER: THERE ARE 16 OZ IN ONE LB.

PxF002_lb |__|__| POUNDS |__|__| OUNCES POUNDS (RANGE 01 – 25)
PxF002_oz OUNCES (RANGE 00 – 15)
PxF002_kg |__|__| KILOGRAMS KG (RANGE 00 – 12)
DON'T KNOW ..... d
REFUSED ..... r

F2 = d, r

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

PxF003

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

2010 VERSION ONLY; IF MISSING FROM PREVIOUS INTERVIEWS

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

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

P2F006

YES 1
NO 0 F12
DON'T KNOW ..... d F12
REFUSED ..... r F12

2010 VERSION ONLY; IF F6 = 1 AND HH0 NE 1 (MOTHER LIVING)

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

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

P2F007

YES 1 F12
NO 0
DON'T KNOW ..... d F12
REFUSED ..... r F12

2010 VERSION ONLY; IF F7 = 0
you IF Px_RRelat = 2 (BIRTH MOTHER); ELSE **[CHILD]'s mother**

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

P2F008

|___|___| MONTHS (RANGE 01 – 48)

DON'T KNOW ..... d

REFUSED ..... r

ALL IN 2010; COHORT 0 ONLY IN 2011 VERSION; NOT ASKED IN 2012 VERSION

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

PxF012

YES	1	
NO	0	F16
DON'T KNOW	d	F16
REFUSED	r	F16

F12 = 1

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

PxF013

Juice,	1
Milk,	2
Water, or	3
Something else?	4
DON'T KNOW	d
REFUSED	r

2010 VERSION ONLY; IF MISSING FROM PREVIOUS INTERVIEW

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

P2F014

|___|___| MONTHS (RANGE 01 – 48)

DON'T KNOW ..... d

REFUSED ..... r

ALL

F16 IF NO PREVIOUS INTERVIEW
In the past year has [CHILD] stayed overnight in a hospital for any reason?

IF THERE WAS A PREVIOUS INTERVIEW
Since [MONTH AND YEAR OF LAST INTERVIEW] has [CHILD] stayed overnight in a hospital for any reason?

PxF016

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

F18.1 Since ([CHILD] was released from the hospital after (he/she) was born / [MONTH AND YEAR OF LAST INTERVIEW]), has (he/she) ever had to go to the Emergency Room?

PxF018_1

YES	1	
NO	0	F20
DON'T KNOW	d	F20
REFUSED	r	F20

F18.1 = 1

F19 How many Emergency Room (ER) visits were because of. . .

PxF019a - PxF019f

	TIMES (RANGE 00 – 20)	DON'T KNOW	REFUSED
a. **an accident or injury?**	|___|___|	d	r
b. **dehydration or diarrhea?**	|___|___|	d	r
c. **asthma, pneumonia, acute respiratory infection, bronchitis, or a breathing problems?**	|___|___|	d	r
d. **jaundice (yellowing of skin)?**	|___|___|	d	r
e. **high fever of unknown cause?**	|___|___|	d	r
f. **an ear infection (otitis media)?**	|___|___|	d	r

PROGRAMMER NOTE
BEGIN LOOP
ASK F22 IMMEDIATELY AFTER EACH "YES" ANSWER TO F20n, o, l, q.
INTERVIEWER RETURNS TO F20 TO ASK REMAINING ITEMS.

ALL

F20 **(Since [MONTH AND YEAR OF LAST INTERVIEW] has / In the past year has / Has) a doctor, nurse, or other medical professional told you that . . .**

PxF020n, o, l, q, j, k

		YES	NO	DON'T KNOW	REFUSED
n.	**[CHILD] has a serious medical condition such as a heart defect, epilepsy or seizures?**	1	0	d	r
o.	**[CHILD] is allergic to things such as dust, animals, or medicines or to certain foods such as peanuts or milk?** ...	1	0	d	r
l.	**[CHILD] has asthma?**	1	0	d	r
q.	**[CHILD] has diabetes?**	1	0	d	r
j.	**[CHILD]'s weight is too low?**	1	0	d	r
k.	**[CHILD]'s weight is too high?**	1	0	d	r

WHERE ANY F20 n, o, l, q = 1

F22 **Did [CHILD] miss regular [PROGRAM] Early Head Start activities as a result of . . .**

(IF F20n)
… a heart defect, epilepsy or seizures?

(IF F20l)
… asthma?

(IF F20o)
…an allergy?

PxF022n, o, l, q, j, k

(IF F20q)
… diabetes?

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

END LOOP

ALL

F21 **(Since [MONTH AND YEAR OF LAST INTERVIEW] how / In the past year how / How) many times has a doctor, nurse, or other medical professional ever told you that [CHILD] has an ear infection?**

INTERVIEWER: ENTER '0' IF CHILD NEVER HAD AN EAR INFECTION.

PxF021

|___|___| TIMES (RANGE 00 – 30)

DON'T KNOW ..... d

REFUSED ..... r

PROGRAMMER NOTE
BEGIN LOOP
ASK 25a-h – F27a-h IMMEDIATELY AFTER EACH "YES" ANSWER TO F24a-h.
INTERVIEWER RETURNS TO F24 TO ASK REMAINING ITEMS.

COHORT 0 AND COHORT 1 IN 2011-2012;
COHORT 1 WAS ASKED ALL IN 2010;
COHORT 0 WAS ASKED b-d AND h only IN 2010

F24 **Now I am going to ask you some questions about different special needs [CHILD] may have. Does [CHILD] have . . .**

PxF024a – PxF024h

		YES	NO	DON'T KNOW	REFUSED
a.	**behavioral trouble or difficulty paying attention to learn?**	1	0	d	r
b.	**difficulty hearing and understanding speech in a normal conversation?**	1	0	d	r
c.	**difficulty seeing objects in the distance or letters on paper?**	1	0	d	r
d.	**any physical development issues such as problems with the way (he/she) uses (his/her) arms or legs ?**	1	0	d	r
e.	**a below normal activity level?**	1	0	d	r
f.	**difficulty with speech or communicating?**	1	0	d	r
g.	**trouble sleeping because of a breathing problem or sleep apnea?** PROBE: **This does not include temporary snoring due to a cold or congestion.**	1	0	d	r
h.	**a developmental disability or delay?**	1	0	d	r

ANY F24a-h = 1

F25a-h (Since [MONTH AND YEAR OF LAST INTERVIEW] has / In the past year has / Has) [CHILD] been evaluated by a doctor or other health professional because of . . .

(IF F20a) **…behavioral trouble or difficulty paying attention to learn?**
(IF F20b) **… difficulty hearing and understanding speech?**
(IF F20c) **… difficulty seeing objects in the distance or letters on paper?**
(IF F20d) **… physical development issues?**
(IF F20e) **… a below normal activity level?**
(IF F20f) **… (his/her) difficulty communicating?**
(IF F20g) **… (his/her) sleeping trouble or sleep apnea?**
(IF F20h) **… A developmental disability or delay?**

PxF025a – PxF025h

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

ANY F25a-h = 1

F26a-h Did [PROGRAM] help you get this evaluation?

PxF026a – PxF026h

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

2010-2011 VERSIONS ONLY; ANY F25a-h = 1

F27a-h Did you obtain a diagnosis of the problem from a doctor or other health professional?

PxF027a – PxF027h

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

END LOOP

BOX F26.1
IF ALL F24a-h = 0, GO TO F102.
IF ANY F24a-h = 1, CONTINUE.

PROGRAMMER NOTE
BEGIN LOOP
ASK F89 IMMEDIATELY AFTER EACH "YES" RESPONSE TO F88a-j.
INTERVIEWER RETURNS TO F88 TO ASK ABOUT REMAINING SERVICES.

IF ANY F24a-h = 1

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

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

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

PxF088a – PxF088j

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

		YES	NO	DK	REF
	(IF F24b = 1 OR F24f = 1)				
a.	**speech or language therapy**	1	0	d	r
b.	**occupational therapy or OT**	1	0	d	r
	(IF F24a = 1)				
c.	**physical therapy or PT**.....	1	0	d	r
	(IF F24c = 1)				
d.	**vision services**	1	0	d	r
	(IF F24b = 1)				
e.	**hearing or audiology services** ..... PROBE: **This does not include a temporary loss of hearing due to a cold or congestion.**	1	0	d	r
	(IF F24b = 1)				
f.	**instruction in sign language, cued speech, ASL, or TOCO** PROBE: **These are standard ways of using gestures instead of speaking words to communicate.**	1	0	d	r
g.	**social work services**	1	0	d	r
h.	**psychological services**.....	1	0	d	r
i.	**parent support or training**	1	0	d	r
j.	**special classes with other children, some or all of whom also had special needs**	1	0	d	r

F88a-j = 1

F89a-j. **Did [PROGRAM] help…**

PxF089a – PxF089j

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

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

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

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

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

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

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

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

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

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

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

END LOOP

IF ANY F24a-h = 1

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

PxF093a – PxF093c

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

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

ALL

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

PxF102

CODE ONE ONLY

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

ALL

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

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

PxF103

CODE ONE ONLY

HAVE GUARDS/GATES	1
DON'T HAVE GUARD/GATES	2
PARENT STATES DOESN'T NEED GUARDS/GATES	3
PARENT STATES HAS SCREENS OR STORM WINDOWS, DOESN'T NEED GUARDS/GATES	4
DON'T KNOW	d
REFUSED	r

ALL

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

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

PxF104

YES	1	
NO	0	
DON'T KNOW	d	
REFUSED	r	

ALL

F106. Do you have smoke alarms where you live?

PxF106

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

F106 = 1

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

PxF107

CODE ONE ONLY

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

ALL

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

PROBE: **A private car could be your car, or a car belonging to another family member or friend.**

PxF108

CODE ONE ONLY

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

F108 = 2 – 4

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

PxF109

CODE ONE ONLY

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

G. CHILD CARE

I'd like to talk with you about different types of child care [CHILD] may now receive on a regular basis at least once a week from someone other than you. This includes regular care and other early childhood programs <u>not including</u> [PROGRAM] <u>Early</u> Head Start and not occasional babysitting.

ALL

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

PxG01

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

G1 = 1

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

PxG02

|___| ARRANGEMENTS (RANGE 1 – 6)

DON'T KNOW	d
REFUSED	r

G1 = 1

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

PxG05

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

G1 = 1
relative IF G2 = 1; ELSE **relatives**

G8.1 **How many <u>hours</u> each week does [CHILD] receive care from (his/her) (relative/relatives)?**

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

PxG08_1

|___|___| HOURS (RANGE 001 – 168)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF G8.1= 60 – 168; **I want to be sure I recorded your answer correctly. Did you say (FILL G8.1 ANSWER) hours each week?**
HARD CHECK: IF G8.1GT 168; **I want to be sure I recorded your answer correctly. Did you say (FILL G8.1 ANSWER) hours each week?** INTERVIEWER: IF RESPONDENT CONFIRMS ANSWER, SEEK SUPERVISOR FOR ASSISTANCE

G1 = 1

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

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

PxG12

YES 1

NO 0 G14

DON'T KNOW ..... d G14

REFUSED ..... r G14

G12 = 1

G13a **Do you pay for some or all of the child care from a relative?**

PxG13a

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

G12 = 1

G13b Does a government agency pay for some or all of the child care from a relative?

PxG13b

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

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

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

PxG14

YES	1	
NO	0	G34
DON'T KNOW	d	G34
REFUSED	r	G34

G14 = 1

G16 Is this care provided in your own home or in another home?

PxG16

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

G14 = 1

G21 **How many <u>hours</u> each week does [CHILD] receive care from someone not related to (him/her)?**

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

PxG21

|___|___| HOURS (RANGE 001 – 168)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF G21 = 60 – 168; **I want to be sure I recorded your answer correctly. Did you say (FILL G21 ANSWER) hours each week?**
HARD CHECK: IF G21 GT 168; **I want to be sure I recorded your answer correctly. Did you say (FILL G21 ANSWER) hours each week?** INTERVIEWER: IF RESPONDENT CONFIRMS ANSWER, SEEK SUPERVISOR FOR ASSISTANCE

G14 = 1

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

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

PxG24

YES	1	
NO	0	G34
DON'T KNOW	d	G34
REFUSED	r	G34

G24 = 1

G25a **Do you pay for some or all of the child care from someone who is not a relative?**

PxG25a

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

G24 = 1

G25b **Does a government agency pay for some or all of the child care from someone who is not a relative?**

PxG25b

YES	1
NO	0
DON'T KNOW	d
REFUSED	R

ALL

G34 **Is [CHILD] now attending any other day care center, preschool, (Head Start program,) or prekindergarten program, not including Early Head Start?**

PxG34

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

G34 = 1

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

PxG35

|___|___| CENTERS (RANGE 1 – 5)

DON'T KNOW	d
REFUSED	r

G34 = 1

G36 (ONLY IF G35 = 2 – 5) **Let's talk about the program where [CHILD] spends the most time.**

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

PxG36

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

G36 = 1

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

PxG38

|___| DAYS (RANGE 1 – 7)

DON'T KNOW ..... d

REFUSED ..... r

G36 = 1

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

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

PxG39

|___|___| HOURS (RANGE 01 – 18)

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF G39 = 9 – 18; **I want to be sure I recorded your answer correctly. Did you say (FILL G39 ANSWER) hours each day?**
HARD CHECK: IF G39 GT 18; **I want to be sure I recorded your answer correctly. Did you say (FILL G39 ANSWER) hours each day?** INTERVIEWER: IF RESPONDENT CONFIRMS ANSWER, SEEK SUPERVISOR FOR ASSISTANCE

G36 = 1

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

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

PxG42

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

G42 = 1

G43a Do you pay for some or all of the child care from a center other than Early Head Start?

PxG43a

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

G42 = 1

G43b Does a government agency pay for some or all of the child care from a center other than Early Head Start?

PxG43b

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

H. ABOUT CHILD'S MOTHER

BOX H0.1
IF HH0 = 1 (MOTHER DECEASED), GO TO BOX H30.1

ALL

yourself IF Px_RRelat = 1 (RESPONDENT IS BIRTH MOTHER);
[CHILD]'s birth mother IF Px_RRelat NE 1 (RESPONDENT IS SOMEONE ELSE)

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

Px_RRelat NE 2 (RESPONDENT NOT BIRTH MOTHER) AND MISSING FROM PREVIOUS

H1 What is [CHILD]'s mother's birth date?

PxH01

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

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

Px_RRelat NE 2 (RESPONDENT NOT BIRTH MOTHER) AND MISSING FROM PREVIOUS INTERVIEWS

H2 Is she of Spanish, Hispanic, or Latino origin?

PxH02

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

H2 = 1

H3 **Which of these best describes her Spanish, Hispanic or Latino origin? You may name more than one. Would you say…**

PxH03_01 – PxH03_04

CODE ALL THAT APPLY

Mexican, Mexican American, Chicano, ... 1
Puerto Rican, ... 2
Cuban, or 3
Another Spanish, Hispanic, or Latino group? (SPECIFY) 4
_____
DON'T KNOW ..... d
REFUSED ..... r

Px_RRelat NE 2 (RESPONDENT NOT BIRTH MOTHER) AND MISSING FROM PREVIOUS

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

PxH04_11 – PxH04_24; PxH04_99

CODE ALL THAT APPLY

WHITE 11
BLACK OR AFRICAN AMERICAN 12
AMERICAN INDIAN OR ALASKA NATIVE 13
(SPECIFY) _____
ASIAN INDIAN 14
CHINESE 15
FILIPINO 16
JAPANESE 17
KOREAN 18
VIETNAMESE 19
ASIAN (NOT FURTHER SPECIFIED) 20
NATIVE HAWAIIAN 21
GUAMANIAN OR CHAMORRO 22
SAMOAN 23
OTHER PACIFIC ISLANDER 24
(SPECIFY) _____
ANOTHER RACE 99
(SPECIFY) _____
DON'T KNOW ..... d
REFUSED ..... r

Px_RRelat NE 2 (RESPONDENT NOT BIRTH MOTHER) AND MISSING FROM PREVIOUS

H5 In what country was she born?

PxH05

CODE ONLY ONE

USA	059	EL SALVADOR	312
MEXICO	303	HONDURAS	314
GUATEMALA	313	PANAMA	316
CUBA	327	ECUADOR	365
DOMINICAN REPUBLIC	329	SUDAN	451
PHILIPPINES	233	OTHER	600
JAPAN	215	(SPECIFY) _____	
GERMANY	110	DON'T KNOW	d
IRAQ	213	REFUSED	r

BOX H5.1
IF USA (059), GO TO H7;
ELSE, CONTINUE TO H6

H5 NE 059

H6 How many years has she lived in the United States?

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR

PxH06 |__|__| NUMBER

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

IF MISSING FROM PREVIOUS INTERVIEWS

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

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

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

PxH07 |__|__| YEARS (RANGE 10 – 60)

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

HH0 NE 1
Are you IF Px_RRelat = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); ELSE, **Is [CHILD]'s mother**

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

PxH08

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

HH0 NE 1
Are you IF Px_RRelat = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **[CHILD]'s mother** IF Px_RRelat NE 2 (SOMEONE ELSE)

H16 (Are you / Is [CHILD]'s mother) currently working at a job for pay or income, including self employment?

PxH16

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

H16 = 0

H19 (Have you/ Has [CHILD]'s mother) worked at a job for pay or income, including self-employment (in the past 12 months / since [MONTH AND YEAR OF LAST INTERVIEW])?

PxH19

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

IF MISSING FROM PREVIOUS INTERVIEWS
you IF Px_RRelat = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **she** IF Px_RRelat NE 2 (SOMEONE ELSE)

H23 (ALL) **What is the highest grade or year of school that (you/she) completed?**

PxH23

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

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

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

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

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

PxH24

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

HH0 NE 1

H25 **((Are you/Is she) now attending or enrolled / Since [MONTH AND YEAR OF LAST INTERVIEW] did (you/she) attend or enroll) in any courses, classes, or workshops for work-related reasons or personal interest?**

PxH25

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

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

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

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

PxH27

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

HH0 NE 1
you IF Px_RRelat = 2 (RESPONDENT IS CHILD'S BIRTH MOTHER); **her** IF Px_RRelat NE 2 (SOMEONE ELSE)

H27.1 **Did [PROGRAM] Early Head Start help (you/her) attend school, enroll in classes or workshops, or find a job?**

PxH27_1

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

HH0 NE 1 AND HIGHEST LEVEL (H23) WAS PREVIOUSLY COLLECTED

H29 (Have you/Has she) received a certificate, diploma, or degree since ([MONTH AND YEAR OF LAST INTERVIEW] / [MONTH AND YEAR OF 09 INTERVIEW])?

PxH29

YES	1	
NO	0	BOX H30.1
DON'T KNOW	d	BOX H30.1
REFUSED	r	BOX H30.1

H29 = 1

H30 What kind of certificate, diploma, or degree (did you/did she) receive?

PxH30

TRADE LICENSE OR CERTIFICATE	1
GED CERTIFICATE OR EQUIVALENT	2
HIGH SCHOOL DIPLOMA/EQUIVALENT	3
ASSOCIATE'S DEGREE	4
CHILD DEVELOPMENT ASSOCIATE (CDA)	5
BACHELOR'S DEGREE	6
GRADUATE DEGREE	7
OTHER (SPECIFY)	8
_____	
DON'T KNOW	d
REFUSED	r

BOX H30.1

IF RESPONDENT IS FATHER/MALE GUARDIAN (Px_RRelat = (7-10) OR (SC98 = 1 AND SC51 = 1)) AND BIRTH MOTHER IS NOT IN HOUSEHOLD OR IS DECEASED (HH38 = 0 OR HH0 = 1) CONTINUE;

ELSE, GO TO SECTION I.

(Px_RRelat = (7 - 10) OR (SC98 = 1 AND SC51 = 1)) AND (HH38 = 0 OR HH0 = 1)

H32 Is there another woman who is like a mother to [CHILD]?

PxH32

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

H32 = 1

H33 What is her relationship to you?

PxH33

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

H32 = 1

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

PxH34

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

H34 = 1, 2

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

PxH36

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

H36 = 0

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

PxH37

|___|___| MONTHS (RANGE 00 – 48)

DON'T KNOW	d
REFUSED	r

I. ABOUT CHILD'S FATHER

BOX I.00
IF BIRTH FATHER IS UNKNOWN (HH42 = 4) OR DECEASED (HH99 = 2), GO TO SECTION J.
ELSE, CONTINUE

HH99 NE 2 AND HH42 NE 4

yourself IF Px_RRelat = 7; **[CHILD]'s father** IF Px_RRelat NE 7

Now I'm going to ask you some questions about (yourself/[CHILD]'s father)

Px_RRelat NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH42 = 0 (NON-RESIDENT BIRTH FATHER)

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

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

CODE ALL THAT APPLY

PxI01_01 – PxI01_14 and PxI01_99

FATHER DID NOT HAVE ENOUGH MONEY TO RAISE CHILD	1
FATHER GOT TOO SICK TO TAKE CARE OF CHILD	2
FATHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF CHILD	3
FATHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF CHILD	4
FATHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF CHILD	5
FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL	6
CHILD WAS NEGLECTED OR ABUSED WHILE LIVING WITH FATHER	7
SOMEONE AT THE CHILD WELFARE OFFICE SAID CHILD COULD NOT LIVE WITH FATHER ANY MORE	8
FATHER DID NOT WANT CHILD	9
DIVORCED/SEPARATED/NOT ROMANTICALLY INVOLVED	10
GEOGRAPHICALLY SEPARATED (INCLUDES MILITARY)	12
YOUNG COUPLE/LIVING WITH PARENTS	13
NOT MARRIED YET	14
NO EXPLANATION GIVEN	11
SOMETHING ELSE (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 7 (RESPONDENT NOT BIRTH FATHER) AND HH42 = 0 (NON-RESIDENT BIRTH

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

PxI01_0

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

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND MISSING FROM PREVIOUS INTERVIEWS

I1.1 What is [CHILD]'s birth father's birth date?

PxI01_1

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

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

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND MISSING FROM PREVIOUS INTERVIEWS

I2 Is he of Spanish, Hispanic, or Latino origin?

PxI02

YES 1
NO ..... 0 BOX I3.1
DON'T KNOW ..... d BOX I3.1
REFUSED ..... r BOX I3.1

I2 = 1

I3 **Which of these best describes his Spanish, Hispanic or Latino origin? You may name more than one. Would you say…**

PxI03_1 – PxI03_4

CODE ALL THAT APPLY

Mexican, Mexican American, Chicano, ... 1
Puerto Rican, ... 2
Cuban, or 3
Another Spanish, Hispanic, or Latino group? (SPECIFY) 4
_____
DON'T KNOW ..... d
REFUSED ..... r

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND MISSING FROM PREVIOUS INTERVIEWS

I4 **What is his race? You may name more than one if you like.**

PxI04_11 – PxI04_24; PxI04_99

CODE ALL THAT APPLY

WHITE 11
BLACK OR AFRICAN AMERICAN 12
AMERICAN INDIAN OR ALASKA NATIVE 13
(SPECIFY) _____
ASIAN INDIAN 14
CHINESE 15
FILIPINO 16
JAPANESE 17
KOREAN 18
VIETNAMESE 19
ASIAN (NOT FURTHER SPECIFIED) 20
NATIVE HAWAIIAN 21
GUAMANIAN OR CHAMORRO 22
SAMOAN 23
OTHER PACIFIC ISLANDER 24
(SPECIFY) _____
ANOTHER RACE 99
(SPECIFY) _____
DON'T KNOW ..... d
REFUSED ..... r

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND MISSING FROM PREVIOUS INTERVIEWS

I5 In what country was he born?

PxI05

CODE ONLY ONE

USA	059	EL SALVADOR	312
MEXICO	303	HONDURAS	314
GUATEMALA	313	PANAMA	316
CUBA	327	ECUADOR	365
DOMINICAN REPUBLIC	329	SUDAN	451
PHILIPPINES	233	OTHER	600
JAPAN	215	(SPECIFY) _____	
GERMANY	110	DON'T KNOW	d
IRAQ	213	REFUSED	r

BOX I5.1
IF USA (059), GO TO BOX I6.1;
ELSE, CONTINUE TO I6

I5 NE 059

I6 How many years has he lived in the United States?

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR

PxI06

|__|__| NUMBER

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

BOX I6.1
IF RESPONDENT IS BIRTH FATHER (Px_RRelat = 7), GO TO I9.
IF I1.0 = 0, GO TO I9.
ELSE, CONTINUE

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND I1.0 NE 0

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

PxI08

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

AND I8 = 1, 2

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

PxI08_1

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

I8.1 = 0

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

PxI08_2

|___|___| MONTHS (RANGE 01 – 48)

DON'T KNOW	d
REFUSED	r

HH42 NE 4 AND HH99 NE 2 (BIRTH FATHER KNOWN AND LIVING)
Are you IF Px_RRelat = 7 (BIRTH FATHER); **Is he** IF Px_RRelat NE 7 (SOMEONE ELSE)

I9 (**Is he / Are you) currently working at a job for pay or income, including self employment?**

PxI09

NOTE: PAST WEEK = PAST 7 DAYS.

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

I9 = 0

I12 (**Have you/ Has he) worked at a job for pay or income, including self employment (in the past 12 months / since [MONTH AND YEAR OF LAST INTERVIEW])?**

PxI12

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

Px_RRelat NE 7 AND HH42 NE 4 AND HH99 NE 2 AND MISSING FROM PREVIOUS INTERVIEWS
you IF Px_RRelat = 7 (BIRTH FATHER); **he** IF Px_RRelat NE 7 (SOMEONE ELSE)

I16 (ALL) **What is the highest grade or year of school that (you/he) completed?**

PxI16

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

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

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

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

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

PxI17

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

HH42 NE 4 AND HH99 NE 2 (BIRTH FATHER KNOWN AND LIVING)

I18 **((Are you/Is he) now attending or enrolled / Since [MONTH AND YEAR OF LAST INTERVIEW] did (you/she) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest?**

PxI18

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

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

HH42 NE 4 AND HH99 NE 2 (BIRTH FATHER KNOWN AND LIVING)

you IF Px_RRelat = 7 (RESPONDENT IS CHILD'S BIRTH FATHER);
him IF Px_RRelat NE 7 (SOMEONE ELSE)

I18.1 **Did [PROGRAM] Early Head Start help (you/him) attend school, enroll in classes or workshops, or find a job?**

PxI18_1

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

HH42 NE 4 AND HH99 NE 2 (BIRTH FATHER KNOWN AND LIVING) AND HIGHEST LEVEL (I16)

I22 (Have you/Has he) received a certificate, diploma, or degree since ([MONTH AND YEAR OF LAST INTERVIEW] / [MONTH AND YEAR OF 09 INTERVIEW])?

PxI22

YES	1	
NO	0	BOX I29.1
DON'T KNOW	d	BOX I29.1
REFUSED	r	BOX I29.1

I22 = 1

I23 What kind of certificate, diploma, or degree (did you/did he) receive?

PxI23

TRADE LICENSE OR CERTIFICATE	1
GED CERTIFICATE OR EQUIVALENT	2
HIGH SCHOOL DIPLOMA/EQUIVALENT	3
ASSOCIATE'S DEGREE	4
CHILD DEVELOPMENT ASSOCIATE (CDA)	5
BACHELOR'S DEGREE	6
GRADUATE DEGREE	7
OTHER (SPECIFY)	8
_____	
DON'T KNOW	d
REFUSED	r

2010 VERSION ONLY; Px_RRelat = 2 (BIRTH MOTHER) OR Px_RRelat = 7 (BIRTH FATHER) AND

I25 P2I25

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

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

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

2010 VERSION ONLY; I25 = 1, 2, 3, 4, d, r

I26 P2I26

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

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

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

2010 VERSION ONLY; I25 = 1, 2, 3, 4, d, r

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

P2I27

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

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

2010 VERSION ONLY; I25 = 1, 2, 3, d, r

Your AND **you** IF Px_RRelat = 2; **her** IF Px_RRelat = 7

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

P2I28a – P2I28e

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

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

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

2010 VERSION ONLY; Px_RRelat NE 7 (NOT BIRTH FATHER) AND (COHORT 0 OR (COHORT 1

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

P2I29

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

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

BOX I29.1

IF RESPONDENT IS BIRTH FATHER (Px_RRelat = 7) GO TO SECTION J;

IF RESPONDENT IS NOT BIRTHFATHER (Px_RRelat NE 7) AND BIRTHFATHER HAS NEVER SEEN CHILD (HH58 = 5), GO TO I34;

IF RESPONDENT IS NOT BIRTH FATHER AND BIRTH FATHER IS LIVING BUT NOT IN HOUSEHOLD (Px_RRelat NE 7 AND HH0 NE 2 AND HH42 = 0 AND HH58 NE 5), CONTINUE;

IF RESPONDENT IS NOT BIRTH FATHER (Px_RRelat NE 7) AND BIRTHFATHER LIVES IN THE HOUSEHOLD (HH25.2c = 7 OR HH42 = 1), GO TO I32.

IF Px_RRelat NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 = 0 (BIRTH FATHER NOT IN HOUSE) AND HH99 NE 2 AND HH58 NE 5

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

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

PxI30

	CODE ONE ONLY	
Every day or almost every day,	6	
A few times a week,	5	
A few times a month,	4	
About once a month,	3	
Less often than that, or	2	
Never?	1	I33
DON'T KNOW	d	
REFUSED	r	

Px_RRelat NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 NE 4 AND HH99 NE 2 AND

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

CCDP

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

PxI32

CODE ONE ONLY

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

Px_RRelat NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND HH42 NE 4 AND HH99 NE 2 AND HH58 NE 5
ASK I33a-c ONLY IF FATHER DOES NOT LIVE IN HOUSEHOLD (HH42 = 0)

I33 **Please tell me how often [CHILD]'s father has done any of the following for [CHILD] (since [MONTH AND YEAR OF LAST INTERVIEW] / in the past year).**

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

PxI33a-h

	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
(IF HH42 = 0) a. **Bought clothes, toys or presents for [CHILD]?**	3	2	1	d	r
(IF HH42 = 0) b. **Paid for [CHILD]'s medical insurance, doctor bills, or medicines?**	3	2	1	d	r
(IF HH42 = 0) c. **Given you extra money to help out?** .	3	2	1	d	r
d. **Taken [CHILD] to the doctor?**.....	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) e. **Taken [CHILD] to child care?**	3	2	1	d	r
(C12 = 1; G5 = 2, 3; G16 = 2, 3; OR G35 GE 1) f. **Picked up [CHILD] from child care?** ..	3	2	1	d	r
g. **Put [CHILD] to bed?**	3	2	1	d	r
h. **Fed [CHILD]?**.....	3	2	1	d	r

BOX I33 .1

IF BIRTH FATHER DOES NOT LIVE IN HOUSEHOLD (HH42 = 0) AND IS KNOWN AND LIVING (HH42 NE 4 AND HH0 NE 2) CONTINUE;

ELSE, GO TO SECTION J.

Px_RRelat NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND
HH42 = 0 (BIRTH FATHER NOT IN HOUSEHOLD) AND HH99 NE 2

I34 (Since [MONTH AND YEAR OF LAST INTERVIEW] / In the past year) (Have you/Has your family) received any child support payments for [CHILD] from (his/her) father?

PxI34

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 7 (RESPONDENT IS NOT BIRTH FATHER) AND
HH42 = 0 (BIRTH FATHER NOT IN HOUSEHOLD) AND HH99 NE

I35 (Since [MONTH AND YEAR OF LAST INTERVIEW] / in the past year) (Have you/Has your family) received any other financial support for [CHILD] from (his/her) father?

PxI35

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

J. ABOUT FATHER FIGURE

BOX J1a.0

IF BIRTH FATHER LIVES IN HOUSEHOLD HH42 = 1 OR HH25.2c = 7, GO TO SECTION K;

IF RESPONDENT IS ANY FATHER TYPE (Px_RRelat = (7 - 10)), GO TO SECTION K;

IF RESPONDENT IS MALE GUARDIAN (SC51 = 1 AND SC98 = 1), GO TO SECTION K;

IF RESPONDENT IS MALE (SC51 = 1) AND NOT FATHER OR MALE GUARDIAN (Px_RRelat NE (7 - 10) AND SC98 NE 1), CONTINUE TO J1a;

ELSE, GO TO J1.

IF SC51 = 1 AND (Px_RRelat NE (7 - 10) AND SC98 NE 1) AND HH42 NE 1

J1a Are you like a father to [CHILD]?

PxJ01a

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

1) HH42 NE 1 AND HH25.2c NE 7 AND Px_RRelat NE (7 - 10) AND SC51 = 2
OR 2) J1a = 0, d, r

J1 Is there another man who is like a father to [CHILD]?

PxJ01

INTERVIEWER: THIS IS REFERRING TO ANY MAN OTHER THAN THE BIRTH FATHER WHO IS LIKE A FATHER TO THE CHILD

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

J1 = 1

J2 What is his relationship to you?

PxJ02

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

J1 = 1

J3 Does he live with you and [CHILD] . . .

PxJ03

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

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

J3 = 1, 2

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

PxJ04

YES	1	J22
NO	0	
DON'T KNOW	d	J22
REFUSED	r	J22

J4 = 0

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

PxJ05

|___|___| MONTHS (RANGE 00 – 48)

DON'T KNOW	d
REFUSED	r

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

PxJ22

CODE ONE ONLY

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

J1 = 1

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

CCDP

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

PxJ23

CODE ONE ONLY

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

J1 = 1

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

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

PxJ24a – PxJ24h

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

K. ABOUT RESPONDENT

BOX K0

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

ELSE, CONTINUE.

My next questions are about you.

Px_RRelat NE 2 AND Px_RRelat NE 7

K1 Are you currently working at a job for pay or income, including self-employment?

PxK01

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

K1 = 0

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

PxK04

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 2 AND Px_RRelat NE 7 AND (NEW RESPONDENT OR NO PREVIOUS INTERVIEW)

K8 **What is the highest grade or year of school that you completed?**

PxK08

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

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

	CODE ONE	
UP TO 8TH GRADE	1	K10
9TH TO 11TH GRADE	2	K10
12TH GRADE BUT NO DIPLOMA	3	K10
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	
SOME COLLEGE BUT NO DEGREE	7	
ASSOCIATE'S DEGREE	8	K10
BACHELOR'S DEGREE	9	K10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	K10
MASTER'S DEGREE (MA, MS)	11	K10
DOCTORATE DEGREE (PHD, EDD)	12	K10
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	K10
DON'T KNOW	d	K10
REFUSED	r	K10

K8 = 4 – 7

K9 **Which do you have, a high school diploma or a GED?**

PxK09

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

Px_RRelat NE 2 AND Px_RRelat NE 7

K10 **(Are you now attending or enrolled / Since [MONTH AND YEAR OF LAST INTERVIEW] did you attend or enroll) in any courses, classes, or workshops for work-related reasons or personal interest?**

PxK10

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 2 AND Px_RRelat NE 7

K10.1 **Did [PROGRAM] Early Head Start help you attend school, enroll in classes or workshops, or find a job?**

PxK10_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 2 AND Px_RRelat NE 7 AND THERE WAS A PREVIOUS INTERVIEW WITH THIS RESPONDENT)

K14 **Have you received a certificate, diploma, or degree since [MONTH AND YEAR OF LAST INTERVIEW]?**

PxK14

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

K14 = 1

K15 What kind of certificate, diploma, or degree (did you/did he) receive?

PxK15

TRADE LICENSE OR CERTIFICATE	1
GED CERTIFICATE OR EQUIVALENT	2
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	3
ASSOCIATE'S DEGREE	4
CHILD DEVELOPMENT ASSOCIATE (CDA)	5
BACHELOR'S DEGREE.....	6
GRADUATE DEGREE.....	7
OTHER (SPECIFY).....	8
_____	
DON'T KNOW	d
REFUSED	r

L. HEALTH CARE SERVICES

ALL

L1 The next questions are about health care. First, do you have a regular health care provider?

PxL01

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L2 Where do you usually go for health care?

PxL02

INTERVIEWER: READ LIST IF NECESSARY

CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO	1
AN OUTPATIENT CLINIC RUN BY A HOSPITAL	2
THE EMERGENCY ROOM AT A HOSPITAL	3
PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER	4
A MIGRANT HEALTH CLINIC	5
THE INDIAN HEALTH SERVICE	6
SOMEPLACE ELSE (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

ALL

L3 Does [CHILD] have a regular health care provider?

PxL03

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L4 Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?

PxL04

INTERVIEWER: READ LIST IF NECESSARY

CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO	1
AN OUTPATIENT CLINIC RUN BY A HOSPITAL	2
THE EMERGENCY ROOM AT A HOSPITAL	3
PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER	4
A MIGRANT HEALTH CLINIC	5
THE INDIAN HEALTH SERVICE	6
SOMEPLACE ELSE (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

ALL

L5 (Has [PROGRAM] Early Head Start helped/Did [PROGRAM] Early Head Start help) you find a regular health care provider for [CHILD]?

PxL05

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L8 **When was the last time [CHILD] saw a doctor for a regular checkup? Was it . . .**

PxL08

6 months ago or less,	1
more than 6 months ago but not more than 1 year ago,	2
more than 1 year ago but not more than 2 years ago,	3
more than 2 years ago, or	4
never?	5
DON'T KNOW	d
REFUSED	r

ALL

L9 **(In the past year / Since [MONTH AND YEAR OF LAST INTERVIEW]) how many times has [CHILD] gone for well-baby or well child checkups? Was it . . .**

PxL09

never,	1
once or twice,	2
3-4 times,	3
5-9 times, or	4
10 times or more?	5
DON'T KNOW	d
REFUSED	r

ALL

L10 **What is [CHILD]'s immunization status? Would you say . . .**

PxL10

completely up-to-date,	4	L13
mostly up-to-date (has received a majority of required shots),	3	
somewhat up-to-date (has received less than half of required shots), or	2	
(he/she) never received any immunizations?	1	
DON'T KNOW	d	L13
REFUSED	r	L13

L10 = 1-3

L11 **What are the reasons [CHILD] has incomplete immunization status?**

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

PxL11_01 – PxL11_06; PxL11_99

CODE ALL THAT APPLY

UNABLE TO SCHEDULE OR ATTEND APPOINTMENTS	1
TOO COSTLY	2
WORRIED ABOUT COMPLICATIONS (ILLNESS, DISABILITIES)	3
RELIGIOUS BELIEFS	4
HAS APPOINTMENT SCHEDULED	5
SUPPLY SHORTAGE	6
OTHER (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

ALL

L13 **Has [CHILD] (ever gone / gone) to the dentist (since [MONTH AND YEAR OF LAST INTERVIEW] / in the past year)?**

PxL13

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

The next few questions are about some problems you may have had. Remember, your answers are confidential and no one you know or from [PROGRAM] will see or hear your answers.

ALL

L21 **Did you receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?**

PxL21

YES	1	
NO	0	L22
DON'T KNOW	d	L22
REFUSED	r	L22

L21 = 1

L21.1 **Did [PROGRAM] Early Head Start help you get this treatment for an emotional, personal, or mental problem?**

PxL21_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

ALL

L22 **Did you receive treatment for a drug or alcohol problem (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?**

PxL22

YES	1	
NO	0	BOX L22.1
DON'T KNOW	d	BOX L22.1
REFUSED	r	BOX L22.1

L22 = 1

L22.1 Did [PROGRAM] Early Head Start help you get this treatment for a drug or alcohol problem?

PxL22_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX L22.1

IF RESPONDENT IS NOT BIRTH MOTHER (Px_RRelat NE 2) AND BIRTH MOTHER IS LIVING (HH0 NE 1), CONTINUE.

ELSE, GO TO L27.

Px_RRelat NE 2 AND HH0 NE 1 (RESPONDENT IS NOT BIRTH MOTHER AND BIRTH MOTHER IS ALIVE)

L23 Did [CHILD]'s birth mother receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])

PxL23

YES	1	
NO	0	L24
DON'T KNOW	d	L24
REFUSED	r	L24

L23 = 1

L23.1 Did [PROGRAM] Early Head Start help her get this treatment for an emotional, personal, or mental problem?

PxL23_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

Px_RRelat NE 2 AND HH0 NE 1 (RESPONDENT IS NOT BIRTH MOTHER AND BIRTH MOTHER IS

L24 Did she receive treatment for a drug or alcohol problem (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?

PxL24

YES	1	
NO	0	BOX L26.1
DON'T KNOW	d	BOX L26.1
REFUSED	r	BOX L26.1

L24 = 1

L24.1 Did [PROGRAM] Early Head Start help her get this treatment for a drug or alcohol problem?

PxL24_1

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

BOX L26.1
PROGRAMMER NOTE
BEGIN LOOP.
ASK L28 IMMEDIATELY AFTER EACH "YES" RESPONSE TO L27a-f.
INTERVIEWER RETURNS TO L27 TO ASK ABOUT REMAINING PLANS.

ALL

L27 The next questions are about the health insurance plans for you and your household. Do you or anyone in your household have coverage through the following?

PxL27a – PxL27f	YES	NO	DON'T KNOW	REFUSED
a. **A private health insurance plan (from employer, workplace, or purchased directly, or purchased through a state or local government program or community program)?**	1	0	d	r
b. **A Medicaid plan such as [STATE PROGRAM NAME FROM BOX L27.1]?**	1	0	d	r
c. **CHIP (Children's Health Insurance Program) or [NAME OF STATE PROGRAM FROM BOX L27.2]?**	1	0	d	r
d. **Military health care/TRICARE/CHAMPUS/ CHAMP-VA?**	1	0	d	r
e. **Indian Health Service?**	1	0	d	r
f. **Another government program such as Medicare?** (SPECIFY) ..... _____	1	0	d	r

BOX L27.1 STATE MEDICAID AGENCIES			
Alabama	Alabama Medicaid	Nebraska	NE Medicaid
Alaska	Alaska Medicaid	Nevada	HIWA (Health Insurance for Work Enhancement)
Arizona	Arizona Health Care Cost Containment System (AHCCCS)	New Hampshire	Medicaid
Arkansas	Arkansas Medical Assistance/ Connect Care	New Jersey	New Jersey FamilyCare
California	Medi-Cal	New Mexico	SALUD/Molina/Lovelace/Presbyterian
Colorado	Medicaid	New York	New York Medicaid CHOICE/Family Health
Connecticut	HUSKY/CONNECT Card	North Carolina	Health Check/Carolina ACCESS
Delaware	Diamond State Health Plan	North Dakota	Medicaid
District of Columbia	Medical Assistance (MA)	Ohio	Ohio Disability Assistance Medical Program/Accessing Better Care (ABC)
Florida	MediPass	Oklahoma	SoonerCare
Georgia	Georgia Better Health Care	Oregon	Oregon Health Plan
Hawaii	Hawaii Medicaid:FFS (fee for service) and QUEST	Pennsylvania	HealthChoices/Lancaster Community Health Plan’
Idaho	Idaho Medicaid Access Card	Rhode Island	Medicaid/Medical Assistance
Illinois	Family Care/Medical Assistance/MediPlan	South Carolina	South Carolina Health Access Plan (SCHAP)
Indiana	Hoosier Healthwise	South Dakota	Medicaid/Medical Assistance
Iowa	Medical Assistance	Tennessee	TennCare
Kansas	MediKan	Texas	LoneSTAR Select/Texas Health Steps
Kentucky	KYHealthChoices/Kentucky Patient Access and Care System(KenPAC)	Utah	Utah Medical Assistance Program (UMAP)
Louisiana	CommunityCARE Program/ Louisiana KIDMED	Vermont	VHAP(Health insurance for adults who are not covered by Medicaid)/ Healthy Vermonters
Maine	MaineCare		
Maryland	HealthChoice Program		
Massachusetts	MassHealth	Virginia	Medicaid/Medallion/Medallion II
Michigan	Wayne County Plus Care Program, Medical Assistance Program	Washington	Healthy Options/medical coupons
Minnesota	MinnesotaCare	West Virginia	West Virginia Physician Assured Access System (PAAS)/Mountain Health Trust-(MHT)
Mississippi	Mississippi Medicaid	Wisconsin	BadgerCare/Medical Assistance
Missouri	Missouri Medicaid	Wyoming	Medicaid
Montana	Montana Medicaid		

BOX L27.2 CHIP - STATE AGENCIES			
Alabama	ALLKids	**Nebraska**	Kids Connection
Alaska	DenaliKid Care	**Nevada**	Nevada Check UP
Arizona	KidsCare	**New Hampshire**	HealthyKids
Arkansas	ARKids First	**New Jersey**	New Jersey FamilyCare (formerly NJ KidCare)
California	Healthy Families	**New Mexico**	NewMexiKids
Colorado	CHP+ (Child Health Plan Plus)	**New York**	Child Health Plus (CHPLus)
Connecticut	HUSKY (Healthcare for Uninsured Kids and Youth)	**North Carolina**	NC Health Choice for Children
Delaware	Healthy Children	**North Dakota**	Healthy Steps
District of Columbia	Healthy DC Kids/Healthy Families	**Ohio**	Healthy Start/Healthy Families'
Florida	Florida KidCare	**Oklahoma**	The State Children's Health Insurance Program (SCHIP)/SoonerCare'
Georgia	PeachCare for Kids	**Oregon**	Oregon SCHIP/Oregon Health Plan'
Hawaii	Hawaii Covering Kids	**Pennsylvania**	Pennsylvania's Children's Health Insurance Program
Idaho	Idaho CHIP	**Rhode Island**	RIte Care
Illinois	All Kids	**South Carolina**	CHIP
Indiana	Hoosier Healthwise for Children	**South Dakota**	PHC (Partners for Healthy Children
Iowa	HAWK-I (Healthy and Well Kids in Iowa	**Tennessee**	TennderCare
Kansas	Health Wave	**Texas**	TexCare Partnership (CHIP)/ Waxman kids
Kentucky	Kentucky Children's Health Insurance Program	**Utah**	CHIP
Louisiana	LaCHIP (Louisiana Children's Health Insurance)	**Vermont**	Dr.Dynasaur
Maine	MaineCare (formerly CubCare		
Maryland	Maryland Children's Health Program (MCHP		
Massachusetts	MassHealth	**Virginia**	FAMIS (Family Access to Medical Insurance Security)/Virginia Children's Medical Security Insurance Plan (VCMSIP)
Michigan	MIChild/Healthy Kids	**Washington**	CHIP/Healthy Options
Minnesota	MinnesotaCare/PMAP (Prepaid Medical Assistance Program)/General Assistance Medical Care Program (GAMC)	**West Virginia**	'West Virginia Children's Health Insurance Program (WV CHIP
Mississippi	SCHIP	**Wisconsin**	BadgerCare
Missouri	MC+ for Kids	**Wyoming**	KidCare
Montana	SCHIP		

L27a-f = 1

L28a-f **Who does this health insurance plan cover?**

PROBE: **Is anyone else covered?**

PROBE **Is [CHILD] covered?**

PxL28a1 – PxL28f1
PxL28a2 – PxL28f2
PxL28a3 – PxL28f3

CODE ALL THAT APPLY

SELF 1
[CHILD] 2
OTHER FAMILY MEMBERS 3
DON'T KNOW ..... d
REFUSED ..... r

END LOOP

BOX L28.1
IF RESPONDENT HAS HEALTH INSURANCE (L28a-f = 1), CONTINUE.
ELSE, GO TO BOX L29.1.

ANY L28a-f = 1 (RESPONDENT WITH HEALTH INSURANCE)

L29 **(In the past year / Since [MONTH AND YEAR OF LAST INTERVIEW]), have you ever been without health care coverage?**

PxL29

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

BOX L29.1
IF CHILD HAS HEALTH INSURANCE (L28a-f = 2), CONTINUE.
ELSE, GO TO L36.

ANY L28a-f = 2 (CHILD WITH HEALTH INSURANCE)

L34 (**Since ([CHILD] was born / [MONTH AND YEAR OF LAST INTERVIEW]), was there any time when ((he/she) / [CHILD]) did not have any health insurance or coverage?**

PxL34

YES	1	
NO	0	L36.1
DON'T KNOW	d	L36.1
REFUSED	r	L36.1

ALL L28a-f NE 2 OR L34 = 1

L36 **Please tell me the reason(s) [CHILD] . . .**

(IF ALL L28a-f NE 2) **is not covered by health insurance.**

(IF L34 = 1) **was not covered by health insurance for this period of time.**

PxL36 01 – PxL36 10; PxL36 99

CODE ALL THAT APPLY

GOT DIVORCED/SEPARATED/WIDOWED	1
GOT MARRIED OR REMARRIED	2
PERSON IN FAMILY WITH INSURANCE LOST JOB OR CHANGED EMPLOYERS	3
EMPLOYER DOES NOT OFFER COVERAGE	4
NOT ELIGIBLE FOR COVERAGE	5
COST IS TOO HIGH	6
INSURANCE COMPANY REFUSED COVERAGE	7
LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME	8
LOST MEDICAID (OTHER REASON)	9
BECAME INELIGIBLE FOR CHIP	10
OTHER REASON (SPECIFY)	99
_____	
DON'T KNOW	d
REFUSED	r

ALL

L36.1 (Has [PROGRAM] Early Head Start helped/Did [PROGRAM] Early Head Start help) you find health insurance for [CHILD]?

PxL36a

YES	1	
NO	0	
DON'T KNOW	d	
REFUSED	r	

ALL

L37 (In the past year / Since [MONTH AND YEAR OF LAST INTERVIEW]) has there been a time when you or anyone living in your household needed to see a doctor or go to the hospital but couldn't go?

PxL37

YES	1	
NO	0	L40.1
DON'T KNOW	d	L40.1
REFUSED	r	L40.1

L37 = 1

L38 Who was that?

PROBE: **Was there ever a time when [CHILD] needed health care, but you couldn't obtain it?**

PxL38_1
PxL38_2
PxL38_3

CODE ALL THAT APPLY

SELF	1	
[CHILD]	2	
OTHER FAMILY MEMBERS	3	
DON'T KNOW	d	L40.1
REFUSED	r	L40.1

L38 = 1 – 3
you IF L38 = 1 ONLY; **he/she** IF L38 = 2 ONLY; **they** IF L38 = 3 ONLY; ELSE FILL **these members of your household**

L39 What were the reasons (you/(he/she)/they/these members of your household) couldn't go?

		CODE ALL THAT APPLY
PxL39_01	DIDN'T HAVE THE MONEY	1
PxL39_02	DIDN'T HAVE INSURANCE	2
PxL39_03	DIDN'T KNOW WHERE TO GO	3
PxL39_04	COULDN'T TAKE TIME OFF FROM WORK	4
PxL39_05	TRANSPORTATION PROBLEMS	5
PxL39_99	OTHER (SPECIFY) _____	99
	DON'T KNOW	d
	REFUSED	r

ALL

L40.1 Is [CHILD] currently covered by dental insurance, either through a health insurance plan or an HMO?

PxL40_1	YES	1	
	NO	0	L42
	DON'T KNOW	d	L42
	REFUSED	r	L42

L40.1 = 1

L41.2 Did [PROGRAM] Early Head Start help you find dental insurance for [CHILD]?

PxL41_2	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

ALL

L42 (**In the past year / Since [MONTH AND YEAR OF LAST INTERVIEW]), has there been a time when you or anyone living in your household needed to see a dentist but couldn't go?**

PxL42

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

L42 = 1

L43 **Who was that?**

PROBE: **Was there ever a time when [CHILD] needed dental care, but you couldn't obtain it?**

PxL43_1
PxL43_2
PxL43_3

CODE ALL THAT APPLY

SELF	1	
[CHILD]	2	
OTHER FAMILY MEMBERS	3	
DON'T KNOW	d	SECTION M
REFUSED	r	SECTION M

L43 = 1-3

you IF L43 = 1 ONLY; **he/she** IF L43 = 2 ONLY; **they** IF L43 = 3 ONLY; ELSE FILL **these members of your household**

L44 **What were the reasons (you/(he/she)/they/these members of your household) couldn't go?**

CODE ALL THAT APPLY

PxL44_01
PxL44_02
PxL44_03
PxL44_04
PxL44_05
PxL44_99

DIDN'T HAVE THE MONEY	1
DIDN'T HAVE INSURANCE	2
DIDN'T KNOW WHERE TO GO	3
COULDN'T TAKE TIME OFF FROM WORK	4
TRANSPORTATION PROBLEMS	5
OTHER (SPECIFY) _____	99
DON'T KNOW	d
REFUSED	r

M. PARENT HEALTH

The next questions are about your health and health-related behaviors.

ALL

M1 **Would you say your health in general is . . .**

PxM01

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

ALL

M1.1 **Over the past 12 months, how much would you say your health, including any chronic health or medical conditions, has interfered with your ability to do daily activities? Has your health has been…**

PxM01_1

a big problem, ... 3
a small problem, or 2
not a problem? 1
DON'T KNOW ..... d
REFUSED ..... r

2010 VERSION ONLY; ALL

M5 Has a doctor ever told you that you have . . .

P2M05a – P2M05h

		YES	NO	DON'T KNOW	REFUSED
a.	**asthma?**	1	0	d	r
b.	**allergies?**	1	0	d	r
c.	**a serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?**	1	0	d	r
d.	**diabetes?**	1	0	d	r
e.	**depression?**	1	0	d	r
f.	**a learning disability?**	1	0	d	r
h.	**high blood pressure?**	1	0	d	r

2010 VERSION ONLY AND ASKED OF COHORT 0

M6 **I am going to read a list of ways you may have felt or behaved. Please tell me how <u>often</u> you have felt this way during the <u>past week</u>.**

CESD

How often during the <u>past week</u> have you felt [FILL ITEM a-t]—would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

PROBE: **During the last 7 days.**

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR M6-c "SHAKE OFF THE BLUES."

HELP SCREEN:
Feelings of <u>depression</u> may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

P2M06a – P2M06t	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)	DON'T KNOW	REFUSED
a. **Bothered by things that usually don't bother you**.....	1	2	3	4	d	r
b. **You did not feel like eating; your appetite was poor**	1	2	3	4	d	r
c. **That you could not shake off the blues, even with help from family and friends**	1	2	3	4	d	r
e. **You had trouble keeping your mind on what you were doing**....	1	2	3	4	d	r
f. **Depressed**.....	1	2	3	4	d	r
g. **That everything you did was an effort**.....	1	2	3	4	d	r
j. **Fearful**.....	1	2	3	4	d	r
k. **Your sleep was restless**	1	2	3	4	d	r
m. **You talked less than usual**.....	1	2	3	4	d	r
n. **Lonely**	1	2	3	4	d	r
r. **Sad**	1	2	3	4	d	r
t. **You could not get "going"**	1	2	3	4	d	r

PROGRAMMER NOTE
BEGIN LOOP
ASK M10 – M13 FOR (a) RESPONDENT
THEN RETURN TO M10 AND ASK M10 – 13 FOR (b) OTHER HOUSEHOLD MEMBERS IF HOUSEHOLD TOTAL IS GT2.

ALL

M10a-b In the last 30 days, did (you/anyone else in your household) smoke tobacco such as cigarettes or cigars?

PxM10a
PxM10b

YES	1	
NO	0	BOX M13.1
DON'T KNOW	d	BOX M13.1
REFUSED	r	BOX M13.1

M10 = 1

M11a-b How many cigarettes or packs of cigarettes do (you/other household members) smoke on an average day?

INTERVIEWER: ENTER "1" IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY

PROBE: **A pack has 20 cigarettes**

PxM11a_amt
PxM11b_amt

|___|___| NUMBER OF |___| CODE (NUMBER RANGE 01 – 99)

PxM11a_unit
PxM11b_unit

CIGARETTES	1
PACKS	2
DON'T KNOW	d
REFUSED	r

SOFT CHECK: IF M11a-b = 50 – 99 AND M11a-b_code = 1; **I just want to be sure I recorded your answer correctly. Did you say you smoke (FILL M11a-b) cigarettes each day?**
SOFT CHECK: IF M11a-b = 3 – 99 AND M11a-b_code = 2; **I just want to be sure I recorded your answer correctly. Did you say you smoke (FILL M11a-b) packs of cigarettes each day?**

M10 = 1

M12a-b Do (you/other household members) smoke anywhere inside the home?

PxM12a
PxM12b

YES	1	
NO	0	BOX M13.1
DON'T KNOW	d	BOX M13.1
REFUSED	r	BOX M13.1

M12 = 1

M13a-b In an average day, how many cigarettes do (you/other household members) smoke inside the home? Would you say . . .

PxM13a
PxM13b

1 to 5,	1
6 to 10,	2
11 to 15,	3
16 to 20, or	4
More than one pack a day?	5
DON'T KNOW	d
REFUSED	r

BOX M13.1

IF M10 - M13 ASKED FOR (a) RESPONDENT ONLY, GO TO M10 TO ASK ABOUT (b) OTHER HOUSEHOLD MEMBERS IF HOUSEHOLD TOTAL IS GT 2.

ELSE, CONTINUE TO M21.

END LOOP.

ALL

M21 <u>In the past 12 months,</u> have you had a drinking or drug problem or have other people thought you had one?

PxM21

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

N. RAISING A CHILD

IF MISSING FROM PREVIOUS INTERVIEWS

N1 ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

PMS

COHORT 0 IN 2010 VERSION ONLY

N2 ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

PSI

ALL

N3 **Now I'm going to ask you a question about child behavior. Sometimes children mind pretty well and sometimes they don't. In the past week, have you or has anyone in the household spanked [CHILD] because (he/she) was misbehaving or acting up?**

HOME

PROBE: **Last seven days.**

PxN03

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

N3 = 1

N4 **How often did this happen in the past week?**

PxN04

|___|___| TIMES (RANGE 1 – 40)

DON'T KNOW	d
REFUSED	r

O. FAMILY ROUTINES

My next questions are about some of the typical routines in your household.

ALL

O1 **In a typical week, please tell me the number of days at least some of the family eats the evening meal together.**

PxO01

PROBE IF VARIES: **On average, how many days?**

|___| (RANGE 0 – 7)

DON'T KNOW ..... d

REFUSED ..... r

ALL

O2 **In a typical day, is [CHILD] fed at regular times?**

PxO02

YES 1

NO 0 O13

DON'T KNOW ..... d O13

REFUSED ..... r O13

O2 = 1

O2.1 **In a typical day, how many meals does [CHILD] eat?**

PxO02_1

|___| NUMBER (RANGE 1 – 6)

DON'T KNOW ..... d

REFUSED ..... r

O2 = 1

O2.2 In a typical day, how many snacks does [CHILD] eat?

PROBE: **Include all the times (he/she) ate in between meals.**

PxO02_2 |__| NUMBER (RANGE 0 – 6)

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

ALL

O13 Do you consider [CHILD] . . .

PxO13

a very picky eater, ... 1
a somewhat picky eater, or 2
not a picky eater? 3
DON'T KNOW ..... d
REFUSED ..... r

ALL

O13.1 Do you consider [CHILD]'s diet to be…

PxO13_1

very healthy, ... 4
somewhat healthy, ... 3
not too healthy, or 2
not at all healthy? 1
DON'T KNOW ..... d
REFUSED ..... r

ALL

O14 When is [CHILD]'s regular bedtime?

PROBE: **We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep**.

PxO14 NOTE: IF VARIES, PROBE**: 'On average?'**

PxO14ampm |__|__|:|__|__| P.M.

NO USUAL TIME 98 O16
DON'T KNOW ..... d O16
REFUSED ..... r O16

ALL

O16 **During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?**

PxO16

|__|__| NUMBER (RANGE 0 – 9)

DON'T KNOW ..... d

REFUSED ..... r

ALL

O17 **How long does [CHILD] usually sleep each night?**

PxO17

|__|__| HOURS (RANGE 00 – 15)

|__|__| MINUTES (RANGE 00 – 59)

NO USUAL HOURS 98

DON'T KNOW ..... d

REFUSED ..... r

ALL

O18 **How many naps does [CHILD] take in a typical day?**

PxO18

|__| NUMBER (RANGE 0 – 6)

NO USUAL NUMBER 98

CHILD DOES NOT NAP 0

DON'T KNOW ..... d

REFUSED ..... r

2010 VERSION ONLY; O18 = 0

O20 **How old was [CHILD] when (he/she) stopped taking naps?**

P2O20yr

|__| YEARS (RANGE 0 – 4)

P2O20mo

|__|__| MONTHS (RANGE 00 – 11)

DON'T KNOW ..... d

REFUSED ..... r

COHORT 1 IN 2010 VERSION ONLY; ALL IN 2011-2012 VERSIONS

O22 **Now I want you to think about some things your child may have experienced so far in (his/her) whole life. In [CHILD]'s whole life has (he/she) ever . . .**

PxO22a – PxO22d

	YES	NO	DON'T KNOW	REFUSED
a. **seen violence in your neighborhood?**	1	0	d	r
b. **been a victim of violence in your neighborhood?**	1	0	d	r
c. **seen someone use a weapon to threaten or hurt a family member?**	1	0	d	r
d. **seen someone hit, push, or kick a family member?**	1	0	d	r

HOUSEHOLD TOTAL GT 2

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FES

Q. FAMILY GOALS

ALL

Q7 **This next part of the interview is about your goals for your family. Most families have goals or hopes for the future. When you think of you and your family five years from now, how do you hope your lives will be different? Do you hope to [INSERT a-g] . . .**

PxQ07a – PxQ07g

		Q7			
		YES	NO	DON'T KNOW	REFUSED
a.	**find a better job or get a better education?**	1	0	d	r
b.	**become a better parent?**	1	0	d	r
c.	**live in better or more stable housing?**	1	0	d	r
d.	**obtain more reliable transportation?**	1	0	d	r
e.	**have better healthcare or access to healthcare?**	1	0	d	r
f.	**have more or better social support, relationships with friends, or involvement in your community?**	1	0	d	r
g.	**learn or improve English speaking, reading, and/or writing skills?**	1	0	d	r

BOX Q7.1
IF TWO OR MORE GOALS ARE SELECTED AT Q7 (SUM OF Q7a-g GE 2), CONTINUE;
IF ONLY ONE GOAL IS SELECTED AT Q7, GO TO Q9;
ELSE, GO TO SECTION S.

SUM OF Q7a-g GE 2

Q8 **From the goals you just mentioned: [LIST GOALS FROM Q7], which of these goals is the most important to you and your family?**

PxQ08

PROGRAMMER: LIST GOALS AND ITEM LETTER FROM Q7a-g (WHERE Q7a-g = 1).
CODE ONE ITEM ONLY

ONE GOAL IS ANSWERED AT Q8 AND NE d OR r OR ONLY ONE GOAL IS ANSWERED AT Q7

Q9 (ONE GOAL ONLY AT Q7) **You said you hope to (FILL GOAL FROM Q7).**

(ALL) **Are you working with [PROGRAM] Early Head Start to achieve that goal?**

PxQ09

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

S. NEEDS AND RESOURCES

ALL

S1 **Now I have some questions about how things are going for you these days. Please tell me if there has been a time in the past year when your household [INSERT a-e] . . .**

PxS01a – PxS01e

CODE ONE FOR EACH

	YES	NO	DON'T KNOW	REFUSED
a. **could not pay the full amount of the rent or mortgage that you were supposed to pay.**	1	0	d	r
b. **was evicted from your home or apartment.**	1	0	d	r
c. **could not pay the full amount of the gas, oil, or electricity bills.**	1	0	d	r
d. **had service turned off by the gas or electric company, or oil company would not deliver oil.**	1	0	d	r
e. **had service disconnected by the telephone company because payments were not made.**	1	0	d	r

ALL

S2 **I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months, that is, since last [CURRENT MONTH].**

PxS02a – PxS02e	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. **We worried whether our food would run out before we got money to buy more.**	2	1	0	d	r
b. **The food that we bought just didn't last, and we didn't have money to get more.**	2	1	0	d	r
c. **We couldn't afford to eat balanced meals.**	2	1	0	d	r
d. **We relied on only a few kinds of low-cost food to feed the children because we were running out of money to buy food.**	2	1	0	d	r
e. **We couldn't feed the children a balanced meal because we couldn't afford that.**	2	1	0	d	r

U. INCOME AND HOUSING

PROGRAMMER NOTE
BEGIN LOOP
ASK U2 IMMEDIATELY AFTER EACH "YES" RESPONSE TO U1a-h.
INTERVIEWER RETURNS TO U1 TO ASK ABOUT REMAINING INCOME SUPPORTS.

ALL

U1 **The next questions are about income support you or someone in your household may have received. In the past 12 months, did you or anyone in your household receive** [INSERT a-h] **. . .**

PxU01a – PxU01h

		YES	NO	DON'T KNOW	REFUSED
a.	**support from [State Welfare name from Box U1] or welfare?**	1	0	d	r
b.	**support from unemployment insurance?** ...	1	0	d	r
c.	**food Stamps?**	1	0	d	r
d.	**WIC - Special Supplemental Food Program for Women, Infants, and Children?**	1	0	d	r
e.	**child support?**	1	0	d	r
f.	**SSI or Social Security Retirement, Disability, or Survivor's benefits?**	1	0	d	r
g.	**payments for providing foster care?**	1	0	d	r
h.	**energy assistance?**	1	0	d	r

BOX U1 STATE WELFARE AGENCIES			
Alabama	FA (Family Assistance Program)	**Nebraska**	Employment First
Alaska	ATAP (Alaska Temporary Assistance Program)	**Nevada**	TANF
Arizona	EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)	**New Hampshire**	FAP (Family Assistance Program), financial aid for work exempt families NHEP (New Hampshire Employment Program), financial aid for work-mandated families
Arkansas	TEA (Transitional Employment Assistance)	**New Jersey**	WFNJ (Work First New Jersey)
California	CALWORKS (California Work Opportunity and Responsibility for Kids)	**New Mexico**	NM Works
Colorado	Colorado Works	**New York**	FA (Family Assistance Program)
Connecticut	JOBS FIRST	**North Carolina**	Work First
Delaware	ABC (A Better Chance)	**North Dakota**	TEEM (Training, Employment, Education Management)
District of Columbia	TANF	**Ohio**	OWF (Ohio Works First)
Florida	Welfare Transition Program	**Oklahoma**	TANF
Georgia	TANF	**Oregon**	JOBS (Job Opportunities and Basic Skills)
Hawaii	TANF	**Pennsylvania**	Pennsylvania TANF
Idaho	Temporary Assistance For Families in Idaho	**Rhode Island**	FIP (Family Independence Program)
Illinois	TANF	**South Carolina**	Family Independence
Indiana	TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program	**South Dakota**	TANF
Iowa	FIP (Family Investment Program)	**Tennessee**	Families First
Kansas	Kansas Works	**Texas**	Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission, TANF work program
Kentucky	K-TAP (Kentucky Transitional Assistance Program)	**Utah**	FEP (Family Employment Program)
Louisiana	FITAP (Family Independence Temporary Assistance Program) cash assistance STEP (Strategies to Empower People)	**Vermont**	ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program
Maine	General Assistance		
Maryland	Temporary Cash Assistance		
Massachusetts	TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program	**Virginia**	VIEW (Virginia Initiative for Employment, Not Welfare)
Michigan	FIP (Family Independence Program)	**Washington**	WorkFirst
Minnesota	MFIP (Minnesota Family Investment Program)	**West Virginia**	West Virginia Works
Mississippi	TANF	**Wisconsin**	W-2 (Wisconsin Works)
Missouri	Beyond Welfare	**Wyoming**	POWER (Personal Opportunities With Employment Responsibility)
Montana	FAIM (Families Achieving Independence in Montana)		

WHERE U1a-h = 1

U2a-h Did [PROGRAM] refer you to another agency for [INSERT a-h]?

PxU02a – PxU02h

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

END LOOP.

ALL

U3 <u>Including yourself</u>, how many adults contribute to your household income?

PxU03

|___|___| NUMBER (RANGE 01 – 14)
DON'T KNOW ..... d
REFUSED ..... r

ALL

U4 In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.

PxU04amt

$|___|___|___|,|___|___|___| **.** PER |___|___| CODE

PxU04per

per week, ... 1 U8
every two weeks (bimonthly), ... 2 U8
month, or 3 U8
year? 4 U8
DON'T KNOW ..... d
REFUSED ..... r

U4 = d, r

U5 **I just need a range. Was it . . .**

PxU05

$25,000 or less, or	1	U6
more than $25,000?	0	U7
DON'T KNOW	d	U8
REFUSED	r	U8

U5 = 1

U6 **Was it . . .**

PxU06

$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
DON'T KNOW	d
REFUSED	r

ALL RESPONSES GO TO U8

U5 = 0

U7 **Was it . . .**

PxU07

$25,001 to $30,000,	6
$30,001 to $35,000,	7
$35,001 to $40,000,	8
$40,001 to $50,000,	9
$50,001 to $75,000, or	10
more than $75,000?	11
DON'T KNOW	d
REFUSED	r

ALL

U8 **The next questions are about housing. Do you now live in . . .**

PxU08

a house, apartment, or trailer with your family only, ... 1
a house, apartment, or trailer you share with another family, ... 2
transitional housing (apartment) or a homeless shelter, or 3
somewhere else? (SPECIFY) 99

_____

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

ALL

U9 **Have you moved (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?**

PxU09

YES	1	
NO	0	BOX U11.1
DON'T KNOW	d	BOX U11.1
REFUSED	r	BOX U11.1

U9 = 1

U10 **How many times have you moved (in the past year / since [MONTH AND YEAR OF LAST INTERVIEW])?**

PxU10

|___|___| NUMBER (RANGE 1 – 12)

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

U9 = 1

U11 When was the last time you moved?

PxU11mo

PxU11year

|___|___| / 20 |___|___| (2009-present)
MONTH YEAR

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

BOX U11.1
IF U8 = 3, GO TO U13.
ELSE, CONTINUE.

U8 = 1, 2, 99, d, r

U12 Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

PxU12

OWNS OR IS BUYING HOME OR APARTMENT 1
RENTS (WITHOUT PUBLIC ASSISTANCE) 2
PUBLIC OR SUBSIDIZED HOUSING 3
LIVING RENT-FREE IN HOME OF RELATIVES OR FRIENDS 4
SOME OTHER ARRANGEMENT (SPECIFY) 99

_____

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

ALL

U13 Did [PROGRAM] Early Head Start help you find a place to live?

PxU13

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

V. TRACKING INFORMATION

THIS SECTION COLLECTS TRACKING INFORMATION AND THANKS THE PARENT FOR PARTICIPATING IN BABY FACES.

W. INTERVIEWER RATINGS

ALL

W1 **Please rate the following qualities of the respondent, the interviewing situation, and the data:**

PxW01a-PxW01h

The respondent (was/had) . . .

	HIGH						LOW	
a. able to understand questions easily	7	6	5	4	3	2	1	hardly able to understand
b. truthful	7	6	5	4	3	2	1	untruthful
c. accurate	7	6	5	4	3	2	1	inaccurate
d. interested in the interview	7	6	5	4	3	2	1	not interested in the interview
e. cooperative	7	6	5	4	3	2	1	uncooperative
f. no English language problem	7	6	5	4	3	2	1	spoke English with great difficulty
g. interviewed without interruption	7	6	5	4	3	2	1	interrupted often
h. your opinion about the overall quality of the data								
High	7	6	5	4	3	2	1	Low