

**ECLS-B 2007 KINDERGARTEN NATIONAL STUDY
PARENT INTERVIEW
SECTION IN: INTRODUCTION**

IN00IP

IS THIS INTERVIEW BEING CONDUCTED IN-PERSON?

YES1

NO.....2

IF NO, DISPLAY ACTIVE SIGNAL MSG:

YOU HAVE INDICATED THAT THIS INTERVIEW IS NOT BEING CONDUCTED IN-PERSON.

IF THE INTERVIEW IS IN-PERSON, PRESS ENTER AND CHANGE YOUR RESPONSE.

IF THIS IS A TELEPHONE INTERVIEW, PRESS 'S' TO CONTINUE.

IN000LN

INDICATE WHETHER YOU ARE USING THE ENGLISH OR SPANISH WORDING IN THE CAPI PROGRAM.

ENGLISH1

SPANISH.....2

IN000IN

IS THE INTERVIEW BEING CONDUCTED USING AN INTERPRETER?

YES..... 1 (ININCON)

NO..... 2 (IN000LG)

If YES, display:

ALERT! YOU HAVE INDICATED THAT YOU ARE USING AN INTERPRETER. PLEASE CONFIRM YOUR RESPONSE. ARE YOU USING A PAID INTERPRETER TO CONDUCT THIS INTERVIEW?

IF YOU ARE NOT USING A PAID INTERPRETER, BACK UP AND CHANGE YOUR RESPONSE.

ININCON

YOU MUST OBTAIN INTERPRETER'S SIGNED AND NOTARIZED AFFIDAVIT OF NONDISCLOSURE AND SIGNED CONFIDENTIALITY AGREEMENT BEFORE BEGINNING INTERVIEW.

SUBMIT THESE FORMS WITH THE CASE FOLDER.

DO YOU HAVE THE INTERPRETER'S SIGNED AND NOTARIZED AFFIDAVIT OF NONDISCLOSURE?

YES..... 1

NO..... 2

IF NO, DISPLAY ACTIVE SIGNAL MESSAGE

YOU MUST HAVE SIGNED FORMS FROM THE INTERPRETER TO CONTINUE WITH THE INTERVIEW.

IF YOU DO HAVE SIGNED FORMS, PRESS ENTER AND CHANGE YOUR RESPONSE.

IF YOU DO NOT HAVE SIGNED FORMS, BREAKOFF USING ALT-X."

IN000LG

IS RESPONDENT {CHILD/TWIN}'S LEGAL GUARDIAN?

YES1

NO.....2

IF NO, DISPLAY ACTIVE SIGNAL MSG:

REMINDER: YOU CANNOT CONDUCT THE CHILD ASSESSMENT AND WE CANNOT CONTACT THE WECEP PROVIDERS OR TEACHERS WITHOUT THE PERMISSION OF THE CHILD'S LEGAL GUARDIAN.

OBTAIN LEGAL GUARDIAN'S CONSENT BEFORE PROCEEDING WITH CHILD ASSESSMENT.

PRESS 'S' TO CONTINUE WITH THE PARENT INTERVIEW.

IN000CN

GIVE {PARENT/FOSTER PARENT} {CONSENT FORM FOR CHILD AND PARENT/CONSENT FORM FOR FOSTER PARENT} TO RESPONDENT AND ASK HIM/HER TO READ IT. PARENT DOES NOT NEED TO SIGN AND RETURN FORM.

DISPLAY INSTRUCTIONS:

Display "FOSTER PARENT CONSENT FOR FOSTER PARENT PARTICIPATION IN THE ECLS-B KINDERGARTEN 2007 ROUND" if IN000LG = 2. Else display "PARENT CONSENT FOR CHILD AND PARENT'S PARTICIPATION IN THE ECLS-B KINDERGARTEN 2007 ROUND."

IN000CFa

Have you read, or has someone read to you, the information on the consent form I gave you, had a chance to ask questions, and had your questions answered?

YES.....1

NO.....2

IF NO, DISPLAY ACTIVE SIGNAL MSG:

ASK RESPONDENT TO READ FORM AND ANSWER HIS/HER QUESTIONS.

IN000CFb

Do you voluntarily agree to take part in this study and for your child(ren) to take part?

YES.....1

NO.....2 (INTERVIEW WILL TERMINATE)

IN000CR

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you nor I will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The project staff who listen to the recording will know who I am, but will not know who you are. May we use the QC system during the interview?

YES.....1

NO.....2 (DO NOT ENABLE CARI)

IN000AVBX

IF IN000LG = 2 (NOT CHILD'S LEGAL GUARDIAN),
GO TO IN000ST. ELSE ASK IN000AVA.

IN000Ava

We would like to keep the audiotape recording{s} of your child{ren} from the ECLS-B study for use by researchers in the future. Your name will not be associated with the recording{s} and the researchers will have to sign confidentiality pledges before they can use your recording{s}.

Do we have your permission to archive the audiotape recording{s} obtained in this round of the ECLS-B survey?

YES.....1

NO.....2

IN000ST

HELP AVAILABLE

IN WHAT STATE IS THIS INTERVIEW BEING CONDUCTED?

PRESS ENTER TO ACCEPT STATE {STATE ABBREVIATION} BELOW OR ENTER STATE ABBREVIATION....

USE [F12] TO CHECK STATE CODES, IF YOU ARE UNCERTAIN.

IN001

DISPLAY INSTRUCTIONS:

Display Child's full name from K'06 interview. If child's middle name is 'NMN' then do not display.

Is {CHILD'S FULL NAME} still living in this household?

YES.....1 (IN008BX)
NO.....2

IN005

Where is {CHILD} now?

LIVING ELSEWHERE.....1
DECEASED.....2

IN002PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from K '06 interview. If Child's middle name is 'NMN' then do not display.

TO CONDUCT THE INTERVIEW, {CHILD'S FULL NAME} MUST BE LIVING IN THIS HOUSEHOLD.

IN008BX

IF K '06 FLAG INDICATES TWIN WAS LIVING IN HOUSEHOLD AT TIME OF K '06 INTERVIEW GO TO IN010.

OTHERWISE, GO TO IN007.

IN010

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from K '06 interview. If Child's/Twin's middle name is 'NMN' then do not display.

K '06 INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN'S FULL NAME}.

Is {TWIN'S FULL NAME} still living in this household?

YES.....1 (IN0007)
NO.....2

IN012

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from K '06 interview. If Child's/Twin's middle name is 'NMN' then do not display.

K '06 INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN'S FULL NAME}.

Where is {TWIN'S FULL NAME} now?

LIVING ELSEWHERE.....1
DECEASED.....2

REFUSED.....RF
DON'T KNOWDK

IN007

DISPLAY INSTRUCTIONS:

Display the household roster from the K '06 interview.

Display full names and ages of all household members 15 and older as follows: Number, {Full Name}, APPROX {Age} YEARS, {RelationType} Where number is the person's position on the display, but not necessarily on the HH Roster.

VERIFY RESPONDENT'S FULL NAME.

ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT. AGE INFORMATION MAY NOT BE EXACT, AND SHOULD BE USED AS REFERENCE ONLY TO HELP YOU IDENTIFY THE CORRECT RESPONDENT.

IF NAME NOT LISTED, ENTER 0.

IF RROSTNUM = 0, ASK IN007A. ELSE, ASK IN007B
--

IN007A

YOU HAVE INDICATED THAT THE RESPONDENT IS NOT ONE OF THE PEOPLE LISTED. PLEASE VERIFY THAT THE RESPONDENT IS NOT AMONG THIS LIST.

IF THE RESPONDENT IS LISTED, BACKUP AND CHANGE YOUR RESPONSE TO THE PREVIOUS QUESTIONS.

DISPLAY SAME LIST AS IN RROSTNUM (IN007)

RESPONDENT IS NOT IN THE LIST5

IN007B

YOU HAVE INDICATED THAT THE RESPONDENT IS:

PLEASE VERIFY YOUR RESPONSE. IF ^IN007RName IS NOT THE RESPONDENT, PLEASE BACKUP AND CHANGE YOUR RESPONSE. "

RESPONDENT IS ^IN007RnAME, ^IN007RRelate7

IN015PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from K '06 interview for {CHILD'S FULL NAME}, and if IN010 [TWININHH] = 1 display Twin's full name from K '06 interview for {TWIN'S FULL NAME}.

If child's (or twin's) middle name is 'NMN' then do not display.

If there is a twin in the household (IN010 [TWININHH] =1), display "I will first ask questions about..." and "{and{TWIN}}".

If K'07 respondent is the same as the K '06 respondent (FLAGS.SAMERESP=1), then display "Some of the questions are the same as..." and "the information about you and about {CHILD}..." and "I also have a few questions about the other..."

Else if the K'07 respondent is not the same as the K '06 respondent (FLAGS.SAMERESP=2), then display "some information about {CHILD}..." and "I also have a few questions about you and the other..."

"During this interview, I will be asking questions about {CHILD'S FULL NAME}'s {and {TWIN'S FULL NAME}'s} more recent experiences and about you and your household. {I will first ask questions about {CHILD} and your family life. Then I will ask questions specifically about {TWIN}. After that, I will ask more questions about you and your household.} {Some of the questions are the same as in the last interview, and there are some new questions, too}. Before we begin, I need to verify {the information about you and about {CHILD}{and {TWIN}}} that we collected during the last interview/some information about {you and about} {CHILD} {and {TWIN}}. I also have a few questions about {the/you and the} other people living here."

IN017BX

IF FLAGS.SAMERESP=1 (YES, SAME RESPONDENT) OR (FLAGS.SAMERESP = NO (NOT SAME RESPONDENT) AND IN007 ^=0 (NEW RESPONDENT WAS IN THE HOUSEHOLD AT K '06)) AND CURRENT K '07 RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (K '06 IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (K '06 IN035 = 6), OTHER NON-RELATIVE (K '06 IN035 = 13), CHILD'S STEPMOTHER (K '06 IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (K '06 IN040 = 4), STEPFATHER (K '06 IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (K '06 IN045 = 4) THEN GO TO IN019. ELSE, GO TO IN022BX.

IN019**DISPLAY INSTRUCTIONS:**

If at K '06 current respondent was GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (K '06 IN035 = 5), or BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (K '06 IN035 = 6) display "the {girlfriend/boyfriend} or partner of {CHILD}'s {and {TWIN}}}'s parent or guardian".

Else if at K '06 current respondent was CHILD's OTHER NON-RELATIVE (K '06 IN035 = 13) then display {K '06 IN035}.

Else if K '06 respondent was CHILD's STEPMOTHER (K '06 IN040 = 3) or FOSTER MOTHER OR FEMALE GUARDIAN (K '06 IN040 = 4) then display {K '06 IN040}.

Else if K '06 respondent was CHILD's STEPFATHER (K '06 IN045 = 3) or FOSTER FATHER OR MALE GUARDIAN (K '06 IN045 = 4) then display {K '06 IN045}.

Sometimes relationships change. I have recorded that you are {CHILD}'s {and {TWIN}}}'s {K '06 IN035/IN040/IN045}. Is this still correct?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOWDK

IN022BX

IF FLAGS.SAMERESP=1 (SAME RESPONDENT AS AT K '06), IN019 = NO, GO TO IN035. ELSE IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS AT K '06) AND (IN019 = EMPTY (NOT ASKED) OR IN019 = YES), GO TO IN062BX. ELSE IF FLAGS.SAMERESP=2 (NEW RESPONDENT) AND IN007 = 0 (RESPONDENT NOT ON LIST), GO TO IN025. ELSE IF FLAGS.SAMERESP=2 (NEW RESPONDENT) AND IN007 ^= 0 (RESPONDENT ON LIST), GO TO IN031.

IN025

May I have your full name, please?

ENTER RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

IN026

[May I have your full name, please?]

ENTER RESPONDENT'S MIDDLE NAME.

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER "NMN".

IN027

[May I have your full name, please?]

**ENTER RESPONDENT'S LAST NAME
VERIFY SPELLING.**

IN031

What is your birth date?

Answer must be in the range from 1 up to 12

ENTER MONTH OF BIRTH.

REFUSED.....RF
DON'T KNOWDK

IN032

DISPLAY INSTRUCTIONS:

Display number entered at IN031 [RESPDOB1] at top of screen.

[What is your birth date?]

Answer must be in the range from 1 up to 31

ENTER DAY OF BIRTH.

REFUSED.....RF
DON'T KNOWDK

IN033

DISPLAY INSTRUCTIONS:

Display numbers entered at IN031 and IN032 at top of screen.

DATA CHECK: If the birth year differs with the birth year entered in IN007, please display 'BIRTH YEAR DOES NOT MATCH WHAT WAS REPORTED IN PRIOR ROUND. PLEASE CONFIRM.'

[What is your birth date?]

Answer must be in the range from 1901 up to 1990

ENTER FOUR DIGIT YEAR OF BIRTH.

REFUSED.....RF
DON'T KNOWDK

IN033ABX

IF ANY PART OF THE DATE OF BIRTH IS MISSING, THEN GO TO IN033B.
ELSE, GO TO IN033BX.

IN033b

How old are you?

Answer must be in the range from 14 up to 100

.....
ENTER AGE

REFUSED.....RF
DON'T KNOWDK

IN033BX

IF IN007 = 0 (NEW RESPONDENT DID NOT LIVE IN THE HOUSEHOLD AT PRESCHOOL) THEN GO TO IN034.

ELSE IF IN007 ^ = 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT PRESCHOOL) AND THE RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRESCHOOL IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRESCHOOL IN035 = 6), OTHER NON-RELATIVE (PRESCHOOL IN035 = 13), CHILD'S STEPMOTHER (PRESCHOOL IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (PRESCHOOL IN040 = 4), STEPFATHER (PRESCHOOL IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (PRESCHOOL IN045 = 4) AND IN019 = NO (THE RELATIONSHIP IS NOT THE SAME AS AT PRESCHOOL) THEN GO TO IN035.

ELSE IF IN007 ^ = 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT 2-YEARS) THEN GO TO IN062BX.

IN034

CODE IF OBVIOUS. OTHERWISE, ASK: Are you male or female?

ENTER GENDER OF RESPONDENT.

MALE1
FEMALE2
REFUSED.....RF
DON'T KNOWDK

IN035

HELP AVAILABLE

What is your relationship to {CHILD} {and {TWIN}}?

MOTHER/FEMALE GUARDIAN(IN040)
FATHER/MALE GUARDIAN(IN045)
SISTER(IN050)
BROTHER.....(IN055)
GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (IN062BX)
BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (IN062BX)
GRANDMOTHER (IN062BX)
GRANDFATHER.....(IN062BX)
AUNT(IN062BX)
UNCLE(IN062BX)
COUSIN.....(IN062BX)
OTHER RELATIVE.....(IN062BX)
OTHER NON-RELATIVE.....(IN060)
REFUSED.....RF
DON'T KNOWDK

IN040

HELP AVAILABLE

Are you {CHILD}'s {and {TWIN}}'s...

Birth mother,(IN062BX)
Adoptive mother,(IN062BX)
Stepmother, or(IN062BX)
Foster mother or female guardian?(IN062BX)
REFUSED.....RF
DON'T KNOWDK

IN045

HELP AVAILABLE

Are you {CHILD}'s {and {TWIN}}'s...

Birth father,(IN062BX)
Adoptive father,(IN062BX)
Stepfather, or(IN062BX)
Foster father or male guardian?(IN062BX)
REFUSED.....RF
DON'T KNOWDK

IN050

HELP AVAILABLE

Are you {CHILD}'s {and {TWIN}}'s...

Full sister,(IN062BX)
Half sister,(IN062BX)
Stepsister,(IN062BX)
Adoptive sister, or(IN062BX)
Foster sister?(IN062BX)
REFUSED.....RF
DON'T KNOWDK

IN055**HELP AVAILABLE****Are you {CHILD}'s {and {TWIN}}'s ...**

Full brother, (IN062BX)
 Half brother, (IN062BX)
 Stepbrother, (IN062BX)
 Adoptive brother, or (IN062BX)
 Foster brother? (IN062BX)
 REFUSED RF
 DON'T KNOW DK

IN060**HELP AVAILABLE****CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.**

GIRLFRIEND OR PARTNER OF CHILD'S
 PARENT/GUARDIAN 1
 BOYFRIEND OR PARTNER OF CHILD'S
 PARENT/GUARDIAN 2
 FEMALE GUARDIAN 3
 MALE GUARDIAN 4
 DAUGHTER/SON OF CHILD'S PARENT'S PARTNER 5
 OTHER RELATIVE OF CHILD'S PARENT'S PARTNER 6
 OTHER NON-RELATIVE 91
 REFUSED RF
 DON'T KNOW DK

IN062BX

IF CURRENT RESPONDENT IS NOT THE BIRTH MOTHER AND THE
 BIOLOGICAL MOTHER WAS IN THE HOUSEHOLD AT K '06, THEN GO TO
 IN065 [STBIOMOM].
 ELSE, GO TO IN115 [CNAMCORR].

IN065**DISPLAY INSTRUCTIONS:**

If Middle Name is 'NMN' then do not display middle name.

{FULL NAME BIRTH MOTHER FROM PRELOAD} HAS NOT BEEN IDENTIFIED AS THE
 PARENT RESPONDENT.

Where is {CHILD}'s {and {TWIN}}'s birth mother living?

LIVING ELSEWHERE (IN115)
 DECEASED (IN115)
 LIVING IN HOUSEHOLD BUT UNAVAILABLE (IN068PRE)
 UNKNOWN (IN115)
 ENTER OTHER (SPECIFY) [*Where is the birth mother living?*]
 REFUSED RF
 DON'T KNOW DK

IN066

[Where is {CHILD}{and {TWIN}}'s mother living?]

SPECIFY OTHER STATUS OF {CHILD}{AND {TWIN}}'S BIRTH MOTHER.

IN068PRE

YOU HAVE RECORDED THAT {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS IN THE HOUSEHOLD, BUT UNAVAILABLE.

PLEASE CONFIRM THAT THE {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR THE INTERVIEW FOR A NON-TEMPORARY REASON.

IF {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR A TEMPORARY REASON, PLEASE PRESS "ALT-X" TO BREAK OFF NOW AND RESCHEDULE THE INTERVIEW FOR A TIME WHEN SHE IS AVAILABLE.

IN115

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from K '06 interview. If Middle Name is 'NMN' then do not display middle name.

I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?

ALSO VERIFY SPELLING.

NMN MEANS NO MIDDLE NAME.

YES.....	1	(GO TO IN130a)
NO.....	2	
REFUSED.....	RF	(CASE INFORMATION REVIEW SCREEN)
DON'T KNOW.....	DK	(CASE INFORMATION REVIEW SCREEN)

IN120

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from K '06 interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO FIRST NAME BELOW OR PRESS ENTER TO ACCEPT FIRST NAME.

IN125

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from K '06 interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO MIDDLE NAME BELOW OR PRESS ENTER TO ACCEPT MIDDLE NAME.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

IN130

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from K '06 interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO LAST NAME BELOW OR PRESS ENTER TO ACCEPT LAST NAME.

IN130a

Do you call {CHILD/TWIN} by {his/her} first name, or is there some other name that you use?

USE {FIRST NAME}1 (FINISHIN)
USE SOME OTHER NAME.....2
REFUSED.....RF (FINISHIN)
DON'T KNOWDK (FINISHIN)

IN130b

What is that other name?

REFUSED.....RF
DON'T KNOWDK

DISPLAY INSTRUCTIONS:

If IN140 (NICKCH) is not empty, use it for fills throughout.

FinishIN

CASE {CASEID}

CASE INFORMATION REVIEW SCREEN

ONCE YOU PASS THIS SCREEN, YOU WILL NOT BE ABLE TO RETURN TO SECTION IN.

CHILD: {CHILD'S FULL NAME}

CHILD'S DATE OF BIRTH: {CHILD'S DOB}

STATUS OF CHILD: {CHILD'S STATUS}

RESPONDENT: {RESPONDENT'S FULL NAME}

RESPONDENT RELATION TO CHILD: {RESPONDENT'S RELATION TO CHILD}

{TWIN:} {TWIN'S FULL NAME}

{TWIN'S GENDER:} {TWIN'S SEX}

{STATUS OF TWIN:} {IN010/IN012}

{TWIN'S DATE OF BIRTH} {TWIN'S DOB}

IF THIS INFORMATION IS NOT CORRECT, PLEASE BACK UP AND CORRECT RESPONSES IN SECTION IN.

NOTES: DATE OF BIRTH WAS VERIFIED IN PRIOR INTERVIEWS. IF THE RESPONDENT IS ALREADY IN THE HOUSEHOLD, YOU CANNOT CORRECT THE NAME IN THIS SECTION, BUT YOU CAN LATER IN SECTION LF.

IF THIS INFORMATION IS CORRECT, PLEASE PRESS '1' TO CONTINUE.

Verify

CASE {CASEID}

CASE INFORMATION REVIEW SCREEN

YOU HAVE RE-ENTERED CASE {CASEID}

CHILD: {CHILD'S FULL NAME}

CHILD'S GENDER: {CHILD'S SEX}

CHILD'S DATE OF BIRTH: {CHILD'S DOB}

RESPONDENT: {RESPONDENT'S FULL NAME}

RESPONDENT RELATION TO CHILD: {RESPONDENT'S RELATION TO CHILD}

{TWIN:} {TWIN'S FULL NAME}

{TWIN'S GENDER:} {TWIN'S SEX}

{STATUS OF TWIN:} {IN010/IN012} [TWININHH/TWINLIVE]

{TWIN'S DATE OF BIRTH} {TWIN'S DOB}

{DATE OF K '06 INTERVIEW:} {K '06 DATE}

GO TO SECTION FS.

SECTION FS: FAMILY STRUCTURE

FS001

CODE IF OBVIOUS. OTHERWISE ASK:

Is {CHILD/TWIN} male or female?

ENTER GENDER OF {CHILD/TWIN}

MALE 1
FEMALE 2
REFUSED RF
DON'T KNOW DK

If new respondent did not appear on previous (9-month or 2-year or preschool or K '06) rosters, display "you and".

FS005

Now, I have a few questions about {you and} your household.

I am going to read a list of the people who lived in this household at the time of our last interview. As I read each person's name, please tell me if he or she still lives in this household.

Does {FULL NAME} still live in this household?

NOTE: NAME IS USED FOR COMMUNICATIONS BETWEEN FI AND RESPONDENT. NO NEED TO CORRECT THE ROSTER. AGE IS APPROXIMATE.

DISPLAY INSTRUCTIONS:

Display name, age, gender, and person type of all household members from 9-month/2-year/preschool/K '06 interview. This information should be protected so that it cannot be changed.

Display, but do not ask FS005 [STILLHERE] for the current respondent (if on the 9-month/2-year/preschool/K '06 roster), CHILD, TWIN (if on 9-month/2-year/preschool/K '06 roster), child's biological mother (if on 9-month/2-year/preschool/K '06 roster).

Display brackets [] around the first paragraph when the cursor is in the "STILL IN HH" column for any household member other than the first person to be asked about.

YES 1
NO 2
REFUSED RF
DON'T KNOW DK

FS009BX

IF YES, DK, OR RF FOR ALL IN MATRIX, GO TO FS015 [FNAME].

FS010

Why is {FIRST NAME} no longer living in this household?

MARRIAGE OR REMARRIAGE1
SEPARATION OR DIVORCE2
ATTENDING COLLEGE OR BOARDING SCHOOL.....3
LIVING ELSEWHERE FOR EMPLOYMENT - RELATED
REASONS4
LIVING ELSEWHERE FOR OTHER REASONS5
DECEASED6
IN JAIL OR PRISON7
ENTER OTHER (SPECIFY) [*Why is {FIRST NAME} no
longer living in this household?*]91
REFUSEDRF
DON'T KNOWDK

FS012

[Why is {FIRST NAME} no longer living in this household?]

ENTER OTHER REASON (SPECIFY)

[Why is { FIRST NAME} no longer living in this household?]

FS015

**[{We have listed that you and {CHILD}{and {TWIN}}{and {CHILD}'s {and {TWIN}'s} mother}
currently live in this household.}]**

Please tell me the names and ages of all the people who normally live here.

Please do not include anyone staying here temporarily who usually lives somewhere else.

**PROBE: Anyone else (living in this household)? {[People sometimes join households as a result of
marriage, or a marriage-like partner or a relative or boarder moving in.]}**

**ENTER FIRST NAME OF HOUSEHOLD MEMBER OR PRESS ENTER IF {NO ONE NEW} OR
HOUSEHOLD ROSTER IS COMPLETE.**

BLANK (WHICHB4BX)
REFUSEDRF (WHICHB4BX)
DON'T KNOWDK (WHICHB4BX)

FS017

ENTER MIDDLE NAME OF {NAME}.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

REFUSEDRF
DON'T KNOWDK

FS020**ENTER LAST NAME OF {NAME}.**

REFUSED.....RF
 DON'T KNOW.....DK

HEREB4BX

IF NUMBER OF PERSONS IN THE ROSTER WHO LEFT THE HOUSEHOLD IN PRIOR ROUNDS IS>0, GO TO HEREB4. ELSE, GO TO FS025.

HereB4**Has {FName} lived in {CHILD AND TWIN}'S household before?**

YES.....1 [FS015]
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

FS025**How old {are you/is {NAME}}?**

Answer must be in the range from 0 up to 120

DISPLAY INSTRUCTIONS:

Display this question when cursor is positioned in age column of household matrix.

Display "are you" when the cursor is positioned in age column for new respondent's row and "is {NAME}" (display appropriate first name) when cursor is positioned in age column for someone other than respondent's row.

ENTER AGE OF {NAME}.**ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.**

REFUSED.....RF
 DON'T KNOW.....DK

FS027**Is {NAME} male or female?****DISPLAY INSTRUCTIONS:**

Display this question when cursor is positioned in gender column.

Display first name of person where cursor is position for {NAME}.

CODE IF OBVIOUS. OTHERWISE, ASK: Is [NAME] male or female?**ENTER GENDER OF {NAME}.**

MALE1
 FEMALE2
 REFUSED.....RF
 DON'T KNOW.....DK

FS028**When did {NAME} join the household?**

Month answer must be in range from 1 to 12.

Year answer must be in range from 2002 to 2005.

Interviewer may override range from 1905 to 2005.

ENTER MONTH: ENTER YEAR:
 REFUSED.....RF
 DON'T KNOW.....DK

WHICHB4BX

FOR EACH PERSON WITH HEREB4=YES (1): IF NUMBER OF PERSONS IN THE
 ROSTER WHO LEFT THE HOUSEHOLD IN PRIOR ROUNDS AND DID NOT
 RETURN THIS ROUND IS>0, GO TO WHICHB4.

ELSE, ASK AGE (FS025), GENDER (FS027), ENTHHM/ENTHHY (FS028).

Is [FNAME LNAME] the same as any of the people listed?**IF NOT THE SAME, ENTER 0.****[LIST NAME AND AGE OF ALL PERSONS WHO LEFT THE HOUSEHOLD IN PRIOR
ROUND AND DID NOT RETURN THIS ROUND.]****IF WHICHB4=0, ASK AGE (FS025), GENDER (FS027), EntHHm/EntHHY (FS028).****"YOU HAVE INDICATE THAT THESE ARE THE SAME PEOPLE. PLEASE CONFIRM. IF
THESE ARE NOT THE SAME PEOPLE, BACKUP TO THE PREVIOUS QUESTION AND
CHANGE YOUR RESPONSE.**

[NAME1: DISPLAY THE NAME CHOSEN IN WHICHB4]

[NAME2: DISPLAY THE NAME ASSOCIATED WITH HEREB4 = 1]

99 = "YES, [Fill NAME 1] IS [Fill NAME2]

FS034**IS HOUSEHOLD ROSTER COMPLETE?****YOU HAVE INDICATED THAT THESE PEOPLE ARE LIVING IN THE HOUSEHOLD.**

YES.....1
 NO.....2 (FS015)

FS035**Have we missed anyone who usually lives here who is temporarily away from home or living in a
dorm at school, or any babies or small children?**

YES.....1 (MATRIX FS015)
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

FS037BX

IF NO PERSONS AGE 14 OR OLDER OTHER THAN RESPONDENT IN HH, SET
FS037 = 2 (NO) AND GO TO FS039BX.

ELSE, GO TO FS037.

FS037

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

YES.....1
NO.....2 (FS039BX)
REFUSED.....RF (FS039BX)
DON'T KNOW.....DK (FS039BX)

FS038

Who in the household is your spouse or partner?

DISPLAY INSTRUCTIONS:

Display household members 14 years or older who are not the respondent as response category choices.
Do not display household members no longer living in the household.

**ENTER NUMBER NEXT TO NAME OF PERSON WHO IS {RESPONDENT}'S
SPOUSE/PARTNER.**

IF NAME NOT LISTED, BACK UP AND ADD PERSON (IF PART OF HOUSEHOLD).

**SPOUSE/PARTNER IDENTIFIED AT PREVIOUS INTERVIEW IS FLAGGED WITH [S] TO
THE LEFT OF THEIR NAME.**

FS039BX

IF CURRENT RESPONDENT IS THE SAME AS K '06 RESPONDENT, AND
PRESCHOOL RESPONDENT HAD A SPOUSE/PARTNER WHOSE
RELATIONSHIP WAS GIRLFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN (K '06 FS040 [RELATE] = 5); BOYFRIEND OR PARTNER
OF CHILD'S PARENT/GUARDIAN (K '06 FS040 [RELATE] = 6); OTHER NON-
RELATIVE (K '06 FS040 [RELATE] = 13); CHILD'S STEPMOTHER (K '06 FS045
[MOMSP] = 3); FOSTER MOTHER OR FEMALE GUARDIAN (K '06 FS045
[MOMSP] = 4); STEPFATHER (K '06 FS050 [DADSP] = 3); OR FOSTER FATHER
OR MALE GUARDIAN (K '06 FS050 [DADSP] = 4), ASK FS040-FS065 [RELATE,
MOMSP, DADSP, SISSP, BROSP, NRELSP] OF THE SPOUSE/PARTNER.

ALSO ASK FS040-FS065 [RELATE, MOMSP, DADSP, SISSP, BROSP, NRELSP]
FOR EACH PERSON ADDED TO HOUSEHOLD MATRIX IN THIS ROUND WHO
IS NOT FOCAL CHILD, TWIN, RESPONDENT OR BIRTH MOTHER.

ELSE GO TO FS069BX

FS040**HELP AVAILABLE****What is {NAME}'s relationship to {CHILD}{ and {TWIN}}?**

Mother/female guardian.....	1	(FS045)
Father/male guardian	2	(FS050)
Sister	3	(FS055)
Brother	4	(FS060)
Girlfriend or partner of (CHILD)'s parent/guardian	5	(FS068BX)
Boyfriend or partner of (CHILD)'S parent/guardian.....	6	(FS068BX)
Grandmother	7	(FS068BX)
Grandfather	8	(FS068BX)
Aunt	9	(FS068BX)
Uncle.....	10	(FS068BX)
Cousin	11	(FS068BX)
Other relative	12	(FS068BX)
Other non-relative.....	13	(FS065)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS045**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Birth mother,.....	1	(FS068BX)
Adoptive mother,	2	(FS068BX)
Stepmother, or.....	3	(FS068BX)
Foster mother or female guardian?	4	(FS068BX)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS050**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Birth father,.....	1	(FS068BX)
Adoptive father,	2	(FS068BX)
Step father, or.....	3	(FS068BX)
Foster father or male guardian?	4	(FS068BX)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS055**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Full sister,.....1 (FS068BX)
 Half sister,.....2 (FS068BX)
 Step sister,.....3 (FS068BX)
 Adoptive sister, or.....4 (FS068BX)
 Foster sister?5 (FS068BX)
 REFUSED.....RF (FS068BX)
 DON'T KNOW.....DK (FS068BX)

FS060**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Full brother,1 (FS068BX)
 Half brother,.....2 (FS068BX)
 Step brother,.....3 (FS068BX)
 Adoptive brother, or.....4 (FS068BX)
 Foster brother?5 (FS068BX)
 REFUSED.....RF (FS068BX)
 DON'T KNOW.....DK (FS068BX)

FS065**HELP AVAILABLE****CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.**

GIRLFRIEND OR PARTNER OF (CHILD)'S
 PARENT/GUARDIAN1
 BOYFRIEND OR PARTNER OF (CHILD)'S
 PARENT/GUARDIAN2
 FEMALE GUARDIAN3
 MALE GUARDIAN.....4
 DAUGHTER/SON OF (CHILD)'S PARENT'S PARTNER5
 OTHER RELATIVE OF (CHILD)'S
 PARENT'S PARTNER.....6
 ENTER OTHER NON-RELATIVE..... 91
 (Specify) [*What is the non-relative
 relationship?*] _____
 REFUSED.....RF
 DON'T KNOW.....DK

FS068BX

DISPLAY FS040 - FS065 [RELATE, MOMSP, DADSP, SISSP, BROSP, NRELSP]
 FOR NEXT PERSON ON HOUSEHOLD ROSTER WHO IS NOT FOCAL CHILD,
 TWIN, OR RESPONDENT. IF NO NEXT PERSON, GO TO FS069BX.

FS069BX

IF NO BIRTH FATHER IS IN THE HOUSEHOLD ROSTER (FS050 [DADSP] ^= 1 FOR ANY ROSTER LINE) AND THE BIRTH FATHER IS NOT DECEASED (BASED ON PRELOADED FLAG), GO TO FS070 [NODADHH].

ELSE, GO TO FS074BX.

FS070

I have recorded that {CHILD}{and {TWIN}}'s biological father is not living in this household. Is that correct?

YES.....1
NO.....2 (FS015)
REFUSED.....RF (FS074BX)
DON'T KNOW.....DK (FS074BX)

FS074BX

IF FS075 PRELAOD IS MISSING, GO TO FS075 [HISPAN]. REPEAT FS075-FS085 FOR EACH HOUSEHOLD MEMBER WHERE FS075 PRELAOD IS MISSING.

ELSE, GO TO SECTION CD.

FS075

HELP AVAILABLE

{Are you/Is {NAME}} of Spanish, Hispanic, or Latino origin?

YES.....1
NO.....2 (FS085)
REFUSEDRF (FS085)
DON'T KNOWDK (FS085)

FS080

Which one or more of these groups {are you/is {NAME}}...

CODE ALL THAT APPLY

SHOW CARD FS-1

Mexican, Mexican American, Chicano,1
Puerto Rican,.....2
Cuban, or.....3
Enter Another Spanish/Hispanic/Latino group91
(Specify) *[Which group do you belong to?]* _____
REFUSED.....RF
DON'T KNOW.....DK

FS085**HELP AVAILABLE****What is {your}/{NAME} 's} race?****CODE ALL THAT APPLY****SHOW CARD FS - 2**

WHITE.....1 (SECTION SE)
 BLACK OR AFRICAN AMERICAN.....2 (SECTION SE)
 ENTER AMERICAN INDIAN OR ALASKA NATIVE.....3 (FS086d)
 (Specify) [*Are you American Indian or Alaska Native*].....
 ASIAN INDIAN4 (SECTION SE)
 CHINESE.....5 (SECTION SE)
 FILIPINO.....6 (SECTION SE)
 JAPANESE.....7 (SECTION SE)
 KOREAN.....8 (SECTION SE)
 VIETNAMESE.....9 (SECTION SE)
 ENTER OTHER ASIAN10 (SECTION SE)
 (Specify) [*Which Asian race are you?*].....
 NATIVE HAWAIIAN.....11 (SECTION SE)
 GUAMANIAN OR CHAMORRO.....12 (SECTION SE)
 SAMOAN13 (SECTION SE)
 ENTER OTHER PACIFIC ISLANDER14 (SECTION SE)
 (Specify) [*Which Pacific Islander race are you?*].....
 ENTER ANOTHER RACE.....91 (SECTION SE)
 (Specify) [*ENTER OTHER RACE*].....
 REFUSED.....RF (SECTION SE)
 DON'T KNOW.....DK (SECTION SE)

FS086BX

FOR CHILD: IF FS085 IN K06=1 (CHILD WAS AMERICAN INDIAN/ALASKAN
 NATIVE AT K06) AND K06 FS086A IS RF, DK OR BLANK, GO TO FS086A.
 ELSE, GO TO SECTION SE.

FS086a**DISPLAY INSTRUCTIONS:**

Display specific Indian affiliation recorded in 9-month FS086. If no text listed or if reported as “don’t know” or “unknown” or “refused” display “of an unknown American Indian or Alaska native background”.

During our last interview, {CHILD’s} race was reported as American Indian or Alaska Native. We have recorded that {CHILD is} { {9-MONTH FS086 TEXT}/of an unknown American Indian or Alaska native background}. Is this information correct?

YES.....1 (FS086d)
 NO.....2 (FS086b)
 REFUSED.....RF (SECTION SE)
 DON'T KNOW.....DK (SECTION SE)

FS086b

What is {CHILD's} race?

ENTER AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)

[Are you American Indian or Alaska Native?]1 (FS086c)
OTHER RACE2 (SECTION SE)
REFUSED.....RF (SECTION SE)
DON'T KNOWDK (SECTION SE)

FS086c

[What is {your/{NAME} 's} race?]

SPECIFY AMERICAN INDIAN TRIBE/ALASKA REGIONAL CORPORATION.

FS086d

DISPLAY INSTRUCTIONS:

Display "Are you" if respondent. Else display "Is {NAME}."

INTERVIEWER: USE EITHER "TRIBE" OR "ALASKA REGIONAL CORPORATION" IN QUESTION BELOW DEPENDING ON PREVIOUS RESPONSES.

{Are you/Is {NAME}} formally enrolled in that (tribe/Alaska Regional Corporation)?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS086e

DISPLAY INSTRUCTIONS:

Display "Do you" if respondent. Else display "Does {NAME}."

{Do you/Does {NAME}} currently live on tribal lands or a reservation?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS089BX

NOTE, AFTER LAST PERSON DISPLAYED HAS BEEN ASKED FS075-FS086 [HISPAN, TYPHIS, PRACE, AMERIND, TYPAMERIND, TYPAMINOS, TRIBENROL, TRIBELND] CHECK TO MAKE SURE NO INFORMATION IS MISSING. IF ANY INFORMATION IS MISSING, DISPLAY ERROR MESSAGE TO GO BACK AND FILL IN MISSING INFORMATION.

IF NO INFORMATION IS MISSING, GO TO FS174BX.

FS174BX

CHECK HOUSEHOLD MATRIX. IF ANOTHER PERSON IN MATRIX REQUIRING
THE COLLECTION OF RACE/ETHNICITY INFORMATION, GO TO FS075
[HISPAN] FOR NEXT PERSON.

GO TO SECTION SE.

SECTION SE: SCHOOL EXPERIENCES

SEIntro

Now I'm going to ask you questions about {CHILD/TWIN}'s school experiences.

ENER '1' TO CONTINUE

SE005BX

IF ASKING ABOUT CHILD, GO TO SE010BX.

IF ASKING ABOUT TWIN AND CHILD NOWSCHL = 1, GO TO SE005.

IF ASKING ABOUT TWIN AND CHILD NOWSCHL NE 1, GO TO SE010BX.

SE005

Does {TWIN} attend the same school as {CHILD}?

YES..... 1
NO..... 2
REFUSED..... RF
DON'T KNOW..... DK

SE010BX

IF ASKING ABOUT CHILD, GO TO SE010 [NOWSCHL].

IF ASKING ABOUT TWIN AND SE005 [TWINSCHL] = 1, SKIP TO SE030 [GRADELVL].

ELSE ASK SE010 [NOWSCHL].

SE010

[ALL RESPONDENTS]

Is {CHILD/TWIN} attending or enrolled in school?

YES..... 1
NO..... 2
REFUSED..... RF
DON'T KNOW..... DK

SE015

[ALL RESPONDENTS]

Some parents decide to educate their children at home rather than send them to school. Is {CHILD/TWIN} being schooled at home?

YES..... 1
NO..... 2
REFUSED..... RF
DON'T KNOW..... DK

SE020BX

IF SE015 = 1, GO TO SE020.

IF SE015 NE 1 AND SE010 = 1, GO TO SE030.

IF SE015 NE 1 AND SE010 NE 1, GO TO SE045 [ELIGKIND].

SE020

[HOME SCHOOLERS]

Is {CHILD/TWIN} getting all of {his/her} instruction at home, or is {he/she} getting some at school and some at home?

ALL AT HOME.....1 (SE030)
SOME AT SCHOOL AND SOME AT HOME2
REFUSED.....RF (SE030)
DON'T KNOW.....DK (SE030)

SE025

[HOME SCHOOLERS, WHO GO TO A SCHOOL BUILDING AS WELL]

How many hours each week does {CHILD/TWIN} usually go to a school for instruction? Please do not include time spent in extracurricular activities.

ENTER NUMBER OF HOURS

Answer must be in range from 1 up to 30.

REFUSED.....RF
DON'T KNOW.....DK

SE030

HELP AVAILABLE

[ALL RESPONDENTS ENROLLED IN SCHOOL OR HOME SCHOOLED]

What grade is {he/she} in?

PRESCHOOL1 (SE033BX)
KINDERGARTEN2 (SE033BX)
FIRST GRADE.....3 (SE033BX)
SECOND GRADE.....4 (SE033BX)
UNGRADED5 (SE033BX)
OTHER, SPECIFY6
REFUSED.....RF (SE033BX)
DON'T KNOW.....DK (SE033BX)

SE030OS

[What grade is {he/she} in?]

OTHER GRADE LEVEL CHILD IS IN

REFUSED.....RF

DON'T KNOW.....DK

SE032

[FOLLOW-UP TO OTHER SPECIFY FOR SE030]

Would you say that program is most similar to a preschool/prekindergarten type of program or to a kindergarten program? Please keep in mind that most kindergarten programs for this school year require children to be age 5 by September 1st, 2006.

PRESCHOOL/PREKINDERGARTEN1

KINDERGARTEN2

NEITHER3

REFUSED.....RF

DON'T KNOW.....DK

SE033BX

IF (CHILD'S GRADE AT K06 **AND** CHILD'S GRADE AT K07) = 2 (CHILD IN KINDERGARTEN BOTH ROUNDS), SET REPEATER = 1 (CHILD IS A KINDERGARTEN REPEATER). ELSE REPEATER = 0 (CHILD IS NOT A KINDERGARTEN REPEATER).

IF REPEATER = 1, GO TO SE033. ELSE, GO TO SE035BX.

SE033

[REPEATERS]

I wanted to confirm information I have recorded. I have that {CHILD/TWIN} was in kindergarten last year, and you are indicating that {CHILD/TWIN} is in kindergarten this year as well. Is that correct?

YES, CHILD IN KINDERGARTEN LAST YEAR
 AND THIS YEAR.....1 GO TO SE034a
NO, {CHILD/TWIN} NOT IN KINDERGARTEN
 LAST YEAR.....2
NO, {CHILD/TWIN} NOT IN KINDERGARTEN
 THIS YEAR.....3
REFUSED.....RF GO TO SE035BX
DON'T KNOW.....DK GO TO SE035BX

IF CONREPEAT = 2, DISPLAY:

YOU HAVE ENTERED THAT {CHILD/TWIN} WAS NOT IN KINDERGARTEN LAST YEAR.

IF THIS IS CORRECT, PRESS 'S' TO CONTINUE.

IF THIS IS INCORRECT, PRESS ENTER TO RETURN TO THE PREVIOUS QUESTION.

IF CONREPEAT = 3, DISPLAY:

YOU HAVE ENTERED THAT {CHILD/TWIN} IS IN KINDERGARTEN IN QUESTION GRADELVL (SE030) AND THAT {CHILD/TWIN} IS NOT IN KINDERGARTEN IN QUESTION CONREPEAT (SE033). THIS IS INCONSISTENT.

IF {CHILD/TWIN} IS NOT IN KINDERGARTEN NOW, SELECT (SE030) GRADELVL AND CORRECT.

IF {CHILD/TWIN} IS IN KINDERGARTEN NOW, SELECT (SE033) CONREPEAT BELOW AND CORRECT.

IF CHILD NOT A REPEATER, GO TO SE035BX.

SE034a

[REPEATERS]

Who first suggested that {CHILD/TWIN} repeat kindergarten?

{CHILD/TWIN}'S PARENTS/GUARDIANS 1 (GO TO SE034C)

{CHILD/TWIN}'S TEACHER.....2 (GO TO SE034B)
{HIS/HER} SCHOOL PRINCIPAL3 (GO TO SE034B)
{HIS/HER} GUIDANCE COUNSELOR.....4 (GO TO SE034B)
{HIS/HER} SCHOOL PSYCHOLOGIST5 (GO TO SE034B)
ANOTHER SCHOOL STAFF MEMBER6 (GO TO SE034B)
SOMEONE ELSE.....7 (GO TO SE034B)
 (Specify.....)
PARENT INDICATES CHILD NOT REPEATING95 (GO TO SE035BX)
REFUSED.....RF (GO TO SE034B)
DON'T KNOW.....DK (GO TO SE034B)

SE034b

What was his or her reason for suggesting that {CHILD/TWIN} repeat kindergarten?

- HEALTH ISSUES1
SOCIAL DEVELOPMENT (e.g., DOES NOT FOLLOW
DIRECTIONS, DOES NOT SIT STILL, DOES NOT PAY
ATTENTION, ETC.).....2
NOT READY ACADEMICALLY/ACADEMIC
DIFFICULTY3
PHYSICAL DEVELOPMENT (COORDINATION, MOTOR
SKILLS)4
SOMETHING ELSE5
(Specify: _____)
REFUSED.....RF
DON'T KNOW.....DK

SE034c

[REPEATERS]

Who ultimately decided that [CHILD/TWIN] would repeat kindergarten?

- {CHILD/TWIN}'S PARENTS/GUARDIANS..... 1 (GO TO SE034f)
{CHILD/TWIN}'S TEACHER.....2
{HIS/HER} SCHOOL PRINCIPAL3
{HIS/HER} GUIDANCE COUNSELOR4
{HIS/HER} SCHOOL PSYCHOLOGIST5
ANOTHER SCHOOL STAFF MEMBER6
SOMEONE ELSE.....7
(Specify _____)
REFUSED.....RF
DON'T KNOW.....DK

SE034d

[REPEATERS]

Do you feel you had a say in the decision for {CHILD/TWIN} to repeat kindergarten?

- YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE034e

[REPEATERS]

Did you agree that {CHILD/TWIN} should repeat kindergarten?

- YES.....1
NO.....2 (GO TO SE035BX)
REFUSED.....RF
DON'T KNOW.....DK

SE034f

[REPEATERS]

What was your reason for repeating {CHILD/TWIN} in kindergarten?

CODE ALL THAT APPLY.

HEALTH ISSUES1
SOCIAL DEVELOPMENT (e.g., DOES S NOT FOLLOW
DIRECTIONS, DOES NOT SIT STILL,
DOES NOT PAY ATTENTION, ETC.)2
NOT READY ACADEMICALLY/ACADEMIC
DIFFICULTY3
PHYSICAL DEVELOPMENT (COORDINATION, MOTOR
SKILLS)4
RECOMMENDED BY SCHOOL5
SOMETHING ELSE6
(Specify: _____)
REFUSEDRF
DON'T KNOWDK

SE035BX

IF ASKING ABOUT CHILD AND SE015 [HOMESCHL] = 1 OR SE030 [GRADELVL] = 1 OR SE032 [GRADE2] = 1, GO TO SE045 [ELIGKIND].
ELSE IF ASKING ABOUT CHILD, GO TO SE035 [PUBPRIV].
IF ASKING ABOUT TWIN AND SE005 [TWINSCHL] = 1, SKIP TO SE040BX.
IF ASKING ABOUT TWIN AND SE030 [GRADELVL] = 1 OR SE032 [GRADE2] = 1
AND CHILD SE030 NE 1 AND SE032 NE 1, GO TO SE045 [ELIGKIND]. ELSE IF
BOTH CHILD AND TWIN SE030 = 1 OR SE032 [GRADE2] = 1, GO TO SE050BX.
ELSE GO TO SE035 [PUBPRIV].

SE035

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

Now I have a few questions about {CHILD/TWIN}'s school.

Is {CHILD/TWIN}'S school public or private?

PUBLIC1
PRIVATE2
REFUSEDRF
DON'T KNOWDK

SE040BX

IF ASKING ABOUT CHILD AND SE030 [GRADELVL] = 2, ASK SE040B-C [KDAY]. ELSE GO TO SE055 [STARTSCL].

IF ASKING ABOUT TWIN AND SE030 [GRADELVL] = 2 FOR BOTH CHILD AND TWIN AND SE005 [TWINSCHL] = 1, GO TO SE085ABX [ACADPREP].

ELSE IF TWIN SE030 [GRADELVL] = 2, ASK SE040B-C [KDAY]. IF TWIN SE030 = 1, GO TO SE045 [ELIGKIND]. ELSE GO TO SE055 [STARTSCL].

SE040b

[CHILDREN ENROLLED IN KINDERGARTEN]

How many hours each day does {he/she} spend in kindergarten?

NUMBER OF HOURS PER DAY: _____

Answer must be in range from 1 up to 7.

Interviewer is allowed to override this range up to 10.

REFUSED.....RF

DON'T KNOW.....DK

SE040c

[CHILDREN ENROLLED IN KINDERGARTEN]

How many days each week does {he/she} spend in kindergarten?

NUMBER OF DAYS PER WEEK: _____

Answer must be in range from 1 up to 5.

REFUSED.....RF

DON'T KNOW.....DK

SE045BX

SKIP TO SE055 [STARTSCL].

SE045

[ONLY ASKED OF CHILDREN NOT YET ENROLLED IN KINDERGARTEN OR BEING HOME SCHOOLED]

Is {CHILD/TWIN} eligible, based on {his/her} age, to attend kindergarten in your district?

YES.....1

NO.....2 (SECTION CD)

REFUSED.....RF (SECTION CD)

DON'T KNOW.....DK (SECTION CD)

SE050BX

IF SE015 [HOMESCH] =1, GO TO SECTION CD.

SE050

[ONLY ASKED OF CHILDREN NOT YET ENROLLED IN KINDERGARTEN AND NOT HOMESCHOOLED]

Why did you decide not to send {CHILD/TWIN} to kindergarten this year?

CODE ALL THAT APPLY

CHILD NOT READY SOCIALLY (E.G., DOES NOT FOLLOW DIRECTIONS, CANNOT SIT STILL, CANNOT PAY ATTENTION, ETC.)1
CHILD NOT READY ACADEMICALLY (E.G., DOES NOT KNOW LETTERS/NUMBERS)2
CHILD NOT READY, NO REASON GIVEN3
CHILD WOULD BE YOUNGEST IN CLASS4
PRESCHOOL PROGRAM BETTER5
OTHER6
REFUSEDRF
DON'T KNOWDK

SE055BX

IF HOMESCHOOLED, IN PRESCHOOL OR NOT ENROLLED[SE015 [HOMESCHL] = 1 OR SE030 [GRADELVL] = 1 OR SE010 [NOWSCHL] NE 1 OR SE032 [GRADE2] = 1], GO TO SECTION CD.

ELSE GO TO SE055 [STARTSCL].

IF ASKING ABOUT TWIN AND SE005=1 AND SE030 [GRADELVL] = 1 OR SE032 [GRADE2=1] = 1], SKIP SE055 - SE080.

SE055

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

About how many weeks has it been since {CHILD/TWIN} started school?

ENTER NUMBER OF WEEKS _____.

Answer must be in range from 0 up to 52.

REFUSEDRF
DON'T KNOWDK

SE060BX

IF SE005=1 [TWIN ATTENDS THE SAME SCHOOL AS CHILD], GO TO SE075.

F SE035 [PUBPRIV] = 1, ASK SE060 – SE070 [PUBCHOIC].

IF SE035 [PUBPRIV] = 2, SKIP TO SE070A [PRIVOCHR].

ELSE, GO TO SE075 [SCLPRFMC].

SE060

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN WHO ARE IN PUBLIC SCHOOL]

Is the school {CHILD/TWIN} attends a regularly assigned school or a school that you chose?

ASSIGNED.....1 SE070)
CHOSEN2
ASSIGNED SCHOOL IS SCHOOL OF CHOICE3 SE070)
REFUSED.....RF
DON'T KNOW.....DK

SE060a

[ALL RESPONDENTS WHO ARE IN PUBLIC SCHOOL AND ATTEND A CHOSEN SCHOOL (SE060=2)]

Is {CHILD/TWIN}'s chosen school...

PROBE: Magnet schools and charter schools are schools of choice that are not geographically assigned, that could have a specialized curriculum such as a focus on languages or science, and that are publicly funded. While magnet schools are run by a local school district, charter schools are not, and they do not have to follow all of the same rules and regulations as other public schools.

A public magnet school with a specialized curriculum1
A public magnet school without a specialized curriculum2
A charter school.....3
A regular public school?4
OTHER5
REFUSED.....RF
DON'T KNOW.....DK

SE065

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN WHO ARE IN PUBLIC SCHOOL]

Is {his/her} school in your assigned school district?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE070BX

IF SE005=1 [TWIN ATTENDS THE SAME SCHOOL AS CHILD], SKIP TO SE070A.

SE070

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN WHO ARE IN PUBLIC SCHOOL]

Did you choose where to live so that {CHILD} {and {TWIN}} could attend {his/her} current school?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE070ABX

GO TO SE075.

SE070a

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN WHO ARE IN PRIVATE SCHOOL]

Did you use a voucher provided by the government to attend this school?

YES.....1
NO.....2 SE075)
REFUSED.....RF SE075)
DON'T KNOW.....DK SE075)

SE070b

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN WHO ARE IN PRIVATE SCHOOL AND SE070a=1.]

Did the voucher pay the full amount of tuition, or only part?

FULL AMOUNT.....1
PART.....2
REFUSED.....RF
DON'T KNOW.....DK

SE075

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

In deciding between schools, did you seek information on the performance of the schools you were considering, like test scores, dropout rates, and so on?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE080BX

IF ASKING FOR TWIN AND SE005 = 1 (SAME SCHOOL), GO TO SE085aBX.
ELSE ASK SE080.

SE080

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

About how far would you say it is from your home to the school {CHILD/TWIN} attends?

LESS THAN 1/8 TH MILE (LESS THAN 3 BLOCKS)	1
1/8 TH MILE TO ¼ MILES (3-5 BLOCKS)	2
MORE THAN ¼ MILE, BUT LESS THAN ½ MILE (6-9 BLOCKS)	3
½ MILE TO LESS THAN 1 MILE (10-19 BLOCKS).....	4
ONE MILE TO 2.5 MILES (LESS THAN 5 MINUTE DRIVE).....	5
2.6 MILES TO 5 MILES (BETWEEN 5-10 MINUTE DRIVE)	6
5.1 MILES TO 7.5 MILES (BETWEEN 11 AND 15 MINUTE DRIVE)	7
7.6 MILES TO 10 MILES (BETWEEN 16 AND 20 MINUTE DRIVE), OR.....	8
11 MILES OR MORE (MORE THAN A 20 MINUTE DRIVE)?	9
REFUSED.....	RF
DON'T KNOW.....	DK

SE085aBX

IF SE030 [GRDLVL] NE 2 AND SE032 [GRADE2] NE 2 (CHILD IS IN A GRADE OTHER THAN KINDERGARTEN), GO TO SE098BX.
IF REPEATER FLAG = 1 (CHILD IS KINDERGARTEN REPEATER), GO TO SE098BX.
ELSE ASK SE085A.

SE085a

[ONLY ASK OF FIRST-TIME, ON-TIME AND DELAYED ENTRY KINDERGARTNERS]

Starting school can be a big change for children. These next few items are about how well that transition to school went for {CHILD/TWIN}, and how ready you thought {he/she/they} {was/were} for school.

How academically prepared do you think {CHILD/TWIN} was for kindergarten? By academically prepared, we mean knowing things like letters and numbers, and being ready to learn. Would you say...

Very prepared	1
Somewhat prepared, or	2
Not at all prepared?.....	3
DON'T KNOW.....	RF
REFUSED.....	DK

SE085b

[ONLY ASK OF FIRST-TIME, ON-TIME AND DELAYED ENTRY KINDERGARTNERS]

How socially prepared do you think {CHILD/TWIN} was for kindergarten? By socially prepared, we mean being ready for the classroom environment, including being able to listen to and follow instructions, express {his/her} needs verbally, and play well with other children. Would you say...

Very prepared 1
Somewhat prepared, or 2
Not at all prepared?..... 3
DON'T KNOW..... RF
REFUSED..... DK

SE090BX

IF CC015 [CURRHEAD] OR CC410 [CCCNOW] FROM K '06 ROUND = 1, GO TO SE090 [PKPREPRD].

ELSE, SKIP TO SE095 [ACTVPREP].

SE090

[ONLY ASK OF FIRST-TIME, ON-TIME AND DELAYED ENTRY KINDERGARTNERS]

Do you believe preschool helped to prepare {CHILD/TWIN} for kindergarten? Would you say...

A lot 1
Somewhat, or 2
Not at all?..... 3 SE092b)
REFUSED..... RF
DON'T KNOW..... DK

SE092a

What was the most important way in which preschool helped prepare {CHILD/TWIN} for kindergarten?

CODE ALL THAT APPLY.

HELPED CHILD LEARN SOCIAL SKILLS (e.g., CHILD LEARNED TO FOLLOW DIRECTIONS, PAY ATTENTION, PLAY WELL WITH OTHER CHILDREN, ETC.)..... 1
HELPED CHILD LEARN ACADEMIC SKILLS (e.g., CHILD LEARNED LETTERS/NUMBERS) 2
HELPED CHILD DEVELOP PHYSICALLY (e.g., INCREASED COORDINATION, MOTOR SKILLS) 3
ALLOWED CHILD TO CATCH UP IN AGE (i.e., CHILD WILL NOT BE YOUNGEST IN CLASS WHEN HE/SHE ENTERS KINDERGARTEN) 4
OTHER..... 5
(Specify: _____)
DON'T KNOW..... DK
REFUSED..... RF

SE092b

What could {CHILD/TWIN}'s preschool have done better to help prepare {CHILD/TWIN} for kindergarten?

CODE ALL THAT APPLY.

HELP CHILD LEARN SOCIAL SKILLS (E.G., CHILD LEARNED TO FOLLOW DIRECTIONS, PAY ATTENTION, PLAY WELL WITH OTHER CHILDREN, ETC.).....1
HELP CHILD LEARN ACADEMIC SKILLS (E.G., CHILD LEARNED LETTERS/NUMBERS)2
HELP CHILD DEVELOP PHYSICALLY (E.G., INCREASED COORDINATION, MOTOR SKILLS)3
OTHER4
(Specify: _____)
NOTHING (I.E., PRESCHOOL PREPARED CHILD WELL FOR KINDERGARTEN).....5
DON'T KNOWDK
REFUSEDRF

SE095

[ONLY ASK OF FIRST-TIME, ON-TIME AND DELAYED ENTRY]

Before school started, did you or another family member do anything on your own about the move into kindergarten, such as going to talk with teachers, or taking [CHILD/TWIN] to visit the classroom? Please do not include activities organized by the school.

YES1
NO2 (SE096a)
DON'T KNOWDK (SE096a)
REFUSEDRF (SE096a)

SE095a

What did you or another family member do on your own about {CHILD/TWIN}'s move to kindergarten? Did you...

- a. Have {CHILD/TWIN} meet {HIS/HER} new teacher?**
- b. Talk to teachers yourself at the school?**
- c. Talk to the school administrator?**
- d. Take {CHILD/TWIN} to visit the school grounds?**
- e. Talk to {CHILD/TWIN} about what kindergarten will be like?**
- f. Talk to or meet with other kindergarten parents?**
- g. Volunteer at the school?**
- h. Read books to {CHILD/TWIN} that talked about starting kindergarten?**
- i. Read the school's newsletters or other parent resource materials?**
- j. Obtain information or advice from community services or family support centers?**
- k. Use the internet to gather information?**
- l. Anything else?**

Other/specify: _____

YES.....1
NO.....2
DON'T KNOW.....DK
REFUSED.....RF

SE096a

HELP AVAILABLE

Before {CHILD/TWIN} started kindergarten, did you or another family member do any enrichment activities to get ready for school? By enrichment activities, we mean things that focus on reading, doing math, writing, learning music, and other kinds of things children often do in a kindergarten classroom. Please do not include programs or activities organized by the school.

YES.....1
NO.....2 (SE098BX)
DON'T KNOW.....DK (SE098BX)
REFUSED.....RF (SE098BX)

SE096b

Did these activities include learning...

- a. Reading, writing, or spelling?**
- b. Math concepts, like counting, measurement, or money?**
- c. Social studies concepts, like different cultural backgrounds?**
- d. Science concepts, like the weather, or how things work?**
- e. Music (not including dance)?**
- f. Arts and crafts?**
- g. Dance/creative movement?**
- h. Theater or drama?**
- i. A foreign language (not including English)?**
- j. The English language?**
- k. Anything else? (specify) _____**

YES.....1
NO.....2
DON'T KNOW.....DK
REFUSED.....RF

SE098BX

IF ASKING ABOUT CHILD, GO TO SE100 [METTCHR].

IF ASKING ABOUT TWIN AND SE005 = 1 (CHILD AND TWIN IN SAME SCHOOL) AND SE030 [GRADELVL] AND SE032 [GRADE2] ARE EQUAL FOR CHILD AND TWIN, GO TO SE098 [SAMETCHR].

ELSE GO TO SE100 [METTCHR].

SE098

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

Do {CHILD} and {TWIN} have the same teacher?

YES.....1
NO.....2
DON'T KNOW.....DK
REFUSED.....RF

SE100BX

IF ASKING FOR TWIN AND SE098 = 1, THEN GO TO SE105BX, ELSE ASK SE100.

SE100

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN KINDERGARTEN]

Have you met {CHILD/TWIN}'s teacher yet?

DISPLAY INSTRUCTIONS:

Display CHILD'S name or TWIN'S name.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE105BX

IF CHILD IS A KINDERGARTEN REPEATER, GO TO SE110BX.
ELSE ASK SE105.

SE105

[ONLY ASK OF FIRST-TIME, ON-TIME AND DELAYED ENTRY KINDERGARTNERS. HOMESCHOOLERS ARE NOT ASKED THIS QUESTION]

Children sometimes have trouble adjusting to school. On average, {since this school year began/during the first two months of this school year},

(PROBE: Would you say more than once a week, once a week or less, or not at all?)

DISPLAY INSTRUCTIONS:

Display "since this school year began" if child was in school for 8 weeks or less (SE055 [STARTSCL] <=8). Else, display "during the first two months of this school year."

- a. **How often did {CHILD/TWIN} complain about school? Would you say more than once a week, once a week or less, or not at all?**
- b. **How often was {CHILD/TWIN} reluctant to go to school?**
- c. **How often did {he/she} pretend to be sick to stay home from school?**
- d. **How often did {he/she} say good things about school?**
- e. **How often did {CHILD/TWIN} say {he/she} liked {his/her} teacher?**
- f. **How often did {he/she} look forward to going to school?**
- g. **MORE THAN ONCE A WEEK 1**

ONCE A WEEK OR LESS2
NOT AT ALL3
REFUSED.....RF
DON'T KNOW.....DK

SE110BX

IF HH ROSTER INCLUDES OTHER CHILDREN OLDER THAN {CHILD/TWIN},
BUT AGED 18 YEARS OR YOUNGER AND THOSE CHILDREN ARE CHILD'S
SIBLINGS (FS040 [RELATE] = 3 OR 4),

ASK SE110 [SIBSMSCL].

IF HH ROSTER INCLUDES ONLY SIBLINGS OLDER THAN 18 YEARS OF AGE,
SKIP TO SE115.

IF NO SIBLINGS IN HH, GO TO SECTION CD.

IF ASKING FOR TWIN AND SE005 = 1 (SAME SCHOOL), GO TO SECTION CD.

ELSE CONTINUE.

SE110

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN
KINDERGARTEN]

{Does/do} {NAME OF OLDER SIBLINGS} attend the same school as {CHILD/TWIN}?

DISPLAY INSTRUCTIONS:

Display "Does" if only 1 sibling in HH.

Display "Do" if 2 or more siblings in HH.

Display siblings in HH who are 18 years of age or younger.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SE115BX

IF NO SIBLINGS OVER 18 YEARS OF AGE IN HH, GO TO SECTION CD.

ELSE ASK SE115.

SE115

[ALL RESPONDENTS EXCEPT HOMESCHOOLERS AND CHILDREN NOT YET ENROLLED IN
KINDERGARTEN]

Did {NAME OF OLDER SIBLINGS} attend the same school in the past?

DISPLAY INSTRUCTIONS:

Display first names of any HH members older than child who are siblings (FS040 [RELATE] = 3 or 4)
(even if older than 18 years). (ie please display all siblings in HH, regardless of their age)

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION CD

SECTION CD: CHILD DEVELOPMENT, LITERACY, AND SCHOOL READINESS

CD001PRE

Now I'm going to ask you a few questions about {CHILD/TWIN}. These next questions are about things that children can do at different ages. These things may or may not be true for {CHILD/TWIN}.

CD020

HELP AVAILABLE

Is {CHILD/TWIN} able to read story books on {his/her} own now?

YES.....1
NO.....2 (CD023)
REFUSED.....RF (CD023)
DON'T KNOW.....DK

CD021

Does {CHILD/TWIN} actually read the words written in the book, or does {he/she} look at the book and pretend to read?

READS THE WRITTEN WORDS1 (CD022)
PRETENDS TO READ2 (CD024)
DOES BOTH3 (CD022)
REFUSED.....RF (CD080)
DON'T KNOW.....DK (CD080)

CD022

How old was {CHILD/TWIN} in years and months when he/she began reading simple, whole sentences?

Answers must be in range 1-7 yrs, 0-11mths

YEARS _____ MONTHS _____ (CD080)

CD023

Although {CHILD/TWIN} doesn't yet read storybooks on {his/her} own, does {he/she} ever look at a book with pictures and pretend to read?

YES.....1
NO.....2 (CD080)
REFUSED.....RF (CD080)
DON'T KNOW.....DK

CD024

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

SOUNDS LIKE A CONNECTED STORY.....1
TELLS WHAT IS IN EACH PICTURE.....2
DOES BOTH.....3
REFUSED.....RF
DON'T KNOW.....DK

CD080 a – y

Next, I have some questions about {CHILD/TWIN}'s behavior. For each of the behaviors I read to you, I'd like you to tell me how often you see {CHILD/TWIN} behave in this way: never, rarely, sometimes, often, or very often. Whenever I ask about how {CHILD/TWIN} behaves with other children, consider children who are close in age to {CHILD/TWIN} – no more than 2 years older or younger than {CHILD/TWIN}. Please base your answers on what you have seen of {CHILD/TWIN}'s behavior during the last 3 months. How often in the last 3 months have the following things occurred? {CHILD/TWIN} ...

SHOW CARD CD-1

b. Shows eagerness to learn new things

c. Volunteers to help other children complete tasks

e. Accepts friends' ideas in sharing and playing

i. Appropriately uses a variety of words to describe feelings, such as, excited, mad, frustrated, or tired

k. Pays attention well

l. Works or plays independently or without the need for adult direction

n. Worries about things

q. Keeps on working until finished with whatever {he/she} is asked to do

t. Easily adjusts to a new situation

y. Shows imagination in work and play

Never.....	1
Rarely.....	2
Sometimes.....	3
Often	4
Very often	5
REFUSED.....	RF
DON'T KNOW.....	DK

GO TO SECTION HE

SECTION HE: HOME ENVIRONMENT

HE020BX

IF ASKING ABOUT TWIN, SKIP TO PA097BX

HE020

The next questions are about reading you do at home.

About how many children's books {does {CHILD}/do {CHILD} and {TWIN}} have in your home now, including library books? Please only include books that are for children.

Answer must be in the range from 0 up to 200.

Interviewer may override range up to 900.

ENTER NUMBER OF BOOKS

REFUSED.....RF

DON'T KNOW.....DK

HE070BX

IF X*CHAMIN FROM THE PRIOR ROUND = 1 AND (FS086A NE 2 OR FS086B NE 2) AND HE069A NE 16, ASK HE070.

ELSE, GO TO HE080.

HE070

At home, how often do you talk to each other in your tribal language? Would you say....

Never.....1

Once in awhile2

About half the time, or3

More often?4

REFUSED.....RF

DON'T KNOW.....DK

HE095BX

IF ASKING ABOUT TWIN, GO TO SECTION PA..

OTHERWISE, CONTINUE WITH HE100.

HE100

READ FIRST TIME AND AS NECESSARY:

In a typical week, how often do you or any other family member do the following things with {CHILD} {and {TWIN}}? Would you say not at all, once or twice, 3 to 6 times, or every day?

- a. Read books to your {child/children}?
- b. Tell stories to your {child/children}?
- c. Sing songs with your {child/children}?
- d. Talk to your {child/children} about books you read to {him/her/them}?

SHOW CARD HE-1

NOT AT ALL	1
ONCE OR TWICE	2
3 TO 6 TIMES	3
EVERY DAY	4
REFUSED.....	RF
DON'T KNOW.....	DK

HE101BX

IF HE100A =1, GO TO HE102BX.
ELSE GO TO HE101.

HE101

On the days someone reads to {CHILD} {and {TWIN}}, about how many minutes per day {is/are} {she/he/they} read to?

Answer must be in range from 0 up to 500.

|_|_|_|

ENTER NUMBER OF MINUTES

REFUSED.....	RF
DON'T KNOW.....	DK

HE102BX

IF X*CHAMIN FROM THE PRIOR ROUND = 1 AND (FS086A NE 2 OR FS086B NE 2) AND HE100A NE 1, ASK HE102 AND HE103.
ELSE, GO TO SECTION PA

HE102

When you read to {CHILD} {and {TWIN}}, do you read books about Native culture and history?

YES.....	1
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

HE103

Do you read books to {him/her/them} written by American Indian or Alaska Native authors?

YES..... 1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION PA.

SECTION PA: PARENTING BEHAVIOR AND ATTITUDES

PA090BX

IF ASKING ABOUT TWIN, SKIP TO PA097BX

PA095

Now I'm going to ask you how important you think it is for any child to know or do certain things to be ready for kindergarten. Would you say essential, very important, somewhat important, not very important, or not at all important?

How important do you think it is that a child...

SHOW CARD PA-1

- a. Finishes tasks
- b. Can count to 20 or more
- c. Takes turns and shares
- d. Has good problem-solving skills
- e. Is able to use pencils and paint brushes
- f. Is not disruptive of the class
- g. Knows the English language
- h. Is sensitive to other children's feelings
- i. Sits still and pays attention
- j. Knows most of the letters of the alphabet
- k. Can follow directions
- l. Identifies primary colors and shapes
- m. Communicates needs, wants, and thoughts verbally in {his/her} primary language
- n. Writes {his/her} own name
- o. Reads or pretends to read storybooks

ESSENTIAL1
VERY IMPORTANT2
SOMEWHAT IMPORTANT3
NOT VERY IMPORTANT4
NOT AT ALL IMPORTANT5
REFUSED.....RF
DON'T KNOW.....DK

PA097BX

ASK PA097 IF SE030=2 OR SE032=2 (CHILD/TWIN IS IN KINDERGARTEN).

PA097

What do you think is the most important thing you have done to prepare {CHILD/TWIN} for kindergarten?

SHARED TEACHING/LEARNING ACTIVITIES.....	1
NURTURING HOME ENVIRONMENT	2
READING TO CHILD BY PARENTS.....	3
EDUCATIONAL PRESCHOOL.....	4
HEAD START.....	5
DAY CARE	6
COMPUTER.....	7
TEACHING SELF HELP SKILLS	8
OLDER SIBLINGS	9
STAY AT HOME MOM.....	10
SHARING RELIGIOUS BELIEFS/TRADITIONS.....	11
MONITORING TELEVISION	12
OTHER, SPECIFY (.....).	13
REFUSED.....	RF
DON'T KNOW.....	DK

GO TO SECTION CC.

SECTION CC: CHILD CARE ARRANGEMENTS

CC001Pre

I'd like to talk to you about all child care {CHILD/TWIN} now receives {before or after school} on a regular basis from someone other than {you/{his/her} parents or guardians}. This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting or backup care providers.

CC001BX

IF ASKING ABOUT TWIN, GO TO CC005. ELSE, GO TO CC115.

CC005

HELP AVAILABLE

Next, I'd like to talk to you about all child care arrangements you have for {TWIN} on a regular basis. Does {TWIN} currently have the same child care arrangements as {CHILD}?

YES.....1 (Copy CC115 through
CC521 from child to twin, as applicable. Go to CC600BX))
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CC115

Is {CHILD/TWIN} now receiving care from a relative other than a parent on a regular basis {before or after school}, for example from grandparents, brothers or sisters, or any other relatives?

DISPLAY:

Display "before or after school" if (SE010 = 1 OR SE015 = 1) AND (SE030 NE 1 AND SE032 NE 1).

YES.....1 (CC135)
NO.....2 (CC220)
REFUSED.....RF (CC220)
DON'T KNOW.....DK (CC220)

CC135

How many different regular care arrangements do you currently have with relatives for {CHILD/TWIN}?

ONE1
TWO2
THREE3
FOUR OR MORE.....4
REFUSED.....RF
DON'T KNOW.....DK

CC140**HELP AVAILABLE**

{Let's talk about the relative who provides the most care for {CHILD/TWIN} now.} Is that relative {CHILD/TWIN}'s...

DISPLAY INSTRUCTIONS:

If multiple arrangements (CC135=2, 3, or 4) display the sentence "Let's talk about...{CHILD/TWIN} now." Else, use a null display.

Grandparent,	1
Aunt,	2
Uncle,	3
Brother,	4
Sister, or	5
Another relative?.....	91
(Specify) [<i>Who is the relative that takes care of the</i>	
<i>{CHILD/TWIN}?</i>].....	
REFUSED.....	RF
DON'T KNOW.....	DK

CC141BX

IF (SE010=1 OR SE015=1) AND SE030 NE 1 AND SE032 NE 1, ASK CC141.

ELSE, ASK CC145.

(CC141 IS ASKED FOR CHILDREN IN SCHOOL OR HOMESCHOOLED AND NOT IN PRESCHOOL)

CC141

Does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative} before school, after school, or on weekends?

CODE ALL THAT APPLY.

DISPLAY INSTRUCTIONS:

If relative named above in CC140, display "{RELATIVE}": "aunt", "uncle", "brother", "sister", "grandparent" as appropriate. Otherwise, display "that relative".

BEFORE SCHOOL	1
AFTER SCHOOL.....	2
ON WEEKENDS.....	3
REFUSED.....	RF
DON'T KNOW.....	DK

CC145**HELP AVAILABLE**

Is the care provided by {{CHILD/TWIN}'s {RELATIVE}/that relative} in your home or another home?

OWN HOME	1
OTHER HOME	2
BOTH/VARIES	3
REFUSED.....	RF
DON'T KNOW.....	DK

CC165

HELP AVAILABLE

How many hours each week does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative}?

IF LESS THAN 1 HOUR, ENTER 0.

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

|_|_|

ENTER NUMBER OF HOURS

REFUSED.....RF

DON'T KNOW.....DK

CC170

HELP AVAILABLE

How many days each week does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative}?

Answer must be in range from 1 up to 7.

Check response against HrsWeek (CC165). HrsWeek divided by DaysWeek cannot be greater than 24 (child cannot be in relative care more than 24 hours per day).

|_|

ENTER NUMBER OF DAYS

REFUSED.....RF

DON'T KNOW.....DK

If CC141=3 and (CC141~1 and CC141~2) and (CC170=0 or CC170>2), then display check message:

IN QUESTION CC141, YOU ENTERED THAT THE {CHILD/TWIN} RECEIVES CARE FROM THAT PERSON ONLY ON WEEKENDS. IN CC170, YOU ENTERED THAT THE CHILD IS IN CARE FOR A TOTAL OF {CF170} DAYS A WEEK. PLEASE VERIFY YOUR RESPONSE AND PRESS 'S' IF THIS IS CORRECT. ENTER THE CORRECT RESPONSE IN CC141 IF IT IS INCORRECT.

CC218BX

IF CC135 = 1, RF, OR DK, GO TO CC220. ELSE GO TO CC218.

CC218

HELP AVAILABLE

You said that {CHILD/TWIN} was cared for by {NUMBER} other {relative/relatives} on a regular basis. How many total hours each week does {CHILD/TWIN} receive care from {this/these} other {relative/relatives}?

Answer must be in range from 0 to 80.

|_|_|

ENTER NUMBER OF HOURS

REFUSED.....RF

DON'T KNOW.....DK

CC220

HELP AVAILABLE

Now I'd like to ask you about any care {CHILD/TWIN} receives from someone not related to {him/her} in your home or someone else's home on a regular basis, {before or after school}. This includes home child care providers, regular sitters, or neighbors, but does not include day care centers or preschools. Is {CHILD/TWIN} now receiving care in a private home on a regular basis from someone who is not related to {him/her}?

DISPLAY INSTRUCTION:

DISPLAY 'BEFORE OR AFTER SCHOOL' IF SE010=1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1.

YES.....1
NO.....2 (CC410BX)
REFUSED.....RF (CC410BX)
DON'T KNOW.....DK (CC410BX)

CC240

HELP AVAILABLE

How many different regular care arrangements do you currently have with non-relatives for {CHILD/TWIN}?

ONE1
TWO2
THREE3
FOUR OR MORE.....4
REFUSED.....RF
DON'T KNOW.....DK

CC245

HELP AVAILABLE

{Let's talk about the non-relative who provides the most care for {CHILD/TWIN}.} Is that care provided in your home or another home?

DISPLAY INSRUCTIONS:

If CC240 >1, display the sentence "Let's talk about...{CHILD/TWIN}." Otherwise, use a null display.

OWN HOME1
OTHER HOME2
BOTH/VARIES3
REFUSED.....RF
DON'T KNOW.....DK

CC246BX

IF SE010=1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1, ASK CC246.
ELSE IF SE015=1 OR (SE030=1 OR SE032=1), ASK CC248.
(CC246 IS ASKED FOR CHILDREN IN SCHOOL ONLY.)

CC246

Does {CHILD/TWIN} receive care from that person before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL1
 AFTER SCHOOL.....2
 ON WEEKENDS.....3
 REFUSED.....RF
 DON'T KNOW.....DK

CC248

Does this person who cares for {CHILD/TWIN} live in your household?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CC265**HELP AVAILABLE**

How many days each week does {CHILD/TWIN} receive care from that person?

Answer must be in range from 1 up to 7.

ENTER NUMBER OF DAYS
 REFUSEDRF
 DON'T KNOWDK

If CC246=3 and (CC246~1 and CC246~2) and (CC265=0 or CC265>2), then display check message:

IN QUESTION CC246, YOU ENTERED THAT THE {CHILD/TWIN} RECEIVES CARE FROM THAT PERSON ONLY ON WEEKENDS. IN CC265, YOU ENTERED THAT THE CHILD IS IN CARE FOR A TOTAL OF {CF265} DAYS A WEEK. PLEASE VERIFY YOUR RESPONSE AND PRESS 'S' IF THIS IS CORRECT. ENTER THE CORRECT RESPONSE IN CC246 IF IT IS INCORRECT.

CC270**HELP AVAILABLE**

How many hours each week does {CHILD/TWIN} receive care from that person?

IF LESS THAN 1 HOUR, ENTER 0.

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

Answer cannot be more than 24 times response to WeekDays (child cannot be in nonrelative care more than 24 hours per day).

ENTER NUMBER OF HOURS
 REFUSEDRF
 DON'T KNOWDK

CC318BX

IF CC240 > 1 (CHILD IS CURRENTLY RECEIVING CARE FROM MORE THAN ONE NON-RELATIVE), GO TO CC318.

ELSE, GO TO CC410BX.

CC318

HELP AVAILABLE

You said that {CHILD/TWIN} was cared for by {NUMBER} other non-{relative/relatives} on a regular basis. How many total hours each week does {CHILD/TWIN} receive care from {this/these} non-{relative/relatives}?

Answer must be in range from 0 up to 80.

ENTER NUMBER OF HOURS

REFUSED.....RF

DON'T KNOW.....DK

CC410BX

IF (SE010 NE 1 (NOT IN SCHOOL) AND SE030 NE 1 (NOT HOMESCHOOLED)) OR SE032 = 1 (IN PRESCHOOL), ASK C410A.

IF (SE010=1 (IN SCHOOL) OR SE015=1 (HOMESCHOOLED)) AND (SE030 NE 1 AND SE032 NE 1 (NOT IN PRESCHOOL), ASK CC410B

CC410a

HELP AVAILABLE

Is {CHILD/TWIN} now attending a center-based care program on a regular basis?

YES.....1 (CC430)

NO.....2 (CC520)

REFUSED.....RF (CC520)

DON'T KNOW.....DK (CC520)

CC410b

Now I want to ask you about before- and after-school care programs that take place in child care centers or at the school that {CHILD/TWIN} may attend. Is {CHILD/TWIN} now attending a before and after care program on a regular basis?

YES.....1 (CC430)

NO.....2 (CC520)

REFUSED.....RF (CC520)

DON'T KNOW.....DK (CC520)

CC430**HELP AVAILABLE**

How many different day care centers, nursery schools, preschools, pre-kindergartens or before- or after-school programs does {CHILD/TWIN} currently go to?

DISPLAY INSTRUCTIONS:

ONE 1
 TWO 2
 THREE 3
 FOUR OR MORE 4
 REFUSED RF
 DON'T KNOW DK

CC432

{Let's talk about the program where {CHILD/TWIN} spends the most time.} Would you call {it/the program}...

DISPLAY INSTRUCTIONS:

If CC430 =2, 3, or 4, display the sentence "Let's talk about...{CHILD/TWIN} spends the most time." and "the program". Else, blank and "it".

A day care center 1
 A nursery school 2
 A preschool 3
 A pre-kindergarten 4
 A before- or after-school program, or 5
 Something else? 6
 SPECIFY _____
 REFUSED RF
 DON'T KNOW DK

CC432aBX

IF (SE010=1 OR SE015=1) AND SE030 NE 1 AND SE032 NE 1 (CHILD IS IN SCHOOL), ASK CC432a.

ELSE, ASK CC433.

(CC432a IS ASKED FOR CHILDREN IN SCHOOL OR HOMESCHOOLED BUT NOT IN PRESCHOOL.)

CC432a

Does {CHILD/TWIN} receive care at that center before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL 1
 AFTER SCHOOL 2
 ON WEEKENDS 3
 REFUSED RF
 DON'T KNOW DK

CC433

Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other building?

- YOUR HOME1
- ANOTHER HOME.....2
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF
WORSHIP3
- A PUBLIC SCHOOL4
- A PRIVATE SCHOOL.....5
- A COLLEGE OR UNIVERSITY.....6
- A COMMUNITY CENTER.....7
- A PUBLIC LIBRARY.....8
- ITS OWN BUILDING.....9
- MORE THAN ONE PLACE.....10
- ENTER SOME OTHER PLACE.....11
- [Where is the program located?]* _____
- REFUSED.....RF
- DON'T KNOW.....DK

CC436

HELP AVAILABLE

How many days each week does {CHILD/TWIN} go to that program?

Answer must be in range from 1 up to 7.

ENTER NUMBER OF DAYS

- REFUSED.....RF
- DON'T KNOW.....DK

CC440

HELP AVAILABLE

How many hours each week does {CHILD/TWIN} go to that program?

Answer must be in range from 0 up to 70.

Answer cannot be more than 12 times response to CC436 (child cannot be in center-based care more than 12 hours per day).

ENTER NUMBER OF HOURS

- REFUSED.....RF
- DON'T KNOW.....DK

CC520**HELP AVAILABLE**

Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does {CHILD/TWIN} spend time caring for {himself/herself} on a regular basis before or after school?

- YES.....1
 NO.....2 (CC600BX)
 REFUSEDRF (CC600BX)
 DON'T KNOWDK (CC600BX)

CC521

About how often does this happen?

- ALMOST EVERY DAY1
 A FEW TIMES A WEEK.....2
 ONCE A WEEK3
 A FEW TIMES A MONTH.....4
 ONCE A MONTH5
 LESS OFTEN6
 IT'S ONLY HAPPENED ONCE OR TWICE7
 REFUSED.....RF
 DON'T KNOW.....DK

CC600BX

IF CC410B = 1 (IN BEFORE/AFTER SCHOOL CARE) OR (ON TWIN PATH AND CC005 = 1 AND CC410B = 1 FOR CHILD), GO TO CC600
 ELSE GO TO SECTION CH.

CC600

Now I'd like to ask about {CHILD/TWIN}'s activities during the time {he/she} spends at the after-school program. During those after-school hours, what does {CHILD/TWIN} spend most of {his/her} time doing? You may name up to three things.

- HOMEWORK/SCHOOL-RELATED/EDUCATIONAL1
 COMPUTERS2
 READING/WRITING (NON-SCHOOL-RELATED)3
 ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.)4
 CHORES/WORK5
 OUTDOOR PLAY/ACTIVITIES/SPORTS.....6
 INDOOR PLAY7
 EATING/SNACKS.....8
 TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC9
 TALKING TO CARE PROVIDER.....10
 TALKING WITH FRIENDS/SOCIALIZING11
 OTHER12
 SPECIFY _____

CC605BX

IF ON TWIN PATH AND CC005 = 1, GO TO SECTION 8-CH.

CC605

Does the program set aside time for physical activities like sports or games?

YES.....1

NO.....2

CC610

Does the program set aside time for {CHILD/TWIN} to do homework?

YES.....1

NO.....2

CC615

Does {CHILD/TWIN} have the opportunity to use a computer at the program?

YES.....1

NO.....2

GO TO SECTION CH

SECTION CH: CHILD HEALTH

CH021

Now I'd like to ask you about {CHILD/TWIN}'s eating habits and health.

The next questions ask about food {CHILD/TWIN} ate or drank during the past 7 days. Think about all the meals and snacks {CHILD/TWIN} had from the time {he/she} got up until {he/she} went to bed. Be sure to include food {CHILD/TWIN} ate at home, school, restaurants, play dates, anywhere else, and over the weekend.

Let's start with the kinds of milk {CHILD/TWIN} drinks. Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk {he/she} drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass. During the past 7 days, how many times did {CHILD/TWIN} drink milk? Would you say...

SHOW CARD CH-1

Once a day,	1	
Twice a day,	2	
Three times a day,	3	
Four or more times a day,	4	
One to three times during the past 7 days,	5	
Four to six times during the past 7 days, or	6	
Your child did not drink milk during the past 7 days	7	(CH041)
REFUSED	RF	
DON'T KNOW	DK	

CH037

What kind of milk did your child usually (most often) drink during the past 7 days?

SHOW CARD CH-2

WHOLE MILK	1	
2% MILK	2	
SKIM MILK	3	
LOW FAT OR 1% MILK	4	
SOY MILK	5	
BOTH REGULAR COW'S MILK AND SOY MILK	6	
SOME OTHER	7	
SPECIFY OTHER KIND OF MILK: _____		
REFUSED	RF	
DON'T KNOW	DK	

CH041

During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.

SHOW CARD CH-3

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT DRINK 100% FRUIT JUICE DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW	DK

CH043

During the past 7 days, how many times did your child drink soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?

SHOW CARD CH-4

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT DRINK ANY DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW	DK

CH044

During the past 7 days, how many times did your child eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.

SHOW CARD CH-5

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT FRUIT DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW	DK

CH045

During the past 7 days, how many times did your child eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew, in your response.

SHOW CARD CH-6

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT VEGETABLES DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW	DK

CH046

During the past 7 days, how many times did your child eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider both eating out, carry out, and delivery of meals in your response.

SHOW CARD CH-7

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT FOOD FROM A FAST FOOD RESTAURANT DURING THE PAST 7 DAYS	7
REFUSED.....	RF
DON'T KNOW	DK

CH047

During the past 7 days, how many times did your child eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

SHOW CARD CH-8

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT ANY SWEETS DURING THE PAST 7 DAYS	7
REFUSED.....	RF
DON'T KNOW	DK

CH048

During the past 7 days, how many times did your child eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?

SHOW CARD CH-9

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT ANY SALTY SNACKS DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW	DK

CH050a

Do you have your child on any special diet?

YES.....	1	
NO.....	2	(CH051)
REFUSED.....	RF	(CH051)
DON'T KNOW.....	DK	(CH051)

CH050b

What type of diet?

CODE ALL THAT APPLY.

LOW SATURATED FAT AND CHOLESTEROL	1
MILK PROTEIN FREE.....	2
LACTOSE FREE.....	3
GLUTEN RESTRICTED	4
PEANUT FREE.....	5
SHELLFISH FREE.....	6
EGG FREE	7
VEGETARIAN.....	8
REFUSED.....	RF
DON'T KNOW.....	DK

CH051.

During the past 12 months, did {CHILD/TWIN} take any vitamin or mineral supplements of any kind?

YES.....	
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

CH055

Would you say {CHILD/TWIN}'s health is...

Excellent,1
Very good,2
Good,3
Fair, or.....4
Poor?5
REFUSED.....RF
DON'T KNOW.....DK

CH057BX

PRE-LOAD DENTAL CARE FROM K '06 DATA. IF K '06 CH057=1, GO TO CH060.
ELSE ASK CH057.

CH057

Has {CHILD/TWIN} ever been to a dentist or dental hygienist for dental care?

YES.....
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH060

HELP AVAILABLE

Since {CHILD/TWIN} turned 5 years old, how many times has {CHILD/TWIN} gone for well-child checkups?

PROBE: These are visits to the doctor when {he/she} isn't sick, but to get {him/her} checked over or to get vaccinations.

Answer must be in range from 0 up to 2.

Interviewer may override range up to 4.

IF '0' GO TO CH080.

NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH065

What kind of place do you usually take {CHILD/TWIN} for checkups?

CLINIC OR HEALTH CENTER1
DOCTOR'S OFFICE OR HMO2
HOSPITAL EMERGENCY ROOM3
HOSPITAL OUTPATIENT DEPARTMENT.....4
SOME OTHER PLACE5
DOESN'T GO TO ONE PLACE MOST OFTEN.....6
REFUSED.....RF
DON'T KNOW.....DK

CH080

HELP AVAILABLE

Since {CHILD/TWIN} turned 5 years old, has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} has...

An ear infection?

YES.....
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH125BX

IF CH080C = 1 (EAR INFECTION), GO TO CH125.
ELSE, GO TO CH140.

CH125

Since {CHILD/TWIN} turned 5 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an ear infection?

Answer must be in range from 1 up to 4.

Interviewer may override range up to 24.

|_|_|_|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH130**HELP AVAILABLE**

How was {CHILD/TWIN}'s {most recent/first/second/third} ear infection {since {he/she} turned 5 years old} treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

Ask for each of up to three ear infections—display “first” first time through, “second” second time through, “third” third time through, and “most recent” if CH125 response is “don’t know” or “refused.” If child only had one ear infection, use null display. Display “since {he/she} turned 5 years old” at all times except when displaying “most recent.”

NO TREATMENT/WATCH AND WAIT	1
DECONGESTANTS/ANTIHISTAMINES	2
ANTIBIOTICS	3
WITH EAR TUBES	4
ANALGESICS (e.g., FEVER REDUCER OR PAIN RELIEVER)	5
EAR DROPS.....	6
ENTER OTHER (Specify) [<i>How was the ear infection treated?</i>].....	91
REFUSED.....	RF
DON'T KNOW.....	DK

CH135

Since {CHILD/TWIN} turned 5 years old, how many other times do you think {CHILD/TWIN} has had an ear infection or earache for which you did not seek medical treatment?

NEVER	1
ONCE	2
TWICE.....	3
3-5 TIMES	4
6 OR MORE TIMES	5
REFUSED.....	RF
DON'T KNOW.....	DK

CH140**HELP AVAILABLE**

Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN} had ear tubes inserted?

YES, IN ONE EAR	1
YES, IN BOTH EARS.....	2
NO.....	3
REFUSED.....	RF
DON'T KNOW.....	DK

CH145BX

IF CH140 = 1 OR 2 (EAR TUBES), GO TO CH145. ELSE, GO TO CH173BX.

CH145**HELP AVAILABLE****Were ear tubes inserted because of...**

Fluid in the ears,.....1
 Ear infections,2
 Both, or3
 For another problem?.....4
 ENTER (*Specify*) [*Why were ear tubes inserted?*]

 REFUSED.....RF
 DON'T KNOW.....DK

CH173BX

ASK CH173 ONLY IF SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032
 NE 1 (CHILD IS IN SCHOOL).
 ELSE GO TO CH175.

CH173**Has {CHILD/TWIN} missed two or more weeks of school this year because of a health problem?**

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH175**Are {CHILD/TWIN}'s activities limited in any way because of a health problem?**

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH177**Has {CHILD/TWIN} taken a prescription medicine every day for at least three months?****PROBE: For example, this might be due to continuous prescriptions for antibiotics for ear infections.**

YES.....1 (CH178)
 NO.....2 (CH181)
 REFUSED.....RF (CH181)
 DON'T KNOW.....DK (CH181)

CH178**Why does {CHILD/TWIN} have to take this medicine? Is it for...**

ADHD (or attention deficit hyperactivity disorder),..... 1
 Another behavioral problem (not ADHD),..... 2
 Asthma, 3
 Allergies, 4
 Seizures, 5
 To get more fluoride, or 6
 For some other reason? 91
 ENTER OTHER (Specify) [*What is that other
 reason your child takes this medicine?*]

 REFUSED.....RF
 DON'T KNOW.....DK

CH181**HELP AVAILABLE****Now I have some questions about different disabilities your child might have.****Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to pay attention or learn?**

YES..... 1
 NO..... 2 (CH183)
 REFUSED.....RF (CH183)
 DON'T KNOW.....DK (CH183)

CH182**Did you obtain a diagnosis of a problem from a professional?**

YES..... 1
 NO..... 2
 REFUSED.....RF
 DON'T KNOW.....DK

CH183**Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} overall activity level?**

YES.....
 NO..... 2 (CH185)
 REFUSED.....RF (CH185)
 DON'T KNOW.....DK (CH185)

CH184**Did you obtain a diagnosis of a problem from a professional?**

YES..... 1
 NO..... 2
 REFUSED.....RF
 DON'T KNOW.....DK

CH185

Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN} been evaluated by a professional in response to the use of {his/her} limbs?

YES.....1
 NO.....2 (CH187)
 REFUSED.....RF (CH187)
 DON'T KNOW.....DK (CH187)

CH186

Did you obtain a diagnosis of a problem from a professional?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH187

Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to communicate?

YES.....1
 NO.....2 (CH189)
 REFUSED.....RF (CH189)
 DON'T KNOW.....DK (CH189)

CH188

Did you obtain a diagnosis of a problem from a professional?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH189

Does {CHILD/TWIN} have difficulty hearing and understanding speech in a normal conversation?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH190**HELP AVAILABLE**

Since {CHILD/TWIN} turned 5 years old, have you had {CHILD/TWIN}'s hearing evaluated by a professional?

YES.....1
NO.....2 (CH192)
REFUSED.....RF (CH192)
DON'T KNOW.....DK (CH192)

CH191

Did you obtain a diagnosis of a problem from a professional?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH192

Now I want to ask you about {CHILD/TWIN}'s vision. Does {CHILD/TWIN} have difficulty seeing objects in the distance or letters on paper?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH193**HELP AVAILABLE**

Since {CHILD/TWIN} turned 5 years old, has {CHILD/TWIN}'s vision been evaluated by a professional?

YES.....1
NO.....2 (CH196BX)
REFUSED.....RF (CH196BX)
DON'T KNOW.....DK (CH196BX)

CH194

Did you obtain a diagnosis of a problem from a professional?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH196BX

IF ANY DISABILITY DIAGNOSED IN CH182, CH184, CH186, CH188, CH191, OR CH194, THEN ASK CH196.

OTHERWISE, SKIP TO CH200.

CH196

HELP AVAILABLE

When a child with a disability or developmental delay receives special education and/or related services sponsored through your local education agency – that is, the school system – these services are initiated after a diagnosis of condition, or professional evaluation of the child, and development of an IEP, or an IFSP, which is discussed with and signed by the parent.

Is {CHILD/TWIN} receiving special education services related to either an IEP, or an IFSP?

YES.....1
 NO.....2 (CH200)
 REFUSED.....RF (CH200)
 DON'T KNOW.....DK (CH200)

CH197

Where does {CHILD}/{TWIN} currently receive {his/her} special education services from?

CODE ALL THAT APPLY

IN SCHOOL1
 CHILD CARE CENTER2
 AT HOME3
 IN A CLINICIAN'S OFFICE.....4
 SOMEWHERE ELSE.....5
Specify.....91
 REFUSED.....RF
 DON'T KNOW.....DK

CH198

On average, how many hours per week does {CHILD/TWIN} now receive special education services?

ENTER NUMBER OF HOURS PER WEEK.

DON'T KNOW.....DK
 REFUSED.....RF

READ FIRST TIME AND AS NECESSARY:

Since {CHILD/TWIN} turned 5 years old, has a doctor ever told you that {CHILD/TWIN} has the following conditions? Does {he/she} have...

- a. A problem with mobility such as cerebral palsy?
- b. Another developmental delay?
- c. Epilepsy or seizures?
- d. A heart defect?
- e. Mental retardation?
- f. Autism or PDD?
- g. Oppositional Defiant disorder?
- h. ADHD?
- i. Diabetes?
- j. Anemia?
- k. A blood disease?
- l. A urinary tract infection?
- m. Allergies?
- n. A lactose intolerance?
- o. Other food allergy or sensitivity such as to peanuts?
- p. Problem with non-food allergies, such as to dust, animals, or medicine?
- q. A skin condition?
- r. Another chronic medical problem?

Specify _____

YES..... 1
 NO..... 2
 REFUSED..... RF
 DON'T KNOW..... DK

CH205BX

IF CH191=1 (HEARING PROBLEM), ASK CH205.
 ELSE, GO TO CH210.

CH205

Is {CHILD/TWIN}'s hearing loss in the right ear, the left ear, or both?

RIGHT EAR..... 1
 LEFT EAR..... 2
 BOTH 3
 HEARING LOSS HAS BEEN CORRECTED..... 4
 REFUSED..... RF
 DON'T KNOW..... DK

CH210

Does {CHILD/TWIN} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or corrective shoes? Do not include ordinary eyeglasses.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH210a

Does {CHILD/TWIN} use a hearing aid?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH211PREBX

IF CH194=1 (SIGHT PROBLEM), ASK CH211. ELSE GO TO CH213.

CH211

Is {CHILD/TWIN}'s eyesight....

Correctable with glasses,1
Improvable with glasses, or2
Not correctable with glasses?.....3
REFUSED.....RF
DON'T KNOW.....DK

CH212

Does {CHILD/TWIN} wear glasses?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH213

Has {CHILD/TWIN} ever had a problem with stuttering?

YES.....1
NO.....2 (CH220BX)
REFUSED.....RF (CH220BX)
DON'T KNOW.....DK (CH220BX)

CH214a

In years and months, at what age did the stuttering begin?

ENTER YEARS (range 0-7) AND MONTHS (range 0-11)

REFUSED.....RF
DON'T KNOW.....DK

CH214b

In years and months, when did the stuttering stop?

ENTER YEARS (range 0-7) AND MONTHS (range 0-11).

HAS NOT STOPPED.....95
REFUSED.....RF
DON'T KNOW.....DK

CH220BX

IF (THE FOLLOWING VARIABLES IN CH200) MOBILITY, DEVDLAY,
EPILEPSY, HEARTDEF, MENTAL, AUTISM, OPPDEF, ADHD, DIABETES,
BLOODDIS, OTHRMED= 1 OR CH210=1, ASK CH220.
ELSE, GO TO CH242BX.

Ask only if any disability has been diagnosed.

CH220

HELP AVAILABLE

I'm going to read a list of services. For each service, please tell me if {CHILD/TWIN} or your family has received this service to help with {CHILD/TWIN}'s special needs. Since {CHILD/TWIN} turned 5 years old, has anyone in your household ever received...

- a. Speech or language therapy?**
- b. Occupational therapy?**
- c. Physical therapy?**
- d. Vision services?**
- e. Hearing/audiological services?**

PROBE: This does not include a temporary loss of hearing due to a cold or congestion.

- f. Social work services?**
- g. Psychological services?**
- h. Home visits?**
- i. Parent support or training?**
- j. Special classes with other children, some or all of whom also had special needs?**
- k. Private tutoring or schooling for learning problems?**
- l. {Ask only if CH194 = 1 (SIGHT PROBLEM)} Instruction in braille?**
- m. {Ask only if CH191 = 1 (HEARING PROBLEM)} Instruction in sign language, cued speech, ASL, or TOCO?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH225BX

IF ANY OF CH220A-M = 1 (CHILD/TWIN RECEIVES SERVICES), GO TO CH235.
ELSE, GO TO CH242BX.

CH235

HELP AVAILABLE

About how many {total} hours of service{s} per month are now received {for all services}?

Answer must be in range from 0 up to 80.

|_|_|_|
NUMBER OF HOURS
REFUSED.....RF
DON'T KNOW.....DK

CH236

HELP AVAILABLE

Is {CHILD/TWIN} currently participating in an early intervention program or regularly receiving any services for {his/her} condition{s} from...

- a. Your local school district?
- b. A state or local health or social service agency?
- c. A doctor, clinic, or other health care provider?
- d. Some other source? ENTER OTHER (Specify) [*What is that other source of early intervention services for your child?*] _____)

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH242BX

IF ANY OF CH220A-M [SPEECHTH, OCCUPTH, PHYSTH, VISNSRV, HEARSRV, SOCWKSRV, PSYCHSRV, HOMEVIS, PRNTSUP, SPECCLAS, TUTOR, BRAILLE, SIGNLANG] = 1 (CHILD RECEIVES SERVICES), GO TO CH342BX. ELSE, GO TO CH242 [EVALSPND].

CH242

Since {CHILD/TWIN} turned 5 years old, has anyone suggested that you get {CHILD/TWIN} evaluated for a possible special condition or need?

HELP SCREEN TEXT: This includes special conditions related to learning, paying attention, speaking, and understanding.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH342BX

IF TWIN IN HOUSEHOLD AND NOT YET ASKED ABOUT, RETURN TO
SECTION SE.

GO TO SECTION FH

SECTION FH: FAMILY HEALTH

FH010

Now I have some questions about your health. In general, would you say that your health is...

Excellent, 1
Very good, 2
Good, 3
Fair, or..... 4
Poor? 5
REFUSED.....RF
DON'T KNOW.....DK

FH080

In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any emotional or psychological problem?

YES..... 1
NO..... 2
REFUSED.....RF
DON'T KNOW.....DK

FH090

In a typical week, on how many days do you get exercise that causes rapid breathing and a fast heartbeat for 30 continuous minutes or more?

Answer must be in range from 0 up to 7.

ENTER NUMBER OF DAYS PER WEEK.
REFUSED.....RF
DON'T KNOW.....DK

FH100

Now I have some questions about when you were born. When you were born, did you weigh more than 5 ½ pounds?

YES..... 1 Go To FH110
NO..... 2
REFUSED.....RF Go to FH110
DON'T KNOW.....DK Go to FH110

FH105.

Did you weigh more than 3 pounds?

YES..... 1
NO..... 2
REFUSED.....RF
DON'T KNOW.....DK

FH110

Were you born more than 3 weeks before you were due? (Probe if necessary: Were you born at less than 37 weeks gestation?)

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FH115

Are you a twin, triplet, or child born as part of a multiple birth?

NO.....1
YES, A TWIN.....2
YES, A TRIPLET.....3
YES, HIGHER ORDER MULTIPLE BIRTH (4
OR MORE).....4
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION MH.

SECTION MH: MARRIAGES AND PARTNER RELATIONSHIPS

MH002PRE

Next are a few questions about your marital history.

PRESS “1” AND THEN ENTER TO CONTINUE.

MH003BX

IF SAME RESPONDENT AS K '06 AND IF K '06 MH005=1 (MARRIED), 2 (SEPARATED), 3 (DIVORCED), OR 5 (NEVER MARRIED), GO TO MH004.
ELSE GO TO MH005.

MH004

During our last interview about a year ago, you said that you {were married/were separated/were divorced/ had never been married}. Is this information still correct?

YES.....1 (MH017BX)
NO.....2
REFUSED.....RF (MH017BX)
DON'T KNOW.....DK

MH005

Are you now...

Married.....1
Separated.....2
Divorced.....3
Widowed, or.....4
Have you never been married?5
REFUSED.....RF
DON'T KNOW.....DK

MH017BX

IF RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND THE BIOLOGICAL FATHER IS NOT CURRENTLY LIVING IN HOUSEHOLD (AND HE WAS NOT DEAD AT THE TIME OF THE K '06 INTERVIEW):

IF THE BIOLOGICAL FATHER DOES NOT LIVE IN THE HH BECAUSE HE LEFT IN A PRIOR ROUND OR HAS NEVER LIVED IN THE HH, GO TO MH018.

ELSE IF FS010= 1, 2, 7, OR 91 (DAD IS NOT IN HH BECAUSE OF DIVORCE, JAIL, OR OTHER), GO TO MH018.

ELSE IF FS010 = 3, 4, OR 5 (DAD IS NOT IN HH BECAUSE OF SCHOOL OR WORK), AUTOCODE MH018 = 1, AND GO TO MH022.

ELSE IF FS010 = 6 (DAD DECEASED) OR THE PRELOADED VALUE FOR DADALIVE = 2, AUTOCODE MH018 = 2, AND GO TO SECTION RI.

ELSE IF THE BIOLOGICAL MOTHER AND FATHER LIVE IN HH, AUTOCODE MH018 = 1 AND GO TO MH020BX.

ELSE, GO TO SECTION RI.

MH018

Is {CHILD}'s {and {TWIN}'s} biological father still living?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

MH020BX

IF MH018 =1 AND MH005 =1, GO TO MH022.

ELSE IF MH018= 2 AND MH005 =1), AUTOCODE MH022 =2 AND GO TO SECTION RI.

ELSE GO TO SECTION RI.

MH022

Are you now married to {CHILD's {and TWIN'S}} biological father?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION RI.

SECTION RI: RESPONDENT INFORMATION

RI001PRE

The next questions are about you and your background.

RI010BX

IF THE RESPONDENT IS THE SAME AS THE 24-MONTH, PRESCHOOL OR K'06 RESPONDENT AND RI010 = 1 FOR THAT ROUND, SET RI010 = 1 AND GO TO RI025BX.

IF THE RESPONDENT IS THE SAME AS THE 24-MONTH, PRESCHOOL, OR K'06 RESPONDENT AND RI010 = 2 OR 3 FOR THAT ROUND, SET RI010 = THE RESPONSE FOR THAT ROUND AND GO TO RI015BX.

ELSE GO TO RI010.

RI010

In what country were you born?

UNITED STATES (50 STATES OR DC).....1 (RI025BX)

U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN

SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS,

OR SOLOMON ISLANDS2 (RI015)

ENTER OTHER (SPECIFY) [*Where were you born?*] _____

SOME OTHER COUNTRY3 (RI015)

ENTER OTHER (SPECIFY) [*What country were you born in?*] _____

REFUSED.....RF (RI015)

DON'T KNOWDK (RI015)

RI015BX

IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT AND THE PRIOR ROUND RESPONSE FOR RI015>=0, SET RI015 = THE PRIOR RESPONSE AND GO TO RI017BX.

ELSE GO TO RI015.

RI015

How old were you when you first moved to the {United States/50 states or the District of Columbia}?

DISPLAY "United States" IF RI010 = 3, RF, or DK. DISPLAY "50 states or the District of Columbia" IF RI=2.

ENTER '0' IF LESS THAN 1 YEAR OLD.

Answer must be in range from 0 up to 100.

| | |

AGE

REFUSED.....RF

DON'T KNOWDK

RI017BX

IF RI010 =1 OR 2, GO TO RI025BX.

IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT
AND THE PRIOR ROUND RESPONSE FOR RI020 = 1 OR 2, SET RI020 = THE
PRIOR ROUND RESPONSE AND GO TO RI025BX.

ELSE, GO TO RI020.

Ask RI020 only if respondent was non-citizen at K'06:

RI020

Are you a citizen of the United States?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI025BX

ASK RI025 IF RESPONDENT IS DIFFERENT FROM THE PRIOR ROUNDS, OR IF
RI025 IS MISSING FROM ALL PRIOR ROUND DATA WHEN THE RESPONDENT IS
THE SAME.

ELSE, AUTOCODE RI025 FROM THE PRIOR ROUND DATA IF THE RESPONDENT IS
THE SAME AS THE PRIOR ROUND RESPONDENT.

RI025

What is your primary language?

[PROBE: What language do you speak the most?]

ENGLISH1
SPANISH.....2
ENGLISH AND SPANISH EQUALLY3
OTHER4
ENTER OTHER (SPECIFY) [*What is your
primary language?*]
REFUSED.....RF
DON'T KNOW.....DK

RI045

HELP AVAILABLE

{Now I have a few questions about your current education, employment, and job training.}

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

Display Instructions: Display fill only when RI010 or RI015 or RI020 is asked.

NO FORMAL SCHOOLING	0	(RI070)
1 ST GRADE	1	
2 ND GRADE	2	
3 RD GRADE	3	
4 TH GRADE	4	
5 TH GRADE	5	
6 TH GRADE	6	
7 TH GRADE	7	
8 TH GRADE	8	
9 TH GRADE	9	
10 TH GRADE	10	
11 TH GRADE	11	
12 TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT	13	(RI047)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15	
SOME COLLEGE BUT NO DEGREE	16	
ASSOCIATE'S DEGREE	17	(RI070)
BACHELOR'S DEGREE	18	(RI070)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(RI070)
MASTER'S DEGREE (MA, MS)	20	(RI070)
DOCTORATE DEGREE (PHD, EDD)	21	(RI070)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.)	22	(RI070)
REFUSED	RF	(RI070)
DON'T KNOW	DK	(RI070)

RI046

HELP AVAILABLE

Do you have a high school diploma or its equivalent, such as a GED?

YES	1	
NO	2	(RI070)
REFUSED	RF	(RI070)
DON'T KNOW	DK	(RI070)

RI047

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

HIGH SCHOOL DIPLOMA	1	
GED	2	
REFUSED	RF	
DON'T KNOW	DK	

RI070

HELP AVAILABLE

During the past week, did you work at a job or business for pay?

IF RESPONDENT IS SELF-EMPLOYED, CODE AS YES (1).

IF RESPONDENT IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).

YES.....1 (RI105)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI075

HELP AVAILABLE

Were you on leave or vacation from a job or business?

YES.....1
NO.....2 (RI160)
REFUSED.....RF (RI160)
DON'T KNOW.....DK (RI160)

RI105

How many jobs do you have now?

Answer must be in range from 1 up to 9.

Interviewer may override range UP TO 20.

NUMBER OF JOBS

REFUSED.....RF
DON'T KNOW.....DK

RI110

About how many total hours per week do you usually work for pay (counting all jobs)?

Display "counting all jobs" only if RI105 does not equal 1.

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

NUMBER OF WEEKLY HOURS

REFUSED.....RF
DON'T KNOW.....DK

RI115

{Counting all jobs about/About} how much do you earn before taxes and other deductions?

Display “counting all jobs” only if RI105 does not equal 1. Else display “About”.

Answer must be in range from .01 up to 999999.99.

\$, .
AMOUNT

REFUSED.....RF
DON'T KNOW.....DK

UNITS

PER HOUR.....1
PER DAY2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS)4
PER MONTH5
PER YEAR6
OTHER.....91
ENTER OTHER (SPECIFY) [*What is the unit for earnings?*]_____

RI125

Which of the following best describes the hours you usually work {at your main job}?

DISPLAY “at your main job” only if RI105 does not equal 1.

SHOW CARD RI-1

A regular daytime shift - any time between 6 A.M. and 6 P.M.,.....1
A regular evening shift - any time between 2 P.M. and Midnight.....2
A regular night shift - any time between 9 P.M. and 8 A.M.,.....3
A rotating shift – one that changes periodically from days to evenings or
nights,4
A split shift – one consisting of two distinct periods each day, or.....5
Some other schedule? (SPECIFY).....91
REFUSED.....RF
DON'T KNOW.....DK

RI135

For whom do you work?

PROBE FOR: name of the company, business, organization, or other employer. If more than one current job, ask about the one at which the PERSON spends the most time.

NAME OF COMPANY _____

REFUSED.....RF
DON'T KNOW.....DK

RI140

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

REFUSED.....RF

DON'T KNOW.....DK

RI150

What kind of work are you now doing?

PROBE: What is your job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF

DON'T KNOW.....DK

RI155

What are your most important activities or duties at this job? What do you actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF

DON'T KNOW.....DK

GO TO SECTION SI.

RI160

Have you been actively looking for work in the past 4 weeks?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

RI170

What were you doing most of last week? Would you say...

Keeping house or caring for children,.....1

Going to school,.....2

Retired,.....3

Unable to work, or4

Something else? (SPECIFY).....91

REFUSED.....RF

DON'T KNOW.....DK

RI175

Could you have taken a job last week if one had been offered?

YES..... 1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION SI

SECTION SI: SPOUSE/PARTNER INFORMATION

SI005PREBX

IF FS037 = 1 (SPOUSE OR PARTNER IN HH), GO TO SI005PRE.

OTHERWISE GO TO SECTION WP.

SI005PRE

Now I have a few questions about {NAME}'s current education, employment, and job training.

{NAME} = spouse or partner's name from section FS. If unknown, use "your spouse or partner."

SI015

HELP AVAILABLE

What is the highest grade or year of school that {NAME} has completed?

NO FORMAL SCHOOLING	0	(SI040)
1ST GRADE	1	
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT	13	(SI017)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15	
SOME COLLEGE BUT NO DEGREE	16	
ASSOCIATE'S DEGREE	17	(SI040)
BACHELOR'S DEGREE	18	(SI040)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(SI040)
MASTER'S DEGREE (MA, MS)	20	(SI040)
DOCTORATE DEGREE (PHD, EDD)	21	(SI040)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.)	22	(SI040)
REFUSED	RF	(SI040)
DON'T KNOW	DK	(SI040)

If above information is the same as in the K '06 interview, skip to SI020.

SI016

HELP AVAILABLE

Does {he/she} have a high school diploma or its equivalent, such as a GED?

YES.....1
NO.....2 (SI040)
REFUSED.....RF (SI040)
DON'T KNOW.....DK (SI040)

SI017

Which does {he/she} have, a high school diploma or a GED?

HIGH SCHOOL DIPLOMA1
GED2
REFUSED.....RF
DON'T KNOW.....DK

SI040

HELP AVAILABLE

During the past week, did {NAME} work at a job or business for pay?

[IF SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES (1).

IF SPOUSE/PARTNER IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).]

YES.....1 (SI050)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SI045

HELP AVAILABLE

Was {he/she} on leave or vacation from a job or business?

YES.....1
NO.....2 (SI110)
REFUSED.....RF (SI110)
DON'T KNOW.....DK (SI110)

SI050

How many jobs does {NAME} have now?

Answer must be in range from 0 up to 9.

Interviewer may override range up to 20.

NUMBER OF JOBS

REFUSED.....RF
DON'T KNOW.....DK

SI055

HELP AVAILABLE

About how many total hours per week does {he/she} usually work for pay {counting all jobs}?

[IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.]

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

ENTER WEEKLY HOURS

REFUSED.....RF
DON'T KNOW.....DK

SI056

{Counting all jobs about/About} how much does {NAME} earn before taxes and other deductions?

Answer must be in range from .01 up to 999999.99.

\$_____,_____._____
ENTER DOLLAR AMOUNT

REFUSED..... (SI060)
DON'T KNOW..... (SI060)

SI057

ENTER UNIT

PER HOUR.....1
PER DAY2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS)4
PER MONTH5
PER YEAR6
OTHER.....91
ENTER OTHER (SPECIFY) [*What is the unit of*
pay?].....
REFUSED.....RF
DON'T KNOW.....DK

SI060

HELP AVAILABLE

Which of the following best describes the hours {NAME} usually works {at {his/her} main job}?

SHOW CARD SI-1

- A regular daytime shift—any time between 6 A.M. and 6 P.M.,1
A regular evening shift—any time between 2 P.M. and Midnight2
A regular night shift—any time around 9 P.M. and 8 A.M.,3
A rotating shift—one that changes periodically from days to evenings or
nights,4
A split shift—one consisting of two distinct periods each day, or.....5
Some other schedule91
ENTER OTHER (SPECIFY) [*What are the hours {he/she} usually
works?*]
REFUSED.....RF
DON'T KNOW.....DK

SI075

For whom does {NAME} work?

PROBE FOR: name of the company, business, organization, or other employer. If more than one current job, ask about the one at which the SPOUSE/PARTNER spends the most time.

NAME OF COMPANY _____

REFUSED.....RF
DON'T KNOW.....DK

SI080

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

REFUSED.....RF
DON'T KNOW.....DK

SI090

What kind of work is {he/she} now doing?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF
DON'T KNOW.....DK

SI095

What are {his/her} most important activities or duties at this job? What does {he/she} actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF

DON'T KNOW.....DK

SI90BX

GO TO SECTION WP.

SI110

HELP AVAILABLE

Has {NAME} been actively looking for work in the past 4 weeks?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

SI121

What was {he/she} doing most of last week? Would you say...

Keeping house or caring for children,.....1

Going to school,.....2

Retired,.....3

Unable to work, or4

Something else?91

ENTER OTHER (SPECIFY) [*What was {he/she} doing most of last week?*] _____

REFUSED.....RF

DON'T KNOW.....DK

SI126

Could {he/she} have taken a job last week if one had been offered?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

GO TO SECTION WP.

SECTION WP: WELFARE AND OTHER PUBLIC ASSISTANCE

WP010

HELP AVAILABLE

Now, I have a few questions about government benefits you may receive.

At any time since {CHILD} {and {TWIN}} turned 5 years old, have you {or anyone else in your household} received...

- a. Food Stamps?
- b. TANF {or {STATE NAME FOR TANF} or welfare?
- c. Medicaid benefits?

DISPLAY INSTRUCTIONS:

Display state name for TANF, if available.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

WP012BX

IF WP010A = 1 (RECEIVED FOOD STAMPS), GO TO WP015.
ELSE, GO TO WP017BX.

WP015

For how many months since {CHILD} {and {TWIN}} turned 5 years old, did you {or any member of your household} receive Food Stamps?

Answer must be in range from 0 up to 36.

|_|_|
NUMBER OF MONTHS

REFUSED.....RF
DON'T KNOW.....DK

WP017BX

IF WP010B = 1 (RECEIVED TANF), GO TO WP019. ELSE, GO TO WP021BX.

WP019

For how many months since {CHILD} {and {TWIN}} turned 5 years old, did you {or any member of your household} receive TANF {or {STATE NAME FOR TANF}} or welfare?

Answer must be in range from 0 up to 36.

NUMBER OF MONTHS
IF LESS THAN 1, ENTER '0'.

REFUSED.....RF
DON'T KNOW.....DK

WP021BX

IF WP010C = 1 (RECEIVED MEDICAID), GO TO WP023. ELSE, GO TO WP047BX.

WP023

For how many months since {CHILD} {and {TWIN}} turned 5 years old, did you {or any member of your household} receive Medicaid benefits?

Answer must be in range from 0 up to 36.

NUMBER OF MONTHS
IF LESS THAN 1, ENTER '0'.

REFUSED.....RF
DON'T KNOW.....DK

WP047BX

IF P4WICBFT = 1 AND (P4WIC5TH = -7 (DK) OR -8 (RF) OR -1 (NA)), GO TO WP047.

ELSE, GO TO WP059BX.

WP047

Children cannot participate in WIC once they reach their 5th birthday. Did {CHILD}{or {TWIN}} participate in WIC up to {his/her/their} 5th birthday?

YES1
NO2
REFUSEDRF
DON'T KNOWDK

WP059BX

IF NO TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS ≥ 2 , GO TO WP060.

ELSE IF TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS ≥ 3 , GO TO WP060.

ELSE IF CHILD AGE IS GREATER THAN 5 AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS ≥ 1 , GO TO WP060.

ELSE, GO TO WP060BX.

WP060

In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

WP060BX

IF CHILD IS IN KINDERGARTEN (SE030 = 2 OR SE032 = 2) AND NOT HOMESCHOOLED (SE015 NE 1), GO TO WP065.

ELSE, GO TO WP075.

WP065

Does {CHILD/TWIN}'s school offer lunch for {CHILD}'s kindergarten class?

YES.....1
NO.....2 (WP070)
DON'T KNOW.....DK (WP070)
REFUSEDREF (WP070)

WP066

Does {CHILD/TWIN} usually receive a complete lunch offered at school?

PROBE: By complete school lunch, I mean a complete meal such as a salad, soup, a sandwich, or a hot meal that is offered each day at a fixed price, not just milk, snacks, ice cream, or a lunch {he/she} brought from home.

YES.....1
NO.....2 (WP070)
REFUSED.....RF (WP070)
DON'T KNOW.....DK (WP070)

WP067

Does {CHILD/TWIN} receive free or reduced price lunches at school?

YES..... 1
NO.....2 (WP070)
REFUSED.....RF (WP070)
DON'T KNOW.....DK (WP070)

WP068

Are these lunches free or reduced price?

FREE..... 1
REDUCED PRICE2
REFUSED.....RF
DON'T KNOW.....DK

WP069

During the last five days {CHILD/TWIN} was in school, how many complete school lunches did {he/she} receive?

Answer must be in range of 0 to 5.

|_| ENTER NUMBER OF LUNCHES
REFUSED.....RF
DON'T KNOW.....DK

WP070

Does {CHILD/TWIN}'s school offer breakfast for {CHILD}'s kindergarten class?

YES..... 1
NO.....2 (WP072BX)
DON'T KNOW.....DK (WP072BX)
REFUSED.....RF (WP072BX)

WP071

Does {CHILD/TWIN} usually receive a breakfast provided by the school?

YES..... 1
NO.....2 (WP072BX)
REFUSED.....RF (WP072BX)
DON'T KNOW.....DK (WP072BX)

WP072

During the last five days {CHILD/TWIN} was in school, how many school breakfasts did {he/she} receive?

Answer must be in range of 0 to 5.

ENTER NUMBER OF BREAKFASTS

DON'T KNOW.....DK

REFUSEDRF

WP072BX

IF THERE IS A TWIN IN THE HOUSEHOLD AND IF THE TWIN IS IN KINDERGARTEN (SE030=2 OR SE032=2) AND NOT HOMESCHOOLED (SE015 NE 1), GO TO WP065.

ELSE GO TO WP075.

WP075

READ FIRST TIME AND AS NECESSARY:

Since {CHILD} {and {TWIN}} turned 5 years old, have you (or any member of your household) received any of the following other sources of household income or support?

- a. Unemployment Insurance
- b. Child support
- c. SSI or SSDI
- d. Social Security Retirement or Survivor's benefits
- e. Loan repayments – for example, from friends, relatives, and so forth
- f. Payments for providing foster care
- g. Money given to the family
- h. Another source of income not from a job?

Specify_____

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

GO TO SECTION HL.

SECTION HI: HOUSEHOLD INCOME AND ASSETS

HI005BX

IF THE NUMBER OF HOUSEHOLD MEMBERS AGE ≥ 18 EQUALS 1, SET
HI005=1 AND GO TO HI010.

ELSE GO TO SECTION HI005.

HI005

Now I have a few questions about your household.

Including yourself, how many adults contribute to your household income?

Answer must be in range from 1 up to 50.

NUMBER OF ADULTS

REFUSED.....RF

DON'T KNOW.....DK

HI010

HELP AVAILABLE

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

Was it...

\$25,000 or less, or.....1

More than \$25,000?2

REFUSED.....RF (SECTION NQ)

DON'T KNOW.....DK (SECTION NQ)

DISPLAY INSTRUCTIONS:

If HI010=1 (\$25,000 or less), display response codes 1-5 (\$5,000 or less - \$20,001 to 25,000);

Else if HI010=2 (More than \$25,000), display response codes 6-13 (\$25,001 to \$30,000 to \$200,001 or more).

HI015**Was it . . .**

\$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
\$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,	10
\$75,001 to \$100,000,	11
\$100,001 to \$200,000, or	12
\$200,001 or more?	13
REFUSED	RF (SECTION NQ)
DON'T KNOW	DK (SECTION NQ)

PROBE: Total income means gross income - that is, income before taxes are taken out.**HI017BX**

IF FAMILY INCOME (HI015) IS BELOW 200% OF THE POVERTY THRESHOLD (PER CENSUS), BASED ON INCOME AND FAMILY SIZE, GO TO HI020. (NOTE: ECLS AND CENSUS INCOME CATEGORIES DO NOT MATCH UP PERFECTLY).

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 6) OR

(# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 7) OR

(# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 8) OR

(# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 9) OR

(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR

(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 10) OR

(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 10) OR

(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 11)

GO TO HI020.

ELSE, GO TO SECTION NQ.

HI020

What was your total household income last year, to the nearest thousand?

ENTER TOTAL INCOME.

Probe: Total income means gross income - that is, income before taxes are taken out."

Answer must be in range from 1 up to 80000.

\$|_|_|_|,|_|_|_|
TOTAL INCOME

REFUSED.....RF

DON'T KNOW.....DK

GO TO SECTION NQ.

SECTION NQ: NEIGHBORHOOD QUALITY/SAFETY

NQ005

These next questions are about your home and neighborhood.

Have you moved since {CHILD}{and {TWIN}} {was/were} about five years old?

YES.....1
NO.....2 (Section HF)
REFUSED.....RF (Section HF)
DON'T KNOW.....DK (Section HF)

NQ018

Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?

SHOW CARD NQ-1

VERY SAFE.....1
FAIRLY SAFE2
FAIRLY UNSAFE3
VERY UNSAFE.....4
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION HF.

SECTION HF: HOUSEHOLD FOOD SUFFICIENCY

HF020 BX

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 6) OR
(# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 7) OR
(# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 8) OR
(# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 9) OR
(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 11)
OR HI010 = DK OR RF,
OR HI015 = DK OR RF, GO TO HF020.
ELSE, GO TO PARENT ACASI INTERVIEW

HF020

These next questions are about the food eaten in your household and whether you were able to afford the food you need.

I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/your household} since {CHILD}{and {TWIN}} turned 5 years old.

[Was that often true, sometimes true, or never true for your household since {CHILD}{and {TWIN}} turned 5 years old?]

DISPLAY INSTRUCTIONS:

Display “we”, “our”, and “your household” if there is a household member, besides the respondent, who is 18 years of age or older. Else display “I”, “my”, and “you”.

SHOW CARD HF-1

- a. {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.
- b. The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.
- c. {I/We} couldn't afford to eat balanced meals
- d. {I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/we were} running out of money to buy food
- e. {I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that

Often true1
Sometimes true2
Never true3
REFUSED.....RF
DON'T KNOW.....DK

HF021BX

IF ANY HF020 A-E = 1 (OFTEN TRUE) OR 2 (SOMETIMES TRUE) GO TO HF022.
ELSE, GO TO SECTION AC.

HF022

Please tell me whether the following statement was often true, sometimes true, or never true for {you/your household} in the last 12 months.

{{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.

[Was that often true, sometimes true, or never true for your household in the last 12 months?]

DISPLAY INSTRUCTIONS:

Display “we” and “your household” if there is a household member, besides the respondent, who is 18 years of age or older. Else display “I” and “you”.

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “The children were”; Else, display “{CHILD} was”.

OFTEN TRUE	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	RF
DON'T KNOW	DK

HF025

In the last 12 months, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES	1	
NO	2	(HF035)
REFUSED	RF	(HF035)
DON'T KNOW	DK	(HF035)

HF030

How often did this happen? Would you say...

Almost every month,	1
Some months, but not every month, or	2
In only 1 or 2 months?	3
REFUSED	RF
DON'T KNOW	DK

HF035

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES	1
NO	2
REFUSED	RF
DON'T KNOW	DK

HF040

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF045

In the last 12 months, did you lose weight because you didn't have enough money for food?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HFO46BX

HF022 = 1 OR 2 OR IF HF025 = 1, OR ANY OF HF035-HF045 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK HF050.

OTHERWISE, GO TO SECTION AC.

HF050

In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

Display “you or other adults in your household” if there is a household member, besides the respondent, who is 18 years of age or older. Else display “you”.

YES.....1
NO.....2 (HF060)
REFUSED.....RF (HF060)
DON'T KNOW.....DK (HF060)

HF055

How often did this happen? Would you say...

Almost every month,.....1
Some months, but not every month, or2
In only 1 or 2 months?3
REFUSED.....RF
DON'T KNOW.....DK

HF060

The next questions are about children living in the household who are under 18 years of age.

In the last 12 months, did you ever cut the size of {{CHILD}}'s/any of the children's} meals because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “any of the children’s”. Else, display “{CHILD}’s”.

YES.....	1
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

HF065

In the last 12 months, did {{CHILD}}/any of the children} ever skip a meal because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “any of the children’s”. Else, display “{CHILD}’s”.

YES.....	1	
NO.....	2	(HF075)
REFUSED.....	RF	(HF075)
DON'T KNOW.....	DK	(HF075)

HF070

How often did this happen? Would you say...

Almost every month,.....	1
Some months, but not every month, or	2
In only 1 or 2 months?	3
REFUSED.....	RF
DON'T KNOW.....	DK

HF075

In the last 12 months, {was {CHILD}}/were the children} ever hungry but you just couldn't afford more food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “were the children”. Else, display “was {CHILD}”.

YES.....	1
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

HF080

In the last 12 months, did {{CHILD}}/any of the children} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “any of the children”. Else, display “{CHILD}”.

YES.....	1
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

IF INTERVIEW IS CONDUCTED OVER THE PHONE, SKIP TO SECTION CM. ELSE, GO TO ACASI ITEMS.

SECTION CM: CLOSING MATERIAL

CMINTRO

Thank you for taking the time to participate in the parent interview portion of this important study. As I promised you earlier, this interview is completely confidential and we won't share any information with anyone else.

ENTER "1" TO BEGIN CLOSING MATERIALS SECTION.

CM160ABX

IF RESPONDENT IS NOT CHILD'S LEGAL GUARDIAN AND CHILD IS ENROLLED (SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1), GO TO CM160A.

ELSE, GO TO CM160BX.

CM160a

THE NEXT FEW QUESTIONS ARE ABOUT {CHILD'S} TEACHER CONTACT INFORMATION.

YOU MUST HAVE THE LEGAL GUARDIAN'S SIGNATURE ON THE LEGAL GUARDIAN PERMISSION TO CONTACT CHILD'S TEACHER IN THE ECLS-B KINDERGARTEN 2007 ROUND FORM BEFORE WE CAN CONTACT THE TEACHER.

DO YOU HAVE A SIGNED TEACHER LEGAL GUARDIAN PERMISSION FORM AND LETTER?

YES.....1 (GO TO CM160BX)

NO.....2

CM160B

WILL YOU BE OBTAINING THE LEGAL GUARDIAN'S SIGNATURE ON THE LEGAL GUARDIAN PERMISSION TO CONTACT CHILD'S TEACHER IN THE ECLS-B KINDERGARTEN 2007 ROUND FORM?

YES.....1

NO.....2

If CM160b=2, display:

"WITHOUT SIGNED CONSENT, THE INTERVIEW WILL NOT COLLECT THE CONTACT INFORMATION FOR THE TEACHER.

PLEASE VERIFY YOUR RESPONSE. PRESS 'S' IF YOUR RESPONSE IS CORRECT."

CM160BX

IF CHILD IS ENROLLED (SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1), GO TO CM160PRE.

ELSE IF TWIN IS ENROLLED (SE010=1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1), GO TO CM160PRE FOR TWIN.

ELSE GO TO CM051BX.

CM160PRE

{FOR CHILD: As/FOR TWIN: As I said before, As} part of this study, we will be interviewing the teachers of children in the study.

{If IN000LG=2 (NOT LEGAL GUARDIAN) AND CM160a=1 (FI HAS SIGNED TEACHER LEGAL GUARDIAN PERMISSION FORM), DISPLAY: We have permission from the legal guardian to contact {CHILD/TWIN}'s teacher

{If IN000LG=2 (NOT LEGAL GUARDIAN) AND CM160a=2 (FI DOES NOT HAVE SIGNED TEACHER LEGAL GUARDIAN PERMISSION FORM), DISPLAY: Before we contact {CHILD/TWIN}'s teacher, we will obtain permission from {CHILD/TWIN'S} legal guardian.

TAKE OUT THE {PERMISSION FORM} AND NOTIFICATION LETTER.

DISPLAY INSTRUCTIONS:

Display "LEGAL GUARDIAN PERMISSION TO CONTACT CHILD'S TEACHER" if IN000LG = 2. Else display "PERMISSION TO CONTACT CHILD'S TEACHER IN THE ECLS-B KINDERGARTEN 2007 ROUND."

We would like your permission to contact {CHILD/TWIN}'s teacher. We have a permission form and a letter that we would like you to sign.

PRESS "1" AND THEN ENTER TO CONTINUE.

CM165BX

IF IN000LG = 2, GO TO CM177BX.

ELSE GO TO CM165.

IF TWCCARE NE YES,

CM165

DISPLAY INSTRUCTIONS:

USE THIS FORM: PERMISSION TO CONTACT CHILD'S TEACHER IN THE ECLS-B KINDERGARTEN 2007 ROUND.

1. REVIEW PERMISSION FORM WITH RESPONDENT.
2. FILL OUT THE PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT).
3. HAND RESPONDENT PERMISSION FORM TO READ AND SIGN.
4. AFTER FORM IS SIGNED, HAND PINK COPY TO RESPONDENT.
5. PLACE REMAINING COPIES IN CASE FOLDER.
6. ASK RESPONDENT TO SIGN NOTIFICATION LETTER.
7. PLACE SIGNED NOTIFICATION LETTER IN CASE FOLDER.

Will you give your written permission for RTI to contact {CHILD/TWIN}'s teacher?

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO TEACHER FAQ LOCATED IN THE BACK OF THE FI MANUAL.

DID THE RESPONDENT SIGN THE PERMISSION FORM?

YES:[SET TPermt to YES]1
NO.....2 (CM220BX)

REVP_FUBX

IF CM165 [REVPERM]=1 AND INOOIP [INPERSON]=2, GO TO REVP_FU

In a few days, RTI will mail you a few forms that I will need you to sign. Your signature on these forms will be the written permission that RTI will need to contact {CHILD/TWIN}'s teacher. Once signed, we will ask that you mail the forms back to us in a postage paid envelope.

CM177BX

IF ASKING ABOUT CHILD, GO TO SC035

IF ASKING ABOUT TWIN AND SE005 NE 1, GO TO SC035].

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD) AND SE098 [SAMETCHR] = 1 (SAME TEACHER AS CHILD), GO TO CM051BX.

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD) AND SE098 NE 1 (NOT SAME TEACHER AS CHILD), GO TO CM195 [TCHFAM].

SC035

Now I'd like to find out the name and address of {CHILD/TWIN}'s school. In what state is the school located?

ENTER STATE ABBREVIATION.

IF YOU ARE UNCERTAIN OF THE STATE ABBREVIATION, PRESS THE F1 KEY TO SEE A LIST OF ABBREVIATIONS.

SC040

What is the name of the school?

TO LOOKUP THE SCHOOL ID, ENTER AT LEAST FIRST THREE LETTERS OF SCHOOL NAME. USUALLY, THE MORE LETTERS YOU ENTER THE MORE LIKELY YOU WILL FIND THE RIGHT SCHOOL. BUT THIS IS NOT ALWAYS THE CASE.

ONCE YOU HAVE FOUND THE CORRECT SCHOOL

HIGHLIGHT THE SCHOOL DESIRED BY USING THE UP AND DOWN ARROWS

PRESS [ENTER] TO SELECT THE SCHOOL

PRESS [ENTER] AGAIN TO SELECT THE ID

IF YOU CANNOT FIND THE SCHOOL, TRY ENTERING DIFFERENT LETTERS IN THE SCHOOL NAME.

IF YOU STILL CANNOT FIND THE SCHOOL, TYPE 'NOTFOUND' AND PRESS [ENTER] TO SELECT. IF THE SCHOOL NAME CONTAINS A NUMBER, LIKE PUBLIC SCHOOL 14, TRY SEARCHING FOR THE NUMBER 14.

SC044BX

IF 'NOTFOUND' ENTERED FOR SC040 CONTINUE,
ELSE GO TO SC049.

SC044

What is the name of the school where {CHILD/TWIN} attends school?

ENTER NAME OF SCHOOL

VERIFY SPELLING

SC045a

What is the address of {SCHOOL NAME}?

ENTER MAILING ADDRESS – LINE 1

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

SC045b

[What is the address of the school?]

ENTER MAILING ADDRESS – LINE 2

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

SC046

[What is the address of the school?]

ENTER CITY

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

SC047

[What is the address of the school?]

ENTER ZIP

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

SC048

What is the phone number of the school?

ENTER PHONE NUMBER

DON'T KNOW.....DK
REFUSED.....RF

SKIP TO SC050a

SC049

Let me confirm the school information I have. Is this information correct?

[INSERT SCHOOL NAME, ADDRESS, AND PHONE NUMBER]

CONFIRM SCHOOL NAME AND MAILING ADDRESS INFORMATION.

YES, SCHOOL NAME, ADDRESS AND PHONE
NUMBER ARE CORRECT.....1 (CM195)
NO, WRONG SCHOOL – RESELECT.....2 (Back to L_SCHOOLID)
NO, SCHOOL NAME IS CORRECT, BUT
ADDRESS IS INCORRECT.....3 (CONTINUE TO SC050b)
NO, SCHOOL NAME AND ADDRESS ARE
CORRECT, BUT PHONE NUMBER IS
INCORRECT.....4 (SC050F)
DON'T KNOW.....DK
REFUSED.....RF

SC050b

What is the mailing address for {SCHOOL NAME}?

DATABASE HAS: [INSERT ADDRESS]

MAKE CORRECTIONS TO THE MAILING ADDRESS – LINE 1 BELOW OR PRESS ENTER TO ACCEPT [INSERT ADDRESS]

VERIFY SPELLING

SC050c

[What is the mailing address for the school?]

MAKE CORRECTIONS TO THE MAILING ADDRESS – LINE 2 BELOW OR PRESS ENTER TO ACCEPT

VERIFY SPELLING

PRESS ENTER IF INFORMATION IS CORRECT

SC050d.

[In what city is the school?]

DATABASE HAS: [INSERT CITY]

MAKE CORRECTIONS TO THE CITY BELOW OR PRESS ENTER TO ACCEPT [INSERT CITY]

SC050e

[What is the zip code for the school?]

DATABASE HAS: [INSERT ZIP CODE]

MAKE CORRECTIONS TO THE ZIP CODE BELOW OR PRESS ENTER TO ACCEPT [INSERT ZIP CODE]

SC050f

What is the phone number for the school?

DATABASE HAS: [INSERT PHONE NUMBER]

MAKE CORRECTIONS TO THE PHONE NUMBER BELOW OR PRESS ENTER TO ACCEPT [INSERT PHONE NUMBER]

→ ALL SKIP TO SC051

SC050a

Let me confirm the school information I have. Is this information correct?

INSERT SCHOOL NAME AND ADDRESS INFORMATION

YES.....1 (CM195)

NO.....2 (PLEASE PRESS ENTER TO GO BACK TO SCHOOL ADDRESS
SCREEN SC044)

SC051

Let me confirm address and phone number for {SCHOOL NAME}. Is this information correct?

YES.....1 (CM195)
NO.....2 (PLEASE PRESS ENTER TO GO BACK TO SCHOOL ADDRESS
SCREEN SC050b)

CM195

What is the name of {CHILD/TWIN}'s teacher?

Display:

INTERVIEWER: EMPHASIZE THE IMPORTANCE OF OBTAINING THE CORRECT SPELLING OF THE TEACHER'S NAME SO A QUESTIONNAIRE CAN BE MAILED TO HIM/HER. IF THE PARENT IS UNSURE OF THE SPELLING, ENCOURAGE HIM/HER TO REFER TO A LETTER FROM THE SCHOOL WHERE THE TEACHER'S NAME IS LISTED.

ENTER FIRST NAME

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

CM196

[What is the name of {CHILD/TWIN}'s teacher?]

ENTER LAST NAME

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

CM200

What is the teacher's gender?

MALE1
FEMALE2
DON'T KNOW.....DK
REFUSED.....RF

CM205

What is {CHILD/TWIN}'s classroom number?

ENTER CLASSROOM NUMBER

VERIFY NUMBER

DON'T KNOW.....DK
REFUSED.....RF

CM210BX

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD), GO TO CM051BX.

ELSE IF TWIN SE005 NE 1, GO TO CM210 [ADFNAM].

CM210

What is the name of the school's administrator?

ENTER FIRST NAME

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

CM215

[What is the name of the school's administrator?]

ENTER LAST NAME

VERIFY SPELLING

DON'T KNOW.....DK
REFUSED.....RF

CM220

What is the administrator's gender?

MALE1
FEMALE2
DON'T KNOW.....DK
REFUSED.....RF

CM220BX

IF ASKING ABOUT TWIN, THEN GO BACK TO CM160PRE.

ELSE, GO TO CM051BX.

CM060ABX

IF RESPONDENT IS NOT CHILD'S LEGAL GUARDIAN AND [SE010=1 (CHILD IN SCHOOL) OR SE015=1 (CHILD IS HOMESCHOOLED)] AND [SE030=2 OR SE032=2 (CHILD IN KINDERGARTEN)] AND CHILD IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHCCARE=1) AND [CARE PROVIDED IS >= 5 HOURS PER WEEK], GO TO CM060A.

ELSE IF RESPONDENT IS NOT CHILD'S LEGAL GUARDIAN AND ASKING ABOUT TWIN AND [SE010=1 (TWIN IN SCHOOL) OR SE015=1 (TWIN IS HOMESCHOOLED)] AND [SE030=2 OR SE032=2 (TWIN IN KINDERGARTEN)] AND TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHCCARE=1) AND [CARE PROVIDED IS >= 5 HOURS PER WEEK], GO TO CM060A.

ELSE, GO TO CM051BX.

CM060a

THE NEXT FEW QUESTIONS ARE ABOUT {CHILD'S} CAREGIVER CONTACT INFORMATION.

YOU MUST HAVE THE LEGAL GUARDIAN'S SIGNATURE ON THE LEGAL GUARDIAN PERMISSION TO CONTACT THE WRAP-AROUND EARLY CARE AND EDUCATION PROVIDER (WECEP) TO PARTICIPATE IN THE ECLS-B KINDERGARTEN 2007 ROUND AND THE LEGAL GUARDIAN WECEP NOTIFICATION LETTER BEFORE WORKING THE WECEP INTERVIEW.

DO YOU HAVE A SIGNED WECEP LEGAL GUARDIAN PERMISSION FORM AND LETTER?

YES.....1 (GO TO CM051BX)
NO.....2

CM060b

WITHOUT SIGNED CONSENT, THE INTERVIEW WILL NOT COLLECT THE CONTACT INFORMATION FOR THE WECEP AND WILL NOT SPAWN THE CASE.

WILL YOU BE OBTAINING THE LEGAL GUARDIAN'S SIGNATURE ON THE LEGAL GUARDIAN PERMISSION TO CONTACT THE WRAP-AROUND EARLY CARE AND EDUCATION PROVIDER (WECEP) IN THE ECLS-B KINDERGARTEN ROUND AND THE LEGAL GUARDIAN WECEP NOTIFICATION LETTER?

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

CM051BX

IF ASKING ABOUT CHILD AND [SE010=1 (CHILD IN SCHOOL) OR SE015=1 (CHILD IS HOMESCHOOLED)] AND [SE030=2 OR SE032=2 (CHILD IN KINDERGARTEN)] AND CHILD IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHCCARE=1) AND [CARE PROVIDED IS >= 5 HOURS], GO TO CM060PRE.

ELSE IF ASKING ABOUT TWIN [SE010=1 (TWIN IN SCHOOL) OR SE015=1 (TWIN IS HOMESCHOOLED)] AND [SE030=2 OR SE032=2 (TWIN IN KINDERGARTEN)] AND TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHCCARE=1) AND [CARE PROVIDED IS >= 5 HOURS], GO TO CM060PRE.

IF RESPONDENT IS NOT CHILD'S LEGAL GUARDIAN, SKIP TO CM060PREC.
ELSE, GO TO SECTION LF.

CM060PRE

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display "relative caregiver".

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display "non-relative caregiver".

If child care provider where most hours of care are center-based care, then display "before- and after-school center director and teacher".

If child care provider where most hours of care is public school care then display "before- and after-school director and teacher".

If respondent is child's legal guardian:

{FOR CHILD: As/FOR TWIN: As I said before, As} part of this study, we will be interviewing the early care and education provider of children in the study. We would like to talk to {CHILD/TWIN}'s {see display note}.

TAKE OUT THE PARENTAL PERMISSION TO CONTACT THE WRAP-AROUND EARLY CARE AND EDUCATION PROVIDER (WECEP) TO PARTICIPATE IN THE ECLS-B KINDERGARETN 2007 ROUND FORM, NOTIFICATION LETTER AND FACT SHEET.

We would like your permission to contact {CHILD/TWIN}'s { see display note} We have a permission form and a letter that we would like you to sign, and we also have a fact sheet that tells you a little more about the child care part of the study.

HAND RESPONDENT A COPY OF THE FACT SHEET.

PRESS "1" AND THEN ENTER TO CONTINUE.

If respondent is not child's legal guardian:

CM060PREc

As part of this study, we will be interviewing the early care and education provider of children in the study. We would like to talk to {CHILD/TWIN}'S before- and after-school school director and teacher. (We have permission from the legal guardian to contact {CHILD/TWIN}'s {see display note}. Before we contact {CHILD/TWIN}'s {see display note}, we will obtain permission from {CHILD/TWIN}'s legal guardian.) We have a fact sheet that tells you a little more about the child care part of the study. **HAND RESPONDENT A COPY OF THE FACT SHEET.**

CM065

USE THIS FORM: PARENTAL PERMISSION TO CONTACT THE WRAP-AROUND EARLY CARE AND EDUCATION PROVIDER (WECEP) TO PARTICIPATE IN THE ECLS-B KINDERGARTEN 2007 ROUND.

- 1. REVIEW PERMISSION FORM WITH RESPONDENT.**
- 2. FILL OUT THE PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT).**
- 3. HAND RESPONDENT PERMISSION FORM TO READ AND SIGN.**
- 4. AFTER FORM IS SIGNED, HAND PINK COPY TO RESPONDENT.**
- 5. PLACE REMAINING COPIES IN CASE FOLDER.**
- 6. ASK RESPONDENT TO SIGN NOTIFICATION LETTER.**
- 7. PLACE SIGNED NOTIFICATION LETTER IN CASE FOLDER.**

Will you give your written permission for me to contact {CHILD/TWIN}'s caregiver?

YES.....1

NO.....2 (SECTION LF)?

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO CHILD CARE FAQ LOCATED IN THE BACK OF THE FI MANUAL

IF CM065 [CPPERMT]=1 AND INOOIP [INPERSON]=2, GO TO CPP_FU
--

CPP_FU

In a few days, RTI will mail you a few forms that I will need you to sign. Your signature on these forms will be the written permission that RTI will need to contact {CHILD/TWIN}'s provider. Once signed, we will ask that you mail the forms back to us in a postage paid envelope.

CM075BX

IF ASKING ABOUT CHILD, GO TO CM079.

ELSE IF ASKING ABOUT TWIN AND CC005 =YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS CENTER-BASED, THEN GO TO CM095.

ELSE IF ASKING ABOUT TWIN AND CC005 =YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS HOME-BASED, THEN GO TO SECTION LF.

CM079**DISPLAY INSTRUCTIONS:**

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display “relative caregiver”.

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care are center-based care, then display “center director and teacher”.

If child care provider where most hours of care is public school care then display “school director and teacher”.

Please feel free to mention to {CHILD/TWIN}'s {see display note} that I will be contacting them soon.

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display “relative caregiver”.

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care are center-based care, then display “center director and teacher”.

If child care provider where most hours of care is public school care then display “school director and teacher”.

Please tell me anything special that I should know about contacting your {see display note}.

PROBE: For example, the best time to call your child care provider about the interview.

CM080**DISPLAY INSTRUCTIONS:**

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display “relative caregiver”.

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care are center-based care, then display “center director”.

If child care provider where most hours of care is public school care then display “school director”.

What is the name of {CHILD/TWIN}'s {see display note}?

VERIFY SPELLING**ENTER FIRST NAME.**

REFUSED.....RF
DON'T KNOW.....DK

CM085**DISPLAY INSTRUCTIONS:**

Use the instruction from CM080.

[What is the name of {CHILD/TWIN}'s {see display note}?]

VERIFY SPELLING.**ENTER LAST NAME.**

REFUSED.....RF
 DON'T KNOW.....DK

IF TMOSTCARE=HEMOCARE, GO TO CM108BX.

CM086

What is {PROVNAME}'s primary language?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

ENGLISH1
 ARABIC2
 CHINESE.....3
 FILIPINO LANGUAGE – (e.g., TAGALOG, ILOCANO, etc.)4
 FRENCH.....5
 GERMAN6
 GREEK7
 ITALIAN8
 JAPANESE9
 KOREAN.....10
 POLISH11
 PORTUGUESE12
 SPANISH.....13
 VIETNAMESE14
 AFRICAN15
 EAST EUROPEAN16
 NATIVE AMERICAN17
 SIGN LANGUAGE18
 MIDDLE EASTERN19
 WEST EUROPEAN20
 INDIAN SUBCONTINENT21
 SOUTHEAST ASIAN22
 PACIFIC ISLAND23
 CANNOT CHOOSE24
 ENTER SOME OTHER LANGUAGE91
 (Specify) [What primary language does the provider
 speak?] _____
 REFUSED.....RF
 DON'T KNOW.....DK

CM087

ASK IF NECESSARY. Is {PROVNAME} male or female?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

MALE	1
FEMALE	2
REFUSED.....	3
DON'T KNOW.....	4

CM090ABX

IF SC040 IS MISSING, SKIP CM090A.

CM090a

Is this before- and after-school care provided at [FILL WITH SCHOOL NAME FROM CM180/SCHOOL LOOK-UP]?

YES.....	1	(CM093)
NO.....	2	
REFUSED.....	RF	
DON'T KNOW.....	DK	

CM090

What is the name of {CHILD/TWIN}'s child care center?

REFUSED.....	RF
DON'T KNOW.....	DK

CM093

DISPLAY INSTRUCTIONS:

Use the instruction from CM080 where it says {display note}. If child care provider where most hours of care are home care or center-based care, then display "caregiver".

If child care provider where most hours of care is public school care then display "teacher".

Is {CHILD/TWIN}'s {see display note} the same person as {his/her} primary {caregiver/teacher}?

YES.....	1	(CM115BX)
NO.....	2	
REFUSED.....	RF	
DON'T KNOW.....	DK	

IF SE005=1, ASK CM095. ELSE, GO TO CM100.

CM095**DISPLAY INSTRUCTIONS:**

Display name entered for CHILD at CM100/CM105 for {PROVNAME}. SHOULD THIS BE CM80/MC85?

Does {TWIN} also have {PROVNAME} as {his/her} primary {caregiver/teacher} at {CENTER NAME}?

YES1 (SECTION LF)
 NO.....2
 REFUSED.....RF (SECTION LF)
 DON'T KNOW.....DK (SECTION LF)

CM100**DISPLAY INSTRUCTIONS:**

If asking about CHILD, or if asking about TWIN and CC005 ^= YES, display response to CM090 for “{CENTER NAME}”.

Else if asking about TWIN and CC005 =YES, then display CHILD’s response for CM090 for “{CENTER NAME}”.

What is the name of {CHILD/TWIN}’s primary {caregiver/teacher} at {CENTER NAME}?

VERIFY SPELLING.

ENTER FIRST NAME.

REFUSED.....RF
 DON'T KNOW.....DK

CM105**DISPLAY INSTRUCTIONS:**

Display response to CM090 for “{CENTER NAME}”.

[What is the name of {CHILD/TWIN}’s primary {caregiver/teacher} at {CENTER NAME}?]

VERIFY SPELLING.

ENTER LAST NAME.

REFUSED.....RF
 DON'T KNOW.....DK

CM108BX IF (ASKING ABOUT CHILD, OR (ASKING ABOUT TWIN AND CC005 ^= YES)) AND CM093 NE YES, THEN GO TO CM108. ELSE, GO TO CM115BX.

CM108**What is {PROVNAME}'s primary language?****DISPLAY INSTRUCTIONS:**

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HEMOCARE, display name entered at CM080/CM085 for {PROVNAME}.

ENGLISH	1
ARABIC	2
CHINESE.....	3
FILIPINO LANGUAGE (e.g., TAGALOG, ILOCANO, etc)	4
FRENCH.....	5
GERMAN	6
GREEK	7
ITALIAN	8
JAPANESE	9
KOREAN.....	10
POLISH	11
PORTUGUESE	12
SPANISH.....	13
VIETNAMESE	14
AFRICAN	15
EAST EUROPEAN.....	16
NATIVE AMERICAN	17
SIGN LANGUAGE	18
MIDDLE EASTERN	19
WEST EUROPEAN	20
INDIAN SUBCONTINENT.....	21
SOUTHEAST ASIAN	22
PACIFIC ISLAND	23
CANNOT CHOOSE.....	24
ENTER SOME OTHER LANGUAGE	91
(Specify) [What primary language does the provider speak?]	
REFUSED.....	RF
DON'T KNOW	DK

CM110**ASK IF NECESSARY. Is {PROVNAME} male or female?****DISPLAY INSTRUCTIONS:**

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HEMOCARE, display name entered at CM080/CM085 for {PROVNAME}.

MALE	1
FEMALE	2
REFUSED.....	RF
DON'T KNOW	DK

CM113

Is {PROVNAME} 18 years of age or older?

DISPLAY INSTRUCTIONS:

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

YES.....	1
NO.....	2
REFUSED.....	3
DON'T KNOW.....	4

CM114BX

IF CM113 NE 1 (CAREGIVER IS A MINOR) AND INTERVIEW IS BEING
CONDUCTED IN WASHINGTON STATE,

DO NOT CONDUCT WECEP INTERVIEW.

CM115BX

IF (ASKING ABOUT CHILD, OR (ASKING ABOUT TWIN AND CC005 ^= YES)
AND CM090A ^=YES, THEN GO TO CM115.

ELSE, GO TO SECTION LF.

CM115**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/{CAREGIVER/TEACHER}}’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

What is the mailing address of {{RELATIVE/CAREGIVER’S NAME)/(CENTER NAME}}?

ENTER FIRST LINE OF MAILING ADDRESS.

VERIFY SPELLING.

CM120**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER SECOND LINE OF THE MAILING ADDRESS. IF THERE IS NO SECOND LINE, PRESS ENTER. DO NOT ENTER INFORMATION SUCH AS ‘NONE’ OR ‘NA.’

VERIFY SPELLING.

{STREET ADDRESS1}

CM125**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER CITY.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

CM130**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

DATA CHECK: If state entered does not match state entered in (IN000ST) please display ‘The state entered differs from the state in which the interview is being conducted, please modify the provider state if necessary and press enter to continue.’

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER STATE.

USE [F1] TO CHECK STATE CODES, IF YOU ARE UNCERTAIN.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY}

CM135**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER ZIP CODE.

VERIFY ZIP CODE.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY} {STATE}

CM140**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}”.

If child care provider where most hours of care is center-based care, display name entered at CM090 for “{CENTER NAME}”.

What is {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}’s telephone number?

IF NO TELEPHONE, ENTER 000.