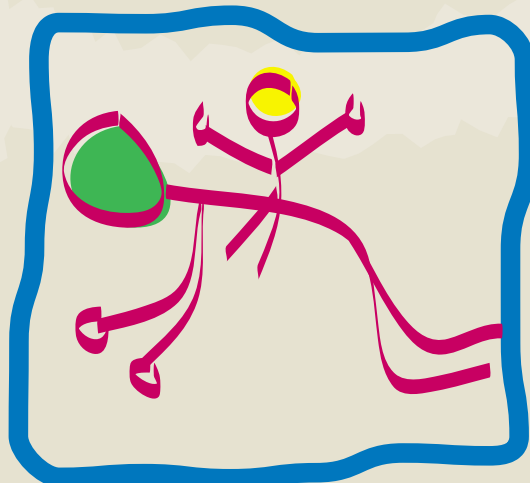
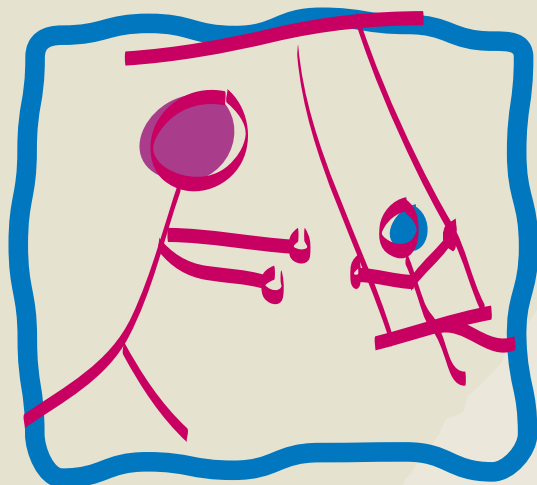
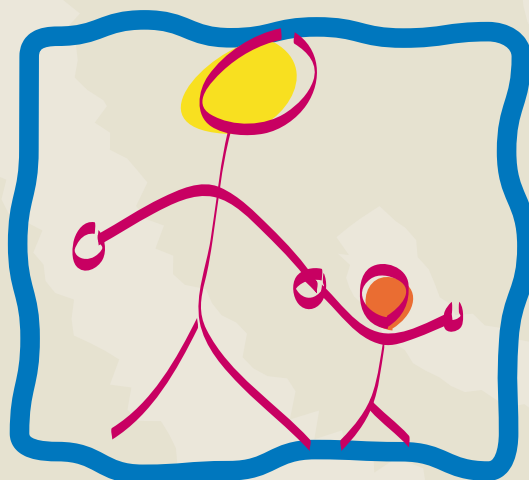


Birth Cohort

OMB#: 1850-0756  
Expires: 8/31/2002

ID#

# Questions For Fathers



**Q1. How long has it been since you last saw your child?**

*Please give your answers in days, weeks, or months – whichever is most appropriate.*

DAYS    **→**    *If more than 90 days, skip to Q5*

*or*

WEEKS    **→**    *If more than 12 weeks, skip to Q5*

*or*

MONTHS    **→**    *If more than 3 months, skip to Q5*

**Q2. In the last 3 months, on how many days have you seen your child?**

*Your best guess is fine.*

DAYS

**Q3. In the past month, how often have you spent one or more hours a day with your child?**

*Mark (X) one*

☐ Have not seen child in the last month    **→**    *Skip to Q5*

☐ Every day or almost every day

☐ A few times a week

☐ A few times a month

☐ Once or twice

☐ Never?    **→**    *Skip to Q5*

**Q4. In the past month, how often have you looked after your child while child's mother did other things? Was it . . .**

*Mark (X) one*

☐ Every day or almost every day,

☐ A few times a week,

☐ A few times a month,

☐ Once or twice, or

☐ Never?

**Q5. How often do you feel the following ways or do the following things?**

*For each item, mark (X) one response*

	<u>All of the time</u>	<u>Some of the time</u>	<u>Rarely</u>	<u>Never</u>
a. You talk a lot about your child to your friends and family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You carry pictures of your child with you wherever you go .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You often find yourself thinking about your child ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You think it's more fun to get your child something new than to get yourself something new .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6. How often do you talk with your child's mother about your child? Would you say several times a week, about once a week, 2-3 times a month, once a month, or less often?**

*Mark (X) one*

- ☐ Several times a week
- ☐ About once a week
- ☐ 2-3 times a month
- ☐ Once a month
- ☐ Less often

**Q7. How much influence do you have in making major decisions about things such as child care and health care for your child? Do you have...**

*Mark (X) one*

- ☐ None,
- ☐ Some, or
- ☐ A great deal of influence?

**Q8. Do you want to be involved in raising your child in the coming years?**

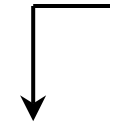
- ☐ Yes
- ☐ No

Now, we have a few questions about before your child was born and your child's birth.

**Q9. At the time the child's mother became pregnant with the child, did you want her to have a(nother) baby at some time?**

*Mark (X) one*

- ☐ Yes  
☐ No → *Skip to Q11*



**Q10. Did she become pregnant sooner than you wanted, later than you wanted, or at about the right time?**

*Mark (X) one*

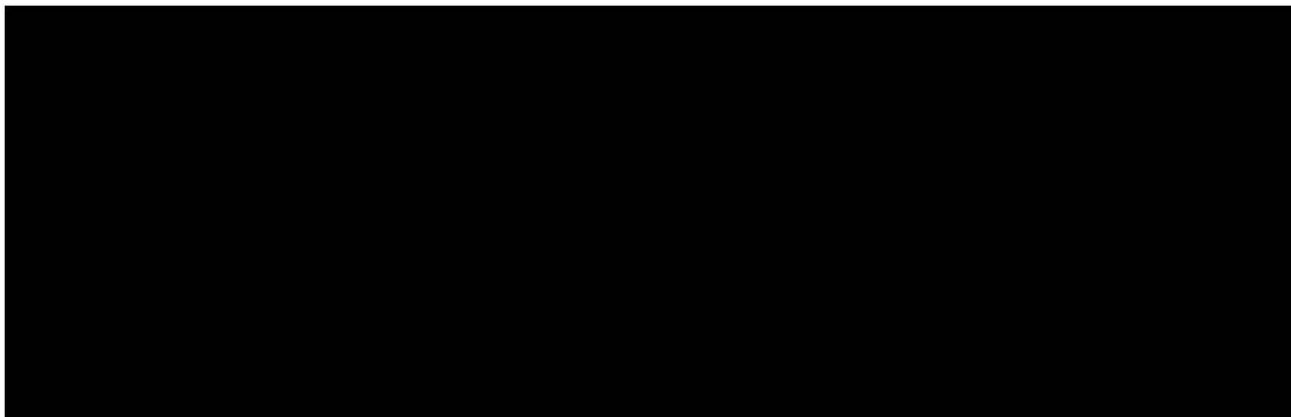
- ☐ Sooner  
☐ Later  
☐ At about the right time

**Q11. When did you first hold your child?**

*Mark (X) one*

- ☐ Within an hour after delivery  
☐ The day of birth, but more than an hour after delivery  
☐ 1 day after birth  
☐ 2-3 days after birth  
☐ 4-7 days after birth  
☐ 8-14 days after birth  
☐ 15 or more days after birth  
  
☐ Couldn't hold child because child was in the neonatal intensive care unit (NICU)

**Q12.**



Next are a few questions about your current relationship with the child's mother.

**Q13. Which of the following statements best describes your current relationship with the child's mother?**

*Mark (X) one*

- ☐ We generally get along pretty well.
- ☐ We don't get along too well.
- ☐ We fight a lot and do not get along well.
- ☐ We avoid seeing each other.

**Q14. I am going to read you a list of issues that you and your child's mother may have disagreements about. For each one, please tell me if you have none, some, or a great deal of disagreement.**

*For each item, mark (X) one response*

	<u>None</u>	<u>Some</u>	<u>A great deal</u>
a. How the child is raised .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you spend money on the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How the child's mother spends money on the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much time you spend with the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your financial contribution to the child's support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Where the child lives .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15. People deal with serious disagreements in different ways. When you have a serious disagreement with your child's mother, how often do you . . .**

*For each item, mark (X) one response*

	<u>Often</u>	<u>Sometimes</u>	<u>Hardly ever</u>	<u>Never</u>
a. Just keep your opinions to yourself? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss your disagreements calmly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue heatedly or shout at each other? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. End up hitting or throwing things at each other? ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach a compromise? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Criticize each other? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, we have some questions about things you may do for your child or for your child's household. We also have some questions about other children you may have.

**Q16. Altogether, how many biological or natural children do you have?**

*Please include the subject child – that is the child selected for this survey.*

|\_|\_| NUMBER OF BIOLOGICAL CHILDREN

**Q17. How old were you when your first child was born?**

|\_|\_| AGE WHEN FIRST CHILD WAS BORN

Now think about the subject child and things you do for him or her.

**Q18. How often have you done any of the following for your child?**

*For each item, mark (X) one response*

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>	<u>Not Applicable</u>
a. Bought clothes, diapers, toys, or presents for your child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Paid for the child's medical insurance, doctor bills, or medicines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Given the child's mother extra money to help out, not including child support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Helped pay for child's child care expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19. Have you given anyone in the child's household help by . . .**

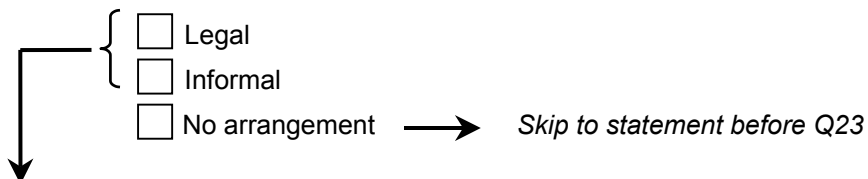
*For each item, mark (X) one response*

	<u>Yes</u>	<u>No</u>
a. Helping with repairs around the house or to the car.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Buying food—either groceries or meals out .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Making car payments, paying for repairs, or purchasing or loaning a car .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Making rent or mortgage payments .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping pay for utilities or other household bills .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Some other kind of help <i>Please specify</i> ↷ .....	<input type="checkbox"/>	<input type="checkbox"/>

---

**Q20. Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with the child's mother?**

*Mark (X) one*



☐ Legal

☐ Informal

☐ No arrangement → *Skip to statement before Q23*

**Q21. How much per month are you supposed to pay for the child's support?**

*Your best estimate will be fine.*

\$ \_\_\_\_\_ PER MONTH

**Q22. How much did you pay for the child's support last month?**

*Your best estimate will be fine.*

\$ \_\_\_\_\_ PER MONTH

We would like to ask a few questions about your background.

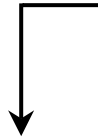
**Q23. What is your birth date?**

|\_|\_| MONTH |\_|\_| DAY |\_|\_|\_|\_| YEAR

**Q24. In what country were you born?**

*Mark (X) one*

- ☐ United States (50 states or DC)
- ☐ U.S. territories: Puerto Rico, Guam, American Samoa,  
U.S. Virgin Islands, Mariana Islands, or Solomon Islands
- ☐ Some other country *Please specify* ↷
- } → *Skip to Q26*



**Q25. Are you a citizen of the United States?**

- ☐ Yes
- ☐ No



**Q26. What is the highest grade or year of school that you have completed?**

Mark (X) one

☐ No schooling completed

☐ Nursery school to 4th grade

☐ 5th grade or 6th grade

☐ 7th grade or 8th grade

☐ 9th grade

☐ 10th grade

☐ 11th grade

☐ 12th grade, **NO DIPLOMA**

☐ **HIGH SCHOOL GRADUATE** - high school DIPLOMA or the equivalent (*for example: GED*)

☐ Voc/tech program after high school, but no voc/tech diploma

☐ Voc/tech diploma after high school

☐ Some college, but no degree

☐ Associate's degree

☐ Bachelor's degree

☐ Graduate or professional school, but no degree

☐ Master's degree (MA, MS)

☐ Doctorate degree (PhD, EdD)

☐ Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)

*Skip to Q29*

**Q27. Do you have a high school diploma or its equivalent, such as a GED?**

☐ Yes

☐ No → *Skip to Q29*

**Q28. Which do you have, a high school diploma or a GED?**

☐ High school diploma

☐ GED

**Q29. During the past week, did you work at a job or business for pay?**

☐ Yes → *Skip to Q31*

☐ No

**Q30. Were you on leave or vacation from a job or business?**

- ☐ Yes  
☐ No → *Skip to Q32*

**Q31. About how many total hours per week do you usually work for pay, counting all jobs?**

|\_|\_| HOURS PER WEEK → *Skip to Q36*

**Q32. If you do not currently have a job or business, have you been actively looking for work in the past 4 weeks?**

- ☐ Yes  
☐ No → *Skip to Q34*

**Q33. What have you been doing in the past 4 weeks to find work?**

*Mark (X) all that apply*

- |   |   |                      |
|---|---|----------------------|
| <input type="checkbox"/> Checked with public employment agency      | } | → <i>Skip to Q35</i> |
| <input type="checkbox"/> Checked with private employment agency     |   |                      |
| <input type="checkbox"/> Checked with employer directly/sent resume |   |                      |
| <input type="checkbox"/> Checked with friends or relatives          |   |                      |
| <input type="checkbox"/> Placed or answered ads/sent resume         |   |                      |
| <input type="checkbox"/> Read want-ads                              |   |                      |
| <input type="checkbox"/> Something else? <i>Please specify</i> ↻    |   |                      |

**Q34. What were you doing most of last week? Would you say...**

*Mark (X) one*

- ☐ Keeping house or caring for children,  
☐ Going to school,  
☐ Retired,  
☐ Unable to work, or  
☐ Something else? *Please specify* ↻

**Q35. Could you have taken a job last week if one had been offered?**

- ☐ Yes  
☐ No

**Q36. Here is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time? How often during the past week have you felt...**

*For each item, mark (X) one response*

	Rarely or never (less than 1 day)	Some or a little (1-2 days)	Occasionally or moderate (3-4 days)	Most or all (5-7 days)
a. Bothered by things that usually don't bother you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You did not feel like eating; your appetite was poor? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. That you could not shake off the blues, even with help from your family and friends? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Depressed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. That everything you did was an effort? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fearful? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your sleep was restless? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You talked less than usual? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Lonely? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sad? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You could not get "going?" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The last questions are about your current living arrangements and household income.

**Q37. How many other people lived with you last month?**

*Please do not count yourself.*

\_\_\_\_ NUMBER OF OTHER PEOPLE

**Q38. 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 . . .**

*Please mark (X) one*

	<input type="checkbox"/> \$5,000 or less,	
	<input type="checkbox"/> \$5,001 to \$10,000,	
	<input type="checkbox"/> \$10,001 to \$15,000,	
	<input type="checkbox"/> \$15,001 to \$20,000,	
	<input type="checkbox"/> \$20,001 to \$25,000,	
	<input type="checkbox"/> \$25,001 to \$30,000,	
	<input type="checkbox"/> \$30,001 to \$35,000,	
	<input type="checkbox"/> \$35,001 to \$40,000,	
	<input type="checkbox"/> \$40,001 to \$50,000,	
	<input type="checkbox"/> \$50,001 to \$75,000,	
	<input type="checkbox"/> \$75,001 to \$100,000,	
	<input type="checkbox"/> \$100,001 to \$200,000, or	
<input type="checkbox"/> \$200,001 or more?		


**Q39. What was your total household income last year, to the nearest thousand?**

\$ \_\_\_\_\_ TOTAL HOUSEHOLD INCOME

## Tracing Information

Thank you for taking the time to complete this questionnaire. We may want to interview you again when your child is older. Just to make sure we can reach you in the future, we'd like to ask a few questions about how to find you.

Is there a relative or friend, who does not live in this household, who will always know how to get in touch with you?

 ☐ YES  
☐ NO

What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_


ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Relationship to you: \_\_\_\_\_

Aside from the person named above, is there another relative or friend, who does not live in this household, who will always know how to get in touch with you?

 ☐ YES  
☐ NO

What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Relationship to you: \_\_\_\_\_

One last request, please tell us where you would like us to send your \$20.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Your comments will be appreciated, either here or in a separate envelope.

Thank you again for taking the time to complete this questionnaire.

Please return your completed questionnaire in the enclosed envelope to:

National Center for Education Statistics  
c/o Westat – Study 702010 (ECLS-B)  
G9, Room 250F  
9274 Gaither Road  
Gaithersburg, MD 20877-1420

