

**JOB'S BASELINE, 2 YEAR,
5 YEAR, AND TEACHER SURVEYS**

DESIGNED BY:

**MANPOWER DEMONSTRATION
RESEARCH CORPORATION**

CHILD TRENDS, INC.

FOR:

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF EDUCATION**

PRIVATE OPINION SURVEY

**CONFIDENTIAL
FOR RESEARCH USE ONLY**

- Use a #2 pencil only
- Fill in the oval completely
- Make no stray marks
- Erase changes completely

RIGHT MARK: ● WRONG MARKS: ○ ⊙ ⊖ ⊕

• Please Do Not Fold This Form •

If you had a choice, which would you prefer...

(Fill in one response for EACH question)

1. Going to school to study basic reading and math OR Staying home to take care of your family?
2. Going to school to study basic reading and math OR Going to a program to get help looking for a job?
3. Going to school to learn a job skill OR Going to school to study basic reading and math?
4. Going to school to learn a job skill OR Going to a program to get help looking for a job?
5. Working at a part-time OR a full time job?
6. During the past year, have you told anyone that you wanted to be in a school or training program?
7. Do you plan to be in a school or training program in the next few months?
8. If someone offered me a full-time job with full medical benefits, I would only take the job if it paid at least \$_____ per hour.
(Fill in one amount)
9. If someone offered me a full-time job with no medical benefits, I would only take the job if it paid at least \$_____ per hour.
(Fill in one amount)

- | | |
|---|--|
| <input type="radio"/> Reading/math | <input type="radio"/> Staying home |
| <input type="radio"/> Reading/math | <input type="radio"/> Help looking for job |
| <input type="radio"/> Job skill | <input type="radio"/> Reading/math |
| <input type="radio"/> Job skill | <input type="radio"/> Help looking for job |
| <input type="radio"/> Part-time job | <input type="radio"/> Full-time job |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> \$4 <input type="radio"/> \$5 <input type="radio"/> \$6 <input type="radio"/> \$7 <input type="radio"/> \$8 | |
| <input type="radio"/> \$10 <input type="radio"/> \$12 <input type="radio"/> \$15 <input type="radio"/> \$20 or more | |
| <input type="radio"/> \$4 <input type="radio"/> \$5 <input type="radio"/> \$6 <input type="radio"/> \$7 <input type="radio"/> \$8 | |
| <input type="radio"/> \$10 <input type="radio"/> \$12 <input type="radio"/> \$15 <input type="radio"/> \$20 or more | |

What's your opinion...

10. Going to a school that teaches basic reading and math would help me get a good job.
11. Going to a job training program would help me get a good job.
12. I could get a good job if I went to a program to get help looking for a job.
13. It will probably take me more than a year to get a full-time job and get off welfare.

1. Agree A Lot	2. Agree	3. Disagree	4. Disagree A Lot
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

What's your opinion...

14. How much have you been able to look for a job during the past 3 months?
15. How much do you expect to be looking for a job over the next 3 months?
16. How many of your close friends are on welfare?

1. Not At All	2. Some/ A Little	3. Moderate Amount	4. A Great Deal
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

○ None ○ Few ○ Some ○ Many ○ Most

MAKE NO STRAY MARKS IN THIS AREA



022503

PLEASE CONTINUE ON THE OTHER SIDE

JOBS STANDARD CLIENT CHARACTERISTICS SCC VER. 2	A. LOCATION CODE: FUL	B. DATE SCC COMPLETED: ____/____/____ MONTH DAY YEAR	C. ASSIGNMENT DATE: ____/____/____ MONTH DAY YEAR	D. ASSIGNMENT STATUS: A JET Group <input type="checkbox"/> B Job Seekers Group <input type="checkbox"/> C Control Group (SHOP) <input type="checkbox"/>
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CLIENT'S NAME: Last Name First: _____	10. AFDC CASE NUMBER: _____ Confirmed []
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2. SOCIAL SECURITY NUMBER: _____ Confirmed []	11. AFDC ASSISTANCE GROUP: <input type="checkbox"/> 1 AFDC <input type="checkbox"/> 2 AFDC-U <input type="checkbox"/> 3 GA, FS	12. CLIENT I.D.: _____ Confirmed []
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3. BIRTH DATE: ____/____/____ MONTH DAY YEAR	4. SEX: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	13. CLIENT IS: <input type="checkbox"/> 1 Payee <input type="checkbox"/> 2 Other Adult, Non-Payee <input type="checkbox"/> 3 Dependent Child <input type="checkbox"/> 4 Other	14. [FUTURE USE]
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5. ETHNICITY: <input type="checkbox"/> 1 White <input type="checkbox"/> 2 Hispanic <input type="checkbox"/> 3 Black <input type="checkbox"/> 4 Black, Hispanic <input type="checkbox"/> 5 American Indian/Alaskan Native <input type="checkbox"/> 6 Asian/Pacific Islander <input type="checkbox"/> 7 Other	15. DID THE CLIENT RESIDE AS A CHILD IN A HOUSEHOLD RECEIVING AFDC PAYMENTS? <input type="checkbox"/> 1 Yes, Aid Received 5 Years or More 3 No <input type="checkbox"/> 2 Yes, Aid Received Less Than 5 Years 4 Don't Know
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6. MARITAL STATUS: <input type="checkbox"/> 1 Never Married <input type="checkbox"/> 2 Married, Living With Spouse <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed	7. HOW MANY TIMES HAS CLIENT MOVED IN THE PAST TWO YEARS? _____	16. TOTAL TIME CLIENT HAS BEEN ON OWN OR SPOUSE'S AFDC CASE: <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Less Than Four Mths. <input type="checkbox"/> 3 Four Mths. or More But Less Than 1 Yr. <input type="checkbox"/> 4 One Yr. or More But Less Than 2 Yrs. <input type="checkbox"/> 5 Two Yrs. or More But Less Than 5 Yrs. <input type="checkbox"/> 6 Five Yrs. or More But Less Than 10 Yrs. <input type="checkbox"/> 7 Ten Yrs. or More
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8. CLIENT'S CURRENT HOUSING STATUS: <input type="checkbox"/> 1 Public Housing <input type="checkbox"/> 2 Subsidized Housing <input type="checkbox"/> 3 Emergency/Temporary Housing <input type="checkbox"/> 4 NONE of the Above	9. HAS THE CLIENT EVER WORKED FULL TIME FOR 6 MONTHS OR MORE FOR ONE EMPLOYER? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	17. HAS CLIENT'S AFDC GRANT EVER BEEN DISCONTINUED FOR AT LEAST 6 MONTHS? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 First Time on AFDC	18. [FUTURE USE]
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PEACH STATUS: <input type="checkbox"/> 1 Mandatory <input type="checkbox"/> 2 Exempt Volunteer	20. PEACH TARGET GROUP: (Circle Number for <u>All</u> That Apply) <input type="checkbox"/> 1 Parent Under 24 - No HS Diploma /GED 2 Parent Under 24 - Limited Work Experience <input type="checkbox"/> 3 On AFDC 36 of Past 60 Months 4 Youngest Child 16 or Over <input type="checkbox"/> 5 NONE
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21. AGES OF ALL CHILDREN UNDER 19 LIVING WITH CLIENT-ON OR OFF AFDC CASE- FOR WHOM CLIENT IS PRIMARY CAREGIVER:									
Code "BA" For Children < 1 Yr. (Enter Youngest Child First)	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old	____ Yrs Old

22. HIGHEST GRADE COMPLETED IN SCHOOL: _____	23. HIGHEST DEGREE/DIPLOMA EARNED: <input type="checkbox"/> 1 GED <input type="checkbox"/> 2 High School Diploma <input type="checkbox"/> 3 Technical/AA/ 2 Yr. Degree <input type="checkbox"/> 4 Four Year (or More) College Degree <input type="checkbox"/> 5 None of the Above	24a. TEST ADMINISTERED? <input type="checkbox"/> 1 Yes, Go To 25a <input type="checkbox"/> 2 No, Go To 24b	24b. WHY WASN'T THE TEST GIVEN? <input type="checkbox"/> 1 Can't Speak English <input type="checkbox"/> 2 Speaks Eng. But Can't Read/Write <input type="checkbox"/> 3 Unable to Remain for Testing <input type="checkbox"/> 4 Other (Please Specify)
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25a. CURRENTLY, IS THE CLIENT ENROLLED IN ANY OF THE FOLLOWING TYPES OF PROGRAMS? (Circle Number for <u>All</u> That Apply) 0 Job Corps 1 GED Preparation 2 English as a 2nd Lang. 3 Adult Basic Ed. 4 Voc. Ed./ Skills Training 5 Post-Second. Ed. 6 Job Search/Job Club 7 Work Experience 8 High School 9 NONE	25b. [FUTURE USE]
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25c. DURING THE PAST 12 MONTHS, WAS THE CLIENT ENROLLED IN ANY OF THE FOLLOWING TYPES OF PROGRAMS? (Circle Number for <u>All</u> That Apply) 0 Job Corps 1 GED Preparation 2 English as a 2nd Lang. 3 Adult Basic Ed. 4 Voc. Ed./ Skills Training 5 Post-Second. Ed. 6 Job Search/Job Club 7 Work Experience 8 High School 9 NONE	25d. [FUTURE USE]
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26. CLIENT'S APPROXIMATE EARNINGS FROM WORK OVER THE PAST 12 MONTHS: <input type="checkbox"/> 1 \$0 <input type="checkbox"/> 2 \$1-999 <input type="checkbox"/> 3 \$1,000-4,999 <input type="checkbox"/> 4 \$5,000-9,999 <input type="checkbox"/> 5 \$10,000 or More	27. CURRENT EMPLOYMENT: (Number of Hours Per Week) <input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 1-14 Hours <input type="checkbox"/> 3 15-19 Hours <input type="checkbox"/> 4 20-29 Hours <input type="checkbox"/> 5 30 Hours or More	28. [FUTURE USE]
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29. [FUTURE USE]	30. WORKER NUMBER: _____	Worker's Signature: _____
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____/____/____

____/____/____

____/____/____

____/____/____

Child's - Last Name, First Name, Middle Initial

Birth Date - Month Day Year

MDRC USE ONLY

AA. CONTACT SHEET		BB. RELEASE OF INFORMATION (ROI)		CC. SCORE SHEET		DD. SET NUMBER:	
ATTACHED?	# OF CONTACTS			IF ATTACHED IS IT SIGNED?	ATTACHED?		
<input type="checkbox"/> 1 Yes	_____	<input type="checkbox"/> 1 Yes		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes		
<input type="checkbox"/> 2 No		<input type="checkbox"/> 2 No		<input type="checkbox"/> 2 No	<input type="checkbox"/> 2 No		
				<input type="checkbox"/> 3 Refused			

#9217

RESPONSE ANALYSIS CORPORATION

SPRING 1992

IN-HOME BASELINE SURVEY: WAVE 1

FOR

CHILD TRENDS, INC.

AND

MANPOWER DEMONSTRATION RESEARCH CORPORATION

105-11-_____

12-20-_____

21-24-_____

INTRODUCTION

Hello, my name is _____ from Response Analysis in Princeton, NJ. Our office recently sent you a letter about the study we are doing for Child Trends and e Manpower Demonstration Research Corporation. (SHOW LETTER.)

This is the interview you were told about when you visited the PEACH office several weeks ago. Throughout the interview, I'll be asking questions about what's happened in your life and about how (CHILD) is doing. I'll also spend some time doing several activities with (CHILD). If there are any questions you or (CHILD) don't want to answer, you won't have to.

Everything you tell me will be kept completely confidential. We won't use your name or (CHILD)'s name or tell anyone what you say but will only write about the answers given by groups of many people together. As a token of our appreciation for taking part in the study, we will give you \$5 at the end of the interview. We also have a gift for (CHILD).

By participating in this study, you will be providing valuable information about what is important in the lives of mothers and young children. Unless you have some questions, let's get started.

DATE: _____ TIME INTERVIEW BEGAN: _____ AM PM
25-30

TIME INTERVIEW ENDED: _____ AM PM

LENGTH (MINUTES): _____
31-33

INTERVIEWER NAME: _____

INTERVIEWER ID NUMBER: _____
34-37

COMPLETE CONFIDENTIALITY PLEDGE WITH RESPONDENT BEFORE BEGINNING INTERVIEW

Section A: COMMON DEMOGRAPHIC MODULE

1. To start out, I'd like to find out when you were born. In what month, day, and year were you born?

____ 19 ____
(MONTH) (DAY) (YEAR)
138-39 40-41 42-43

(CHECK DATE AGAINST INFORMATION ON CALL RECORD SHEET.)

2. Where were you born? In what city, county, and state, or country was it?

(CITY OR TOWN) (COUNTY) (STATE) (COUNTRY)
44-50 51-53 54-55 56

(INTERVIEWER: IF R BORN IN ANOTHER COUNTRY OR IN PUERTO RICO, ASK Q. 3; OTHERWISE SKIP TO Q. 4.)

3. How old were you when you first moved to the (mainland) United States?

(AGE IN YEARS)
57-58

4. In this first part of the interview, I'd like to talk with you about your child (REPEAT NAME).

5a. Is (CHILD) a:

- 1 Boy, or a 59
- 2 Girl?

5b. And is (he/she) your birth child?

- 1 YES
- 2 NO - EXPLAIN RELATIONSHIP: _____ 60

6. When was (he/she) born?

____ 19 ____
(MONTH) DAY YEAR
61-62 63-64 65-66

(CHECK DATE AGAINST INFORMATION ON CALL RECORD SHEET.)

Section B: PARENTING

Now I have some questions about bringing up (CHILD).

1. As a place to raise children, would you say your neighborhood is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Not too good, or
- 5 Awful?

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For the next few questions, we're going to use what we call a "how much" scale. It goes from zero to ten -- where zero means "not at all" and ten means "the most possible." Here's an example of how it works. If I ask, "How much do you like vanilla ice cream?" and you like it a lot but it isn't your favorite, you might say "7" or "8." If you don't like it very much, you might say "2" or "3." You can choose any number between zero and ten in answering these questions.

2. Now, how much trouble has (CHILD) been to raise, using the 0-to-10 scale, where 0 means "none at all" and 10 means "the most possible"?

0 1 2 3 4 5 6 7 8 9 10

68-69

3. (HAND R SAQ BOOKLET AND A PENCIL.)

Please turn to the first blue answer sheet. As I read each question out loud, please read along and circle a number to show your answer. Let's start.

As you can see, the instructions say: "Listed below are statements about raising children. Thinking about your child, (CHILD), please circle a number to show how true each statement is, where 0 means "not at all true" and 10 means "completely true." You can choose any number from 0 to 10.

(READ STATEMENTS a - f WHILE R RECORDS HER ANSWERS IN THE SAQ.)

The first statement says:

- a. Being a parent is harder than I thought it would be. Please circle a number to show how true this statement is. Remember, the question refers to (CHILD).

The second statement says:

- b. There are some things my child does that really bother me a lot. Again, please circle a number.

Next:

- c. I think children must learn early not to cry. **(READ QUESTIONS d - f TO RESPONDENT, REMINDING HER TO CIRCLE A NUMBER.)**

(CONTINUE ON NEXT PAGE)

d. I know I should always enforce my rules, but if I'm sad or tired, sometimes I let things go and other times I lose my temper.

e. My child seems to be much harder to care for than most.

f. I find myself giving up more of my life to meet my child's needs than I ever expected.

INTERVIEWER CHECKPOINT 1

CONTINUE TO READ QUESTIONS TO RESPONDENT, LETTING RESPONDENT FILL OUT THE ANSWER SHEET HERSELF. A FEW RESPONDENTS MAY BE ABLE TO COMPLETE THIS SAQ ON THEIR OWN. IF RESPONDENT SPONTANEOUSLY INDICATES SHE CAN AND WANTS TO FILL OUT THE ANSWER SHEET ON HER OWN, ASK: "Would you like me to continue reading, or would you like to finish by yourself?" IF YOU FEEL RESPONDENT IS NOT COMPETENT ENOUGH TO READ ON OWN SAY: "I'm sorry but it is a requirement that I read some questions to you. I'll try and move through them as quickly as possible.

g. I teach my child to keep control of his or her feelings at all times.

h. I feel trapped by my responsibilities as a parent.

i. It is sometimes necessary to discipline a child with a good, hard spanking.

j. I would be doing better in my life without children.

k. If a mother never spansks her child, the child won't learn respect.

l. I spent a lot of time talking to my child even before he or she could understand what I was saying.

m. I often feel angry with my child.

n. I find that taking care of a young child is much more work than pleasure.

o. When a parent asks a child to do something, the child should just do it without having to be told why.

p. I think mothers can spoil their children by giving them a lot of attention.

q. My child and I often have warm, close times together.

r. Even if I say no to something, my child knows I'll change my mind if they ask enough times.

s. Most times I feel that my child likes me and wants to be near me.

t. When I make a rule for my child, I always explain the reason for the rule.

u. If we have to wait a good while to see a doctor, I expect my child to just sit quietly and wait.

(ASK R TO TURN SAQ PAGE OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET AFTER SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

4. How often, if ever, have you had times when you lost control of your feelings and felt you might hurt (your child/one of your children)? Would you say this has happened:

- 1 Often
- 2 Sometimes
- 3 Hardly ever, or
- 4 Never?

171

5. How often does (CHILD) want you to help with the things (he/she) is doing? Is it:

- 1 Almost always
- 2 More than half the time
- 3 Half the time
- 4 Less than half the time, or
- 5 Almost never?

72

6. (HAND R SAQ BOOKLET.) Please turn to the white sheet. The next several items refer again to your relationship with (CHILD). Please use the ten-point scale to indicate how often each statement is true for you. On this scale, ten means a statement is true for you "all of the time." Zero means a statement is true "none of the time." You can choose any number from 0 to 10.

- a. I love my child, but when I'm tired, it's hard for me to show it.
- b. Even when I'm in a bad mood, I show my child a lot of love.
- c. I'm never too busy to joke and play around with my child.
- d. There are times when I lose my patience with my child's questions and demands, and I just don't listen to him or her anymore.
- e. By the end of a long day, I find it hard to be warm and loving toward my child.

(ASK R TO TURN SAQ OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ AFTER SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

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Section C: THE CHILD'S HOME ENVIRONMENT

This next set of questions asks about your family's lifestyle and rules. Again, we'll be talking about (CHILD).

1. About how often do you read stories to (CHILD)? Is it:

- 01 Never
- 02 Several times a year
- 03 Several times a month
- 04 Once a week 174-75
- 05 At least three times a week, or
- 06 Every day?

2. About how many children's books does your child have of (his/her) own?

(NUMBER)
76-77

3. About how many magazines does your family get regularly?

- 1 NONE
 - 2 ONE 78
 - 3 TWO
 - 4 THREE
 - 5 FOUR OR MORE
- 172-20:01

4. Does (CHILD) have the use of a record player or tape recorder here at home and at least five children's records or tapes? (THEY MAY BE SHARED WITH SISTER OR BROTHER; IT MAY BE PARENT'S MACHINE IF CHILD IS ALLOWED TO USE IT.)

- 1 YES 205
- 2 NO

5. I want to ask about some things that you or another adult or older child may have helped (CHILD) to learn here at home. Has anyone helped or is anyone helping (CHILD) learn _____?

	YES	NO	
1 Numbers	1	2	06
2 The alphabet	1	2	07
3 Colors	1	2	08
4 Shapes and sizes	1	2	09

How much choice is (CHILD) allowed in deciding what foods (he/she) eats at breakfast and lunch? Would you say:

- 1 A great deal of choice
- 2 Some choice 210
- 3 Little choice, or
- 4 No choice?

7. How often does any family member get a chance to take (CHILD) on any kind of outing -- shopping, park, picnic, drive-in, and so on? Would you say:

- 1 A few times a year or less
- 2 About once a month
- 3 About two or three times a month 11
- 4 Several times a week, or
- 5 About once a day?

8. How often has any family member taken or arranged to take (CHILD) to any type of museum -- children's, scientific, art, historical, etc. -- within the past year? Is it:

- 01 Never
- 02 Once or twice
- 03 Several times
- 04 About once a month, or 12-13
- 05 About once a week or more often?
- 06 (DO NOT READ: R SAYS CHILD IS TOO YOUNG)

9. Does (CHILD) see either (his/her) father or a father-figure on a daily basis?

- 1 YES 14
- 2 NO

10. How often does your child eat a meal with both mother and father or father-figure? Would you say:

- 01 More than once a day
- 02 Once a day
- 03 Several times a week 15-16
- 04 Once a week
- 05 Once a month or less often, or
- 06 Never?

11. Most children get angry at their parents from time to time. If your child got so angry that (he/she) hit you, what would you do? (INTERVIEWER: CODE ALL THAT APPLY.) Anything else?

- 01 HIT (HIM/HER) BACK
- 02 SEND (HIM/HER) TO (HIS/HER) ROOM
- 03 SPANK (HIM/HER)
- 04 TALK TO (HIM/HER)
- 05 IGNORE IT
- 06 GIVE (HIM/HER) A HOUSEHOLD CHORE
- 07 YELL AT (HIM/HER)
- 08 TAKE AWAY PRIVILEGE, TOY, OR ALLOWANCE
- 09 ISOLATE (HIM/HER) (I.E., MAKE HIM/HER SIT IN THE CORNER OR SOMEWHERE BY HIM/HER SELF)
- 10 HOLD (HIS/HER) HANDS UNTIL (HE/SHE) IS CALM
- 11 OTHER (SPECIFY): _____

217-28

29-50b

12. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank (CHILD) in the past week?

- 1 YES
- 2 NO (SKIP TO Q. 14) 51

13. About how many times in the past week?

(NUMBER OF TIMES)
52-53

14. How often does (CHILD) go out with you to church for a service or for a church social event? Is it:

- 01 Once a week or more
- 02 Several times a month
- 03 About once a month 54-55
- 04 A few times a year
- 05 Less often, or
- 06 Never?

	<u>EVERY DAY</u>	<u>MOST DAYS</u>	<u>NOW AND THEN</u>	<u>NEVER</u>	
15. During the past week, how often did you let (CHILD) help you prepare food: every day, most days, now and then, or never?	1	2	3	4	256
16. During the past week, how many days a. Did (CHILD) eat breakfast? Was it:	1	2	3	4	57
b. Did (CHILD) brush (his/her) teeth? Was it:	1	2	3	4	58
17. How often did you do things with (CHILD) such as singing or playing games together? Was it:	1	2	3	4	59
18. How often did you talk with (CHILD) about what (he/she) did that day? Was it:	1	2	3	4	60
19. In addition to reading stories in books, adults sometimes make up stories or fairy tales or tell stories about family members or about "olden times." How often in the past week did you do this with (CHILD)? Was it:	1	2	3	4	61

20. About how many hours is the TV on in your home each day? (WRITE IN HOURS PER DAY.)

_____ 95 DO NOT HAVE TV 62-63
(HOURS PER DAY)

21. How many hours a day does your child usually spend watching TV on weekdays, either at home or somewhere else? This doesn't mean being in a room with the TV on; (CHILD) must be watching the TV and paying attention to the program.

- 1 DOESN'T WATCH 64
- 2 LESS THAN ONE HOUR
- 3 LIST NUMBER OF HOURS: _____
- 4 DOESN'T HAVE A TV 65-66

22. Are there programs on TV that you won't let (CHILD) watch?

- 1 YES 267
- 2 NO (SKIP TO SECTION D)

23. (IF YES): Why won't you let (him/her) watch them? (INTERVIEWER: CODE ALL THAT APPLY.) Any others?

- 01 NOT GOOD FOR CHILDREN 268-77
- 02 TOO VIOLENT
- 03 TOO MUCH SEX
- 04 BAD LANGUAGE
- 05 IT'S ON TOO LATE
- 06 OTHER (SPECIFY): _____

270-80:02
305-183

Section D: CHILD CALENDAR

(REFER TO CHILD CALENDAR.)

I'm going to make a calendar showing the history of (CHILD)'s life. This line shows the month when (he/she) was born. (DRAW A VERTICAL LINE FOR THE CHILD'S BIRTH DATE AND FOR EVERY BIRTHDAY. LABEL THE BIRTHDAY LINES.) I am also going to draw a line showing where we are right now. (DRAW VERTICAL LINE FOR TODAY'S DATE.)

A1. Have there been any times lasting a month or more when (CHILD) did not live with you?

1 YES

317

2 NO (SKIP TO Q. B1)

A2. When (CHILD) was not living with you for a month or more, did (he/she) ever spend time living:

	<u>YES</u>	<u>NO</u>	
1 With grandparents?	1	2	18
2 With (his/her) father?	1	2	19
3 With other relatives or friends?	1	2	20
4 With foster parents?	1	2	21
5 In an institution or group home?	1	2	22
6 In a hospital?	1	2	23

A3. During which months did (CHILD) live somewhere else? Any others? (MARK CALENDAR WITH A HORIZONTAL LINE.)

B1. When (CHILD) was born, were you and (his/her) father . . . ?

1 Married and living together, (SKIP TO Q. B3)

2 Married and living apart,

3 Unmarried and living together, or (SKIP TO Q. B3)

24

4 Unmarried and living apart?

B2. Have (CHILD)'s natural, birth father and (CHILD) ever lived together for a month or more? These could be months when you were also living with (CHILD) or months when you and (CHILD) lived apart.

1 YES

2 NO (SKIP TO Q. C1)

25

3. Which months have (CHILD) and (his/her) father lived together since (he/she) was born (whether or not you were also living there)? (MARK CALENDAR.)

C1. Since (CHILD) was born, have you ever worked for pay outside of the home for a month or more? (IF NO, PROBE: A lot of people have occasional jobs or do other things on the side to make ends meet. Have you done any jobs like that for pay for a month or more since (CHILD) was born?)

- 1 YES
2 NO (SKIP TO Q. C5) 326

C2. Which months did you work? Any others? (MARK CALENDAR.)

C3. Were you working full-time during any of these months? By full-time, I mean 35 hours a week or more.

- 1 YES
2 NO (SKIP TO Q. C5) 27

C4. Which months did you work 35 hours a week or more? Any others? (MARK CALENDAR.)

C5. Have you ever done paid work in your own home, for example, babysitting or sewing for a month or more, since (CHILD) was born?

- 1 YES
2 NO (SKIP TO Q. D1) 28

C6. Please show me the months when you've worked in your home. Any others? (MARK CALENDAR.)

D1. Have you ever been enrolled in school or in a job training program for a month or more since (CHILD) was born?

- 1 YES
2 NO (SKIP TO Q. E1) 29

D2. Which months were you in school or training? Were there any other times? (MARK CALENDAR.)

E1. Has (CHILD) ever been enrolled in:

	<u>YES</u>	<u>NO</u>	
a. A Head Start program?	1	2	30
b. Kindergarten?	1	2	31
c. Child care center, nursery school, or preschool?	1	2	32

(IF NO TO ALL OF Q. E1, SKIP TO Q. E5.)

E2 (IF YES TO ANY ITEM IN Q. E1): Which months was (CHILD) in (a Head Start program, kindergarten, child care center, nursery school, or preschool)? Any others? (MARK CALENDAR.)

E3. Was (CHILD) enrolled 35 hours a week or more in: (READ PROGRAMS EVER ATTENDED.)

	YES	NO	NA	
a. A Head Start program?	1	2	3	333
b. Kindergarten?	1	2	3	34
c. Child care center, nursery school, or preschool?	1	2	3	35

(IF NO TO ALL OF Q. E3, SKIP TO Q. E5.)

E4. (IF YES TO ANY ITEM IN Q. E3): Please show me the months (CHILD) was enrolled 35 hours a week or more in _____? Any others? (MARK CALENDAR.)

E5. Has (CHILD) ever been cared for regularly by a relative such as (his/her) grandmother or by some other babysitter? A babysitter might be a relative, neighbor, or friend who took care of (CHILD) in their home or who came to your home to watch over (CHILD). Please only count babysitters who watched over (CHILD) regularly, at least once a week for a month or more.

1 YES

2 NO (SKIP TO Q. E9)

36

E6. (IF YES): Which months? Any others? (MARK CALENDAR.)

E7. Was (CHILD) watched over by a babysitter full-time, that is 35 hours a week or more, during any of these months?

1 YES

2 NO (SKIP TO Q. E9)

37

E8. Please show me the months (CHILD) was watched over by a babysitter 35 hours a week or more? (MARK CALENDAR.)

E9. (IF CHILD NEVER IN A HEAD START PROGRAM, KINDERGARTEN, CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL, OR WITH BABYSITTER, SKIP TO NEXT MODULE.)

Since (CHILD) first went into any kind of regular child care or school program, how many persons has (he/she) had as a (babysitter/child care provider/teacher) for a month or more? Would you say:

1 Only one

2 Two to five

3 Six to nine

4 Ten to nineteen, or

5 Twenty or more?

38

Section E. COMMON EMPLOYMENT MODULE

Earlier we talked about your work history. Now I have a few more questions about that. These questions are about any paid jobs you've ever had, including paid babysitting or housekeeping jobs, or any other jobs.

(IF R REPORTED A PAID JOB IN CALENDAR, SKIP TO Q. 2.)

1. Have you ever had a paid job? Don't count unpaid experience such as unpaid training programs. (IF NO, PROBE: A lot of people have occasional jobs or do other things on the side to make ends meet. Have you done any jobs like that for pay?)

1 YES
2 NO (SKIP TO SECTION F) 339

2. Are you currently working for pay?

1 YES (SKIP TO Q. 4) 40
2 NO

(IF ANSWER TO Q. 2 CONFLICTS WITH INFORMATION PROVIDED IN CALENDAR, GO BACK TO CALENDAR AND RECORD CORRECT INFORMATION.)

3. In what month and year did you last work for pay?

_____ 19_____ (SKIP TO Q. 7)
MONTH YEAR
41-42 43-44

4. How many jobs do you currently have?

_____ (NUMBER OF JOBS) 45

(IF ONLY ONE JOB, SKIP TO Q. 6.)

(SELF-EMPLOYMENT, SUCH AS CLEANING HOUSES OR BABYSITTING FOR TWO OR MORE EMPLOYERS CONCURRENTLY, COUNTS AS ONE JOB.)

5. For whom do you usually work the most hours? (IF EQUAL HOURS, RECORD LONGEST-HELD JOB AND REFER TO THIS JOB IN FOLLOWING QUESTIONS.)

_____ (EMPLOYER)

6. When did you start working there?

_____ 19_____
(MONTH) (YEAR)
46-47 48-49

7. What kind of work (are/were) you doing? What (are/were) your most important activities or duties at this job? Anything else? (PROBE FOR SPECIFIC DESCRIPTION.)

350-52

8. How many hours per week (do/did) you usually work at this job (now/just before you stopped working at that job)? Please include regular overtime hours. (PROBE FOR TYPICAL WEEK.)

_____ (HOURS)

53-54

9a. How much (are/were) your earnings (now/just before you stopped working at that job)? Please include tips, commissions, and regular overtime pay. (PROBE FOR ESTIMATE. IF PIECEWORK RATE, OBTAIN USUAL TOTAL EARNINGS.)

\$ _____ (AMOUNT)

55-59

99997 DON'T KNOW

(IF DON'T KNOW, ASK): Do you think your usual monthly earnings were:

- 1 Less than \$400
- 2 \$400 to \$600
- 3 \$601 to \$1,000 or
- 4 More than \$1,000?

PER:

Hour	01
Day	02
Week	03
Two weeks	04
Month	05
Year	06
DON'T KNOW	97
REFUSAL	96

60

61-62

9b. Was that before or after taxes and other deductions? (CIRCLE ONE.)

- 1 BEFORE TAXES (GROSS)
- 2 AFTER TAXES (NET)
- 3 SOME BEFORE, SOME AFTER TAXES (IF OFFERED)
- 4 DIDN'T PAY TAXES (IF OFFERED)

63

10. (Does/Did) this job offer you:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
a. Sick days with full pay?	1	2	7	364
b. Paid vacation?	1	2	7	65
c. Dental benefits?	1	2	7	66
d. A health plan or medical insurance?	1	2	7	67

tion F: WORK-RELATED ATTITUDES

(HAND R SAQ BOOKLET.) In this next section, please mark your responses on the tan answer sheet.

READ QUESTIONS TO R UNLESS R INDICATES THAT SHE IS ABLE AND WILLING TO READ ALL ITEMS HERSELF.

These questions are about work. Using the 0 - 10 scale, where 0 means "not at all true" and 10 means "completely true," circle a number to show how true each statement is for you. Remember, you can choose any number from 0 to 10.

The first statement is:

a. Having a job makes life interesting. Please circle a number to show how true this statement is for you.

b. When children are young, mothers should not work outside the home.

c. The money I make at a job isn't worth the hassle.

d. I am ashamed to admit to people that I am on welfare.

e. If I got a job, I could find someone I trust to take care of my children.

I often feel angry that people like me never get a fair chance to succeed.

f. If I can't get a nice, clean job where I can dress up, I don't want to work.

h. Children who go to day care or preschool learn more than children who stay home with their mothers.

i. To me, work is nothing more than making a living.

j. Even a low-paying job is better than being on welfare.

k. I really can't think well of myself unless I have a job.

l. If a mother has a choice about whether or not to work, it is better for her children if she stays home and cares for them.

m. Unless a job offers me medical benefits, I'd rather stay on AFDC.

n. It's unfair to make people on welfare get a job if they don't want to.

o. Making welfare mothers work is bad for their children.

p. It's wrong to stay on welfare if you can get a job, even a job you don't like.

q. I would only take a full-time job if it paid at least \$6 an hour.

- | | |
|----|---|
| r. | I do <u>not</u> want a job because I would miss my children too much. |
| s. | You really can't blame people who work on the side and don't tell the welfare department. |
| t. | Having a working mother may be OK for some children, but not for mine. |

(ASK R TO TURN SAQ OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET AFTER SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

308

379-80:03

Section G: CHILD CARE

1. Earlier we talked about child care arrangements for (CHILD). Now I have a few more questions about that. Please think about all the child care arrangements you have for (CHILD) and programs (CHILD) attends on a regular basis. Sometimes mothers have more than one arrangement that they use regularly. For example, a child may go to Head Start in the morning but to a grandmother's house in the afternoon. Or a child may go to an aunt's house every Monday morning but to a cousin's house to be cared for every Tuesday. Okay? (HAND R CARD 1.) Here is a list of different people who care for children and of different kinds of programs children attend. (IF NECESSARY: Let's read through the list together.) Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for the last month? Any others? (IF ARRANGEMENTS 1-12 REPORTED, ASK: "Is that in your home or someone else's home?" CIRCLE ALL THAT APPLY.)

- 01 Child's father in your home
- 02 Child's father in other home
- 03 Child's brother, sister, half or step-brother, or half or step-sister in your home
- 04 Child's brother, sister, half or step-brother, or half or step-sister in other home
- 05 Child's grandparent in your home
- 06 Child's grandparent in other home
- 07 Other relative in your home
- 08 Other relative in other home
- 09 Your partner in your home
- 10 Your partner in other home
- 11 Other nonrelative in your home
- 12 Other nonrelative in other home
- 13 Head Start program
- 14 Day care center or group care center
- 15 Nursery school or preschool
- 16 Kindergarten
- 17 Before- or after-school care sponsored by school
- 18 Child cares for self alone
- 19 Other (SPECIFY) _____
- 20 No regular arrangements, mother cares for child. (SKIP TO Q. 18 ON PAGE 25) (IF R HAS ONLY ONE ARRANGEMENT, SKIP TO QUESTION 3b.)

405-16

417-56.b

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
(CIRCLE OR WRITE RESPONSE)				
2. What is the child care program or arrangement that you now use for (CHILD) for the greatest number of hours each week (second greatest, third greatest, fourth)? [R CAN USE A CATEGORY OF CARE MORE THAN ONCE IF SEPARATE ARRANGEMENTS ARE INVOLVED.]				
01 Child's father in your home	01	01	01	01
02 Child's father in other home	02	02	02	02
03 Child's brother, sister, half or step-brother, or half or step-sister in your home	03	03	03	03
04 Child's brother, sister, half or step-brother, or half or step-sister in other home	04	04	04	04
05 Child's grandparent in your home	05	05	05	05
06 Child's grandparent in other home	06	06	06	06
07 Other relative in your home	07	07	07	07
08 Other relative in other home	08	08	08	08
09 Your partner in your home	09	09	09	09
10 Your partner in other home	10	10	10	10
11 Other nonrelative in your home	11	11	11	11
12 Other nonrelative in other home	12	12	12	12
13 Head Start program	13	13	13	13
14 Day care center or group care center	14	14	14	14
15 Nursery school or preschool	15	15	15	15
16 Kindergarten	16	16	16	16
17 Before- or after-school care sponsored by school	17	17	17	17
18 Child cares for self alone	18	18	18	18
19 Other (SPECIFY)	19	19	19	19
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	457-58	59-60	61-62	63-64

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
(CIRCLE OR WRITE RESPONSES)				
<p>(ASK QUESTIONS 3-17 BELOW FOR CHILD CARE ARRANGEMENT #1, THE ARRANGEMENT USED FOR THE GREATEST NUMBER OF HOURS EACH WEEK. THEN ASK QUESTIONS 3-17 FOR ANY FURTHER REGULAR ARRANGEMENTS, GOING THROUGH ALL THE QUESTIONS FOR ARRANGEMENT #2, THEN ARRANGEMENT #3, THEN ARRANGEMENT #4.)</p>				
<p>3a. Now let's think about the (program/arrangement) that you use for the greatest number of hours (second greatest, third, fourth) each week. How many hours each week is (CHILD) cared for in this (program/arrangement)? (SKIP TO QUESTION 4.)</p>	<p>NUMBER OF HOURS</p> <p>997 DK <i>46-67</i></p>	<p>NUMBER OF HOURS</p> <p>997 DK <i>68-70</i></p>	<p>NUMBER OF HOURS</p> <p>997 DK <i>71-73</i></p>	<p>NUMBER OF HOURS</p> <p>997 DK <i>74-76 470-80-84</i></p>
<p>3b. How many hours each week is (CHILD) cared for in this (program/arrangement)?</p>	<p>_____ HOURS</p> <p><i>805-87</i></p>			
<p>(IF AN ARRANGEMENT INVOLVES (CHILD) CARING FOR SELF ALONE, GO TO QUESTION 3a FOR NEXT ARRANGEMENT. IF NO OTHER ARRANGEMENT, SKIP TO QUESTION 18.)</p>				
<p>4. (IF CARE IS FROM A BABYSITTER, ASK:) How many children, including (CHILD), are usually cared for together in this arrangement?</p> <p>(IF CARE IS IN DAY CARE CENTER, NURSERY SCHOOL, HEAD START PROGRAM, KINDERGARTEN, OR BEFORE OR AFTER SCHOOL PROGRAM, ASK INSTEAD:) How many children, including (CHILD), are there usually in (CHILD'S) room or group in this program?</p>	<p>NUMBER OF CHILDREN (INCLUDE CHILD)</p> <p>997 DK <i>08-10</i></p>	<p>NUMBER OF CHILDREN (INCLUDE CHILD)</p> <p>997 DK <i>11-13</i></p>	<p>NUMBER OF CHILDREN (INCLUDE CHILD)</p> <p>997 DK <i>14-16</i></p>	<p>NUMBER OF CHILDREN (INCLUDE CHILD)</p> <p>997 DK <i>17-19</i></p>
<p>5. (IF CARE IS FROM A BABYSITTER, ASK:) How many adults are there usually caring for your child (and the other children present) in this (program/arrangement)?</p> <p>(IF CARE IS IN DAY CARE CENTER, NURSERY SCHOOL, HEAD START PROGRAM, KINDERGARTEN, OR BEFORE OR AFTER SCHOOL PROGRAM, ASK INSTEAD:) How many adults are there usually caring for the children in (CHILD'S) room or group?</p>	<p>NUMBER OF ADULTS</p> <p>997 DK <i>20-22</i></p>	<p>NUMBER OF ADULTS</p> <p>997 DK <i>23-25</i></p>	<p>NUMBER OF ADULTS</p> <p>997 DK <i>26-28</i></p>	<p>NUMBER OF ADULTS</p> <p>997 DK <i>29-31</i></p>

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
(CIRCLE OR WRITE RESPONSES)				
6. For how many months has (CHILD) been cared for on a regular basis in this (program/arrangement)? Again, by regular we mean at least once a week for the last month or more.	NUMBER OF MONTHS 97 DK <small>32-33</small>	NUMBER OF MONTHS 97 DK <small>34-35</small>	NUMBER OF MONTHS 97 DK <small>36-37</small>	NUMBER OF MONTHS 97 DK <small>38-39</small>
(CIRCLE RESPONSE)				
7. As far as you know, does (CHILD'S) (main) (teacher/child care provider/babysitter) in this arrangement have a GED, a high school diploma, some college, a two-year associate's degree, a college degree or more, or has (he/she) not completed high school? (CIRCLE HIGHEST.)	40-41	42-43	44-45	46-47
01 GED	01	01	01	01
02 HIGH SCHOOL DIPLOMA	02	02	02	02
03 SOME COLLEGE	03	03	03	03
04 TWO-YEAR ASSOCIATE'S DEGREE	04	04	04	04
05 COLLEGE DEGREE	05	05	05	05
06 NOT COMPLETED HIGH SCHOOL	06	06	06	06
97 DON'T KNOW	97	97	97	97
8. As far as you know, does (CHILD'S) (main) (teacher/child care provider/babysitter) in this (program/arrangement) have training or formal education about children, such as early childhood or elementary education, or child psychology?	48	49	50	51
1 YES	1	1	1	1
2 NO	2	2	2	2
7 DON'T KNOW	7	7	7	7
9. Now I'd like to ask about the cost of this (program/arrangement). Does your household pay anything for this (program/arrangement)?	52	53	54	55
1 YES	1	1	1	1
2 NO, HOUSEHOLD PAYS NOTHING: PROGRAM HAS NO COST OR SOMEONE ELSE PAYS (SKIP TO Q. 13)	2	2	2	2
7 DON'T KNOW (SKIP TO Q. 13)	7	7	7	7

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
	(RECORD DOLLAR AMOUNT AND CIRCLE THE UNIT OF TIME)			
10. How much does your household pay for this (program/arrangement)? Is that per: 01 Hour 02 Day 03 Week 04 Every two weeks 05 Month, or 06 Year? 97 Don't know	\$ _____ <small>558-59</small> 01 02 <small>72-73</small> 03 04 05 06 97	\$ _____ <small>60-63</small> 01 02 <small>74-75</small> 03 04 05 06 97	\$ _____ <small>64-67</small> 01 02 <small>76-77</small> 03 <small>579-60:05</small> 04 05 06 97	\$ _____ <small>68-71</small> 01 02 <small>605-06</small> 03 04 05 06 97
	(CIRCLE RESPONSE)			
11. Is this amount of payment for (CHILD) only, or does it cover other children in your household also? 1 INCLUDES (CHILD) ONLY (SKIP TO Q. 13) 2 INCLUDES OTHER CHILDREN IN HOUSEHOLD 7 DON'T KNOW (SKIP TO Q. 13)	<small>007</small> 1 2 7	<small>06</small> 1 2 7	<small>00</small> 1 2 7	<small>10</small> 1 2 7
	(WRITE RESPONSE)			
12. How many <u>other</u> children does this payment include? (DO NOT INCLUDE FOCAL CHILD.)	_____ NUMBER OF OTHER CHILDREN <small>11-12</small>	_____ NUMBER OF OTHER CHILDREN <small>13-14</small>	_____ NUMBER OF OTHER CHILDREN <small>15-16</small>	_____ NUMBER OF OTHER CHILDREN <small>17-18</small>

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
	(CIRCLE RESPONSE)			
<p>13. Besides any cash payment, does your household pay for this program or child care arrangement through a noncash arrangement such as room and board or exchanging child care services?</p> <p>1 YES 2 NO 7 DON'T KNOW</p>	<p>619</p> <p>1 2 7</p>	<p>20</p> <p>1 2 7</p>	<p>21</p> <p>1 2 7</p>	<p>22</p> <p>1 2 7</p>
	(CIRCLE OR WRITE RESPONSE)			
<p>14. Does anyone else pay for part or all of the cost of this (program/child care arrangement)? By this I mean a government agency, (your employer), or anyone else?</p> <p>1 YES 2 NO (SKIP TO Q. 16) 7 DON'T KNOW (SKIP TO Q. 16)</p>	<p>23</p> <p>1 2 7</p>	<p>24</p> <p>1 2 7</p>	<p>25</p> <p>1 2 7</p>	<p>26</p> <p>1 2 7</p>
<p>15. Who or what agency helps to pay for this (program/arrangement)? (CODE ALL THAT APPLY.) Any others?</p> <p>01 WELFARE OFFICE 02 CHILD'S FATHER 03 EMPLOYER 04 OTHER (SPECIFY) 97 DON'T KNOW</p>	<p>27-32</p> <p>01 02 03 04 97</p> <p>If 4:</p> <hr/> <p>33-42:B</p>	<p>43-48</p> <p>01 02 03 04 97</p> <p>If 4:</p> <hr/> <p>49-58:B</p>	<p>59-64</p> <p>01 02 03 04 97</p> <p>If 4:</p> <hr/> <p>65-74:B 679-80:06</p>	<p>705-10</p> <p>01 02 03 04 97</p> <p>If 4:</p> <hr/> <p>11-20:B</p>
<p>16. (CHECK HERE () AND SKIP TO QUESTION 17a IF R HAS NOT BEEN EMPLOYED IN PAST 12 MONTHS.) In the past 12 months, have you ever had problems with this (program/child care arrangement) so that you had to miss a day of work?</p> <p>1 YES 2 NO</p>	<p>21</p> <p>1 2</p>	<p>22</p> <p>1 2</p>	<p>23</p> <p>1 2</p>	<p>24</p> <p>1 2</p>

QUESTION	CHILD CARE ARRANGEMENT			
	#1	#2	#3	#4
17. In the past 12 months, have you ever had problems with this (program/child care arrangement) so that you had to quit a job or were fired?	725	26	27	28
1 YES, HAD TO QUIT A JOB	1	1	1	1
2 YES, WAS FIRED FROM A JOB	2	2	2	2
3 NO	3	3	3	3

17a. INTERVIEWER: HAVE YOU ASKED ABOUT EACH CHILD CARE ARRANGEMENT?

IF YES, ASK Q. 18

IF NO, GO BACK TO Q. 3a FOR THE NEXT ARRANGEMENT

18. In the past 12 months, did you have a job offer or a chance to work but had to turn it down because you could not arrange for child care for any of your children?

- 1 YES 29
2 NO

19. Now think about all the child care arrangements and programs you use regularly for all of the children in your household. How much does your household pay for all of the child care arrangements and programs?

\$ _____ 30-34

Is that per:

- 01 Hour
02 Day
03 Week
04 Every two weeks 35-36
05 Month, or
06 Year?
07 R'S HOUSEHOLD PAYS NOTHING
08 R'S HOUSEHOLD HAS NO ARRANGEMENTS
09 ONLY ARRANGEMENT IS PUBLIC SCHOOL
97 DON'T KNOW

20. Do you have any (other) relatives who would be able to watch over (CHILD) on a regular basis if you (took a job/went to school/worked more hours)? Would you say:

- 1 Definitely yes
2 Probably yes
3 Probably not, or 37
4 Definitely not?
7 DON'T KNOW

21. Do you know of a child care center, nursery school, or preschool program where you could enroll (CHILD) (for more hours) if you (took a job/went to school/worked more hours)? Would you say:

- 1 Definitely yes
- 2 Probably yes
- 3 Probably not, or
- 4 Definitely not?
- 7 DON'T KNOW

738

22. Do you know of anyone who is not a relative who would be able to watch over (CHILD) on a regular basis if you (took a job/went to school/worked more hours)? Would you say:

- 1 Definitely yes
- 2 Probably yes
- 3 Probably not, or
- 4 Definitely not?
- 7 DON'T KNOW

30

23. (HAND R CARD 1 AGAIN.) Let's look again at the list of different people who care for children and programs that children attend. Please tell me which would be your first choice for (CHILD) if you could choose any arrangement at all. You can choose any arrangement, including one you are now using, one you have used in the past, or one you have never used at all. It could also be an arrangement that is not currently available in your community or because of (CHILD)'s age. (IF NECESSARY, READ ENTIRE LIST TO R. MARK R'S FIRST CHOICE; IF R'S FIRST CHOICE INVOLVES A COMBINATION OF DIFFERENT TYPES OF CARE, CIRCLE MORE THAN ONE. IF ARRANGEMENTS 1-12 REPORTED ASK: "Would you prefer that to be in your home or someone else's home?")

- 01 Child's father in child's home
- 02 Child's father in other home
- 03 Child's brother, sister, half or step-brother, or half or step-sister in your home
- 04 Child's brother, sister, half or step-brother, or half or step-sister in other home
- 05 Child's grandparent in your home
- 06 Child's grandparent in other home
- 07 Other relative in your home 740-47
- 08 Other relative in other home
- 09 Your partner in your home
- 10 Your partner in other home
- 11 Other nonrelative in your home 48-77:b
- 12 Other nonrelative in other home 779-80:07
- 13 Head Start program 805-18:b
- 14 Day care center or group care center
- 15 Nursery school or preschool
- 16 Kindergarten
- 17 Before- or after-school care sponsored by school
- 18 Child cares for self alone
- 19 Other (SPECIFY) _____
- 20 No regular arrangements, mother cares for child.

Please continue to look at the list. Which, if any, of these arrangements would you be unwilling to use for (CHILD)? Any others? (IF ARRANGEMENTS 1-12 REPORTED, ASK: "Does it matter if it's in your home or someone else's?")

(ENTER NUMBER OR NUMBERS.)

Section H: COMMON HOUSEHOLD COMPOSITION MODULE

1. Now I have some questions about the people who usually live here. By "usually" I mean someone who lives here two days a week or more. Please include everyone, whether they are away from home or not. Let's start with your own biological or birth children. Please tell me their first names and when they were born.
2. Now please tell me the first names of any other children or adults who usually live here, whether and how they are related to you, if they are male or female, and when they were born.

PERSON LETTER	FIRST NAME	SEX		RELATIONSHIP (birth, step, adoptive, or foster child/R's mother, father, boyfriend, etc./nonrelative)	BIRTH DATE MO/DAY/YR	OR AGE
		MALE	FE-MALE			
A.				RESPONDENT		
B.				FOCAL CHILD		
C.		1	831 2	01 Birth child 32-33 02 Other _____	// / 34-39	or
D.		1	42 2	01 Birth child 43-44 02 Other _____	// / 45-50	or
E.		1	53 2	01 Birth child 54-55 02 Other _____	// / 56-61	or
F.		1	64 2	01 Birth child 65-66 02 Other _____	// / 67-72	or
G.		1	905 2	01 Birth child 68-69 02 Other _____	// / 70-75	or
H.		1	16 2	01 Birth child 17-18 02 Other _____	// / 19-24	or
I.		1	27 2	01 Birth child 28-29 02 Other _____	// / 30-35	or
J.		1	38 2	01 Birth child 39-40 02 Other _____	// / 41-46	or

40-

51-52

62-63

73-74

85-90:08

14-15

25-26

36-37

47-48

Did we list everyone, including babies or small children and anyone else who usually lives here but is away?

- 1 YES 949
 2 NO (IF NOT ALREADY LISTED, ADD TO GRID IN Q. 2.)

(IF NO MALE PARTNER IN HOUSEHOLD, SKIP TO Q. 5a.)

4a. Is (PERSON) the father of any of your children?

- 1 YES (ASK Q. 4b) 51-62
 4b. Which children? _____
 (RECORD LETTERS FROM GRID)

- 2 NO (ASK Q. 5a) 50
 [] IF (PERSON) IS THE FATHER OF ANY OF THEIR CHILDREN WHO DO NOT LIVE IN HOUSEHOLD, CHECK BOX. 63

5a. (IF FATHER OF FOCAL CHILD IN HOUSEHOLD, SKIP TO Q. 6.)

Is (CHILD)'s father living?

- 1 YES
 2 NO (SKIP TO Q. 6) 64
 3 DON'T KNOW

o. Does (CHILD)'s father live in the same state as you do, or does he live in a different state?

- 1 SAME 65
 2 DIFFERENT: Do you know what state he lives in?
 (SPECIFY STATE): _____ 66-67
 3 R SAYS (CHILD)'s FATHER LIVES IN HOUSEHOLD.
 (IF NOT ALREADY LISTED, ADD TO GRID IN Q. 2.)
 7 DON'T KNOW

6. Are any of the children you gave birth to not living with you now?

- 1 YES 68
 2 NO

Now I have some questions about your parents and your family.

7. Do you have any brothers or sisters (not counting those with whom you live) who live within an hour's travel time (including any half brothers and half sisters)?

- 1 YES 69
 2 NO
 3 DOESN'T HAVE ANY BROTHERS OR SISTERS (SKIP TO Q. 9a)

8. During the past 12 months, did you see any of your brothers or sisters:

- 1 Every day or almost every day
- 2 Several times a week
- 3 About once a week 870
- 4 A couple of times a month, or
- 5 Less often?

Think now about how things were when you were growing up.

9a. When you were growing up, do you remember being hit, slapped, or hurt by a family member so that you were badly bruised or cut:

- 1 Often
- 2 Sometimes, or 71
- 3 Never?

9b. When you were growing up, were you neglected so that you didn't get the attention and care that you needed:

- 1 All of the time
- 2 Most of the time 72
- 3 Some of the time, or
- 4 Never?

10a. Did any of the people you lived with during your school years -- about age 5 to age 16 -- ever receive AFDC or welfare?

- 1 YES
- 2 NO (SKIP TO Q. 11) 73
- 7 DON'T KNOW

10b. Between ages 5 and 16, was welfare assistance received during all, most, half, or just some of those years?

- 1 ALL
- 2 MOST
- 3 HALF 74
- 4 SOME
- 7 DON'T KNOW

11. Is your natural, birth mother working at a paid job right now full-time, part-time, or not at all?

- 01 FULL-TIME
- 02 PART-TIME 75-76
- 03 FULL- AND PART-TIME
- 04 NOT AT ALL
- 05 DECEASED (SKIP TO Q. 14)
- 06 RETIRED
- 97 DON'T KNOW 878-80:00

(IF R'S MOTHER LIVES WITH R, SKIP TO Q. 13.)

About how often do you see your mother? Is it:

- 01 Every day or almost every day
- 02 Several times a week
- 03 About once a week 1005-06
- 04 A couple of times a month
- 05 Less often, or
- 06 Never? (SKIP TO Q. 14)

13. Does your mother help you take care of your child(ren):

- 1 A lot
- 2 Quite a bit 07
- 3 Just a little, or
- 4 Not at all?

14. Is there someone else who is like a mother to you?

- 1 YES
- 2 NO (SKIP TO Q. 17) 08

(IF R'S MOTHER FIGURE LIVES IN HOUSEHOLD, SKIP TO Q. 16.)

How often do you see her? Is it:

- 01 Every day or almost every day
- 02 Several times a week
- 03 About once a week 09-10
- 04 A couple of times a month
- 05 Less often, or
- 06 Never? (SKIP TO Q. 17)

16. Does she help you take care of your children:

- 1 A lot
- 2 Quite a bit 11
- 3 Just a little, or
- 4 Not at all?

17. (IF R'S FATHER LIVES IN HOUSEHOLD, SKIP TO Q. 19.)

Have you spent any time with your natural or birth father in the past year?

- 1 YES
- 2 NO (SKIP TO Q. 20) 12
- 5 DECEASED (SKIP TO Q. 20)

18. Do you see your father:

- 1 Every day or almost every day
- 2 Several times a week
- 3 About once a week 1013
- 4 A couple of times a month, or
- 5 Less often?

19. Does your father help you take care of your child(ren):

- 1 A lot
- 2 Quite a bit 14
- 3 Just a little, or
- 4 Not at all?

20. INTERVIEWER: IS (CHILD)'s FATHER LIVING?

- 1 YES
- 2 NO (SKIP TO Q. 45 ON PAGE 36) 18
- 7 DON'T KNOW

21. The next set of questions concerns (CHILD)'s birth father and other people who may be important to (him/her). Again, I want to assure you that none of your answers will be discussed with anyone.

22. (IF CHILD'S BIOLOGICAL PARENTS ARE KNOWN TO HAVE BEEN MARRIED, MARK BOX [] AND SKIP TO Q. 26.) 16

Have you and (CHILD)'s father ever been married to one another?

- 1 YES (SKIP TO Q. 26)
- 2 NO 17

23. A child's natural, birth father can be made the child's legal father by going to a judge in a court or going to the child support system, to establish paternity. Have you either gone to court or gone to a child support office to have (CHILD)'s birth father made (his/her) legal father?

- 01 YES, JUDGE OR COURT 18-27
- 02 YES, CHILD SUPPORT OFFICE
- 03 YES, BOTH
- 04 OTHER (SPECIFY): _____
- 05 NO (SKIP TO Q. 26)

24. How old was (CHILD) when this happened?

AGE

28-29

5. As a result of this, was he judged to be (CHILD)'s legal father?

- 1 YES
- 2 NO
- 3 IN PROCESS

1030

26. (IF CHILD'S FATHER LIVES IN HOUSEHOLD, SKIP TO Q. 27)

In the past 12 months, about how often has (CHILD) seen (his/her) father?
(INTERVIEWER: CODE RESPONSE INTO CATEGORY.)

- 01 ALMOST EVERY DAY
- 02 2 - 5 TIMES PER WEEK
- 03 ABOUT ONCE A WEEK
- 04 1 - 3 TIMES PER MONTH
- 05 2 - 11 TIMES IN PAST 12 MONTHS
- 06 ONCE IN THE PAST 12 MONTHS
- 07 0 TIMES IN PAST 12 MONTHS
- 08 CHILD HAS NEVER SEEN FATHER
- 09 FATHER IN JAIL ENTIRE PAST 12 MONTHS OR LONGER

31-32

27. (HAND R EXHIBIT CARD 2.) On a scale from 0 to 10, where 10 is very satisfied and 0 is very dissatisfied, how satisfied are you with:

- a. The amount of love and caring (CHILD)'s father has shown for (him/her)?
0 1 2 3 4 5 6 7 8 9 10 33-34
- b. The amount of money and help he's provided in raising (CHILD)?
0 1 2 3 4 5 6 7 8 9 10 35-36

28. (IF CHILD'S FATHER LIVES IN HOUSEHOLD, SKIP TO Q. 42a)

Have child support payments for (CHILD) ever been agreed to or awarded to you?

- 1 YES
- 2 NO (SKIP TO Q. 35)

37

29. Was the child support agreement or award a voluntary written agreement, or was it court-ordered?

- 01 VOLUNTARY WRITTEN AGREEMENT
- 02 COURT-ORDERED
- 03 OTHER: _____

38-47

30. In what year were these payments for (CHILD) first agreed to or awarded?

19 _____
1048-49

31. In what state was the award made?

STATE

50-51

32. During the past year, were you supposed to receive any child support payments for (CHILD)?

- 1 YES
- 2 NO (SKIP TO Q. 35) 52
- 3 IN JAIL DURING ENTIRE PAST YEAR (SKIP TO Q. 37)

33. Is money for child support withheld from (CHILD)'s father's paycheck by his employer?

- 1 YES
- 2 NO 53
- 3 NO EMPLOYER
- 7 DON'T KNOW

34. Does (CHILD)'s father give money for (CHILD)'s expenses to the welfare office only, to you directly, to both you and the welfare office, or doesn't he ever give you any money? (CIRCLE ONE ONLY.)

- 1 YES, MONEY TO WELFARE OFFICE ONLY (SKIP TO Q. 38)
- 2 YES, MONEY TO R ONLY (ASK Q. 35)
- 3 MONEY TO BOTH R AND WELFARE OFFICE (ASK Q. 35) 54
- 4 GIVES NO MONEY (SKIP TO Q. 38)
- 5 (IF OFFERED) YES, MONEY TO R; DON'T KNOW ABOUT WELFARE OFFICE (ASK Q. 35)
- 7 DON'T KNOW (ASK Q. 35)

35. Now I'd like to ask you some questions about money that (CHILD)'s father gives to you directly for (CHILD).

During the past 12 months, has (CHILD)'s father given you money for (CHILD) regularly, so you could count on almost always getting the money? Please do not include money paid through the welfare office.

- 1 YES
- 2 NO (SKIP TO Q. 37) 55
- 6 REFUSED

Altogether, about how much money did you receive for (CHILD) (and yourself) from (CHILD)'s father during the past 12 months? Again, please do not count payments made by the (child)'s father through the welfare office.

\$ _____
(ENTER DOLLAR AMOUNT)

99996 REFUSED

99997 DON'T KNOW

1056-60

(IF R SAYS "DON'T KNOW," ASK: Was it:)

Less than \$100	1
\$100 to \$500	2
More than \$500	3
More than \$1000?	4

61

37. In what month and year did he last give you money for child support? Please do not include money paid through the welfare office.

_____ (MO) 19 _____ (YEAR) 64-65
62-63 _____ NEVER

(IF FATHER IN JAIL DURING ENTIRE PAST YEAR, SKIP TO Q. 44)

Is any person or agency trying to get you (more) child support from (CHILD)'s father?

- 1 YES: What person or agency?
- 2 NO
- 7 DON'T KNOW

66 (INTERVIEWER: IF PERSON, RECORD RELATIONSHIP.)

67-68

39. As far as you know, could (CHILD)'s father (pay more than he does now/pay something) to support (CHILD)?

- 1 YES
- 2 NO (SKIP TO Q. 41)
- 7 DON'T KNOW

69

40. How much do you think he could pay in all for (CHILD)? (CIRCLE TIME UNIT.)

\$ _____
70-74 1 WEEK
2 MONTH
3 YEAR
99997 DON'T KNOW

75

41. During the past 12 months, how often has (CHILD)'s father (INSERT ITEM) for (him/her)? Was it: often, sometimes, or never?

	OFTEN	SOME-TIMES	NEVER	
a. Bought clothes, toys, or presents?	1	2	3	1076
(IF CHILD HASN'T SEEN BIOLOGICAL FATHER WITHIN 12 MONTHS, SKIP TO Q. 42a.)				
b. Bought groceries?	1	2	3	77
c. Babysat for (CHILD)?	1	2	3	78 1079-80:10
d. Cared for (him/her) overnight?	1	2	3	1105

42a. Is (CHILD) covered under (his/her) father's medical insurance policy or his health plan?

- 1 YES (SKIP TO Q. 43)
- 2 NO 06
- 7 DON'T KNOW (SKIP TO Q. 43)

42b. (IF NO): Is that because (CHILD)'s father has no health insurance himself, or is it because (CHILD) is not included under (his/her) father's policy?

- 1 HAS NO HEALTH INSURANCE
- 2 NOT INCLUDED 07
- 7 DON'T KNOW

43. (HAND R EXHIBIT 3 CARD.) On a scale from zero to ten, where ten is "a lot of conflict" and zero is "no conflict," how much conflict do you have with (CHILD)'s father:

a. About the amount of money he provides for raising (CHILD)?

<u>NO</u> <u>CONFLICT</u>										<u>A LOT</u> <u>OF CONFLICT</u>		<u>NO</u> <u>CONTACT</u>	
0	1	2	3	4	5	6	7	8	9	10		95	08-09

b. About other things having to do with raising (CHILD)?

<u>NO</u> <u>CONFLICT</u>										<u>A LOT</u> <u>OF CONFLICT</u>		<u>NO</u> <u>CONTACT</u>	
0	1	2	3	4	5	6	7	8	9	10		95	10-11

44. As far as you know, has (CHILD)'s father had any children in addition to the child(ren) that he had with you?

- 1 YES
- 2 NO 12
- 7 DON'T KNOW

45. During the past 12 months, has anyone in (CHILD)'s father's family, such as his mother or a sister, ever:

	YES	NO	
a. Bought clothes, toys, or presents for (him/her)?	1	2	1113
b. Babysat for (CHILD)?	1	2	14
c. Cared for (him/her) overnight?	1	2	15

46. We've been talking about (CHILD)'s natural, birth father, but now I'd like to ask about other men who may act like a father or are very close to (CHILD).

Other than (his/her) birth father, is there a man in (CHILD)'s life who spends a lot of time with (him/her) or who is very close to (him/her) -- someone who (he/she) might consider almost like a father?

- 1 YES
2 NO (SKIP TO Q. 49)

16

47. Who is that person -- that is, what is his relationship to you and (CHILD)? (IF R MENTIONS MORE THAN ONE, PROBE FOR THE "FATHER FIGURE" THAT CHILD IS CLOSEST TO.)

- 01 R's CURRENT PARTNER OR FRIEND -- (NOT CHILD'S BIRTH FATHER)
02 A FORMER HUSBAND/BOYFRIEND -- (NOT CHILD'S FATHER)
03 R's FATHER (CHILD'S MATERNAL GRANDFATHER)
04 R's BROTHER (CHILD'S MATERNAL UNCLE)
05 A RELATIVE OF CHILD'S BIRTH FATHER
06 OTHER (SPECIFY): _____

17-18

48. (IF PERSON IN Q. 47 IS KNOWN TO LIVE IN HOUSEHOLD, CIRCLE "8" AND SKIP TO Q. 49.)

In the past 12 months, how often has (CHILD) seen (PERSON IN Q. 47)?

- 01 ALMOST EVERY DAY
02 2 - 5 TIMES PER WEEK
03 ABOUT ONCE A WEEK
04 1 - 3 TIMES PER MONTH
05 2 - 11 TIMES IN PAST 12 MONTHS
06 ONCE IN THE PAST 12 MONTHS
07 0 TIMES IN PAST 12 MONTHS
08 PERSON LIVES IN HOUSEHOLD

19-20

49. Is there any woman other than yourself who is like a mother to (CHILD)?

- 1 YES
2 NO (SKIP TO SECTION I)

21

50. Who is this person? (IF R MENTIONS MORE THAN 1, PROBE FOR THE "MOTHER FIGURE" CHILD IS CLOSEST TO.)

- 01 R'S MOTHER (CHILD'S MATERNAL GRANDMOTHER)
- 02 R'S SISTER (CHILD'S MATERNAL AUNT)
- 03 R'S FEMALE FRIEND
- 04 FATHER'S MOTHER (CHILD'S PATERNAL GRANDMOTHER)
- 05 FATHER'S SISTER (CHILD'S PATERNAL AUNT)
- 06 TEACHER OR CHILD CARE PROVIDER
- 07 A NEIGHBOR
- 08 OTHER (SPECIFY): _____

1122-23

51. (IF PERSON IN Q. 50 IS KNOWN TO LIVE IN HOUSEHOLD, CIRCLE "8" AND SKIP TO NEXT SECTION.)

In the past 12 months, how often has (CHILD) seen (PERSON IN Q. 50)?

- 01 ALMOST EVERY DAY
- 02 2 - 5 TIMES PER WEEK
- 03 ABOUT ONCE A WEEK
- 04 1 - 3 TIMES PER MONTH
- 05 2 - 11 TIMES IN PAST 12 MONTHS
- 06 ONCE IN THE PAST 12 MONTHS
- 07 0 TIMES IN PAST 12 MONTHS
- 08 PERSON LIVES IN HOUSEHOLD

24-25

ction I. COMMON HOUSING MODULE AND NEIGHBORHOOD CHARACTERISTICS QUESTIONS

Now I have some questions about your neighborhood.

1. Have you lived in this same home all of the time since (CHILD) was born?

- 1 YES (SKIP TO Q. 4) 1120
2 NO

2. In what month and year did you last move to this address?

____ / 19 ____
(MONTH) (YEAR)
27-28 29-30

3. Altogether, how many times have you moved since (CHILD) was born?

____ 31-32
(NUMBER OF MOVES)
(ACCEPT A NARROW RANGE.)

Do you live in public housing, in housing paid for or run by a government agency, or do you pay less rent because the government pays for part of it, such as Section 8?

- 1 YES
2 NO 33
7 DON'T KNOW

5. Think about the mothers you know in your neighborhood. Would you say that almost all, most, some, or very few work regularly at paid jobs?

- 1 ALMOST ALL
2 MOST
3 SOME 34
4 VERY FEW
7 DON'T KNOW

Section J. SOCIAL SUPPORTS

1. Here are some statements about being a parent. (HAND R SAQ BOOKLET.) Please turn to the gold page. On this 10-point scale, 10 means "true all of the time" and 0 means "never true." Please circle a number on the scale to show how true each statement is for you. Remember, you can choose any number from 0 to 10. (READ FIRST STATEMENT TO R.)
- a. If I need to do an errand, I can easily find a friend or relative living nearby to watch my child(ren).
 - b. I get worn out by all the people who ask me for help.
 - c. If I'm feeling exhausted or depressed, like at the end of a long day, I have to cope alone. There is no one to help me.
 - d. If I need to buy a pair of shoes for (my/a) child(ren) but I am short of cash, there is someone who would lend me the money.
 - e. If I feel lonely at home with my child(ren), there's no one living close by that I could invite over or go visit.
 - f. When (my/a) child is sick, friends or family will call or come by to check on how things are going.
 - g. I like it when people call and ask me to help them out.
 - h. If I needed a ride to get (my/a) child to the doctor, there are friends I could call to help me.
 - i. Whenever I come into a little money, my friends and family sponge it off me until it's gone.
 - j. When I have an emergency and need cash, friends and family will loan it to me.
 - k. When I have troubles or need help, I have someone I can really talk to.

(ASK R TO TURN SAQ OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET AFTER SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1135

Mothers often turn to other people when they have a serious problem. I want you to think about the people in your life who listen to you, reassure you, and show you they care. Please tell me who you might turn to for this kind of emotional support. Any others?

(INTERVIEWER: CIRCLE ALL THAT APPLY.)

00 NO ONE/MYSELF (SKIP TO Q. 4)

01 R's OWN MOTHER

02 R's GRANDMOTHER/AUNT

03 R's SISTER/OTHER FEMALE RELATIVE(S)

1136-47

04 R's FEMALE FRIEND(S) OR NEIGHBOR(S)

05 R's OWN FATHER

06 R's BROTHER/OTHER MALE RELATIVE(S)

07 R's PARTNER/HUSBAND/BOYFRIEND (NOT C's FATHER)

08 R's CHILD'S FATHER (NOT PARTNER)

09 R's CHILD'S FATHER AND R's PARTNER/BOYFRIEND/HUSBAND

10 R's MALE FRIEND(S) OR NEIGHBOR(S) (NOT BOYFRIEND)

11 COUNSELOR, MINISTER, OTHER CLERGY

12 MEMBERS OF MY CHURCH

13 R's CHILD(REN)

48-73b

14 OTHER (SPECIFY): _____

3. About how many people is that in all? _____

NUMBER

74-75

4. (HAND R EXHIBIT 4 CARD.) How satisfied are you with the EMOTIONAL SUPPORT available to you? On a scale from 0 to 10, where 0 means "very dissatisfied" and 10 means "very satisfied," which number best tells how you feel about the help you get?

VERY DISSATISFIED

VERY SATISFIED

0 1 2 3 4 5 6 7 8 9 10 76-77

5. The next question is about how religious you consider yourself to be. Do you consider yourself to be:

1 Very religious

2 Somewhat religious, or

78

3 Not very religious?

1179-80:11

Section K: PSYCHOLOGICAL WELL-BEING

1. We've been talking about various things that have happened in your life in the last year and a half. The next questions are about how you feel about yourself and your life these days. (HAND R SAQ BOOKLET.) Please turn to the yellow answer sheet.

For each of the seven statements, circle the number that best reflects how strongly you personally agree or disagree with each statement: 1 means "strongly disagree," 2 means "disagree," 3 means "agree," and 4 means "strongly agree."

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

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1205

2. Please turn to the green answer sheet.

This is a list of problems that people sometimes have. We'd like to know which of these problems, if any, have been a problem for you in the past year. Just circle "Yes" for the problems you are having and "No" for the problems you're not having.

- a. Have you or one of your children been robbed, mugged, or attacked in the past year?
- b. Have you had trouble in the past year finding a good place to live?
- c. Have you had a relative or close friend in jail?
- d. Have you been hassled pretty often by bill collectors or collection agencies?
- e. Has your electricity or phone been cut off?
- f. Have you had people living with you -- relatives or friends -- who you wish weren't there?
- g. Have you had neighbors giving you problems?
- h. Has someone you were close to died or been killed in the last year?
- i. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?
- j. Has someone (else) you are close to had a problem with alcohol or drugs?
- k. Has someone abused you physically, emotionally, or sexually?
- l. Have you had a lot of arguments with (a partner or boyfriend/your husband)?
- m. Have you had some sort of problem with any of your former boyfriends (or former husband)?

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1208

3. Now please turn to the pink answer sheet.

The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle the number that best describes how often you felt or behaved this way for each statement -- during the past week. The numbers have the following meanings:

- 1 means rarely or none of the time, that is, less than one day this past week;
- 2 means some or a little of the time, that is, one to two days this past week;
- 3 means occasionally or a moderate amount of time, that is, three to four days; and
- 4 means most or all of the time, that is, five to seven days.

- | | |
|----|---|
| a. | I was bothered by things that usually don't bother me. |
| b. | I did not feel like eating; my appetite was poor. |
| c. | I felt that I could not shake off the blues even with help from my family or friends. |
| d. | I felt that I was just as good as other people. |
| e. | I had trouble keeping my mind on what I was doing. |
| f. | I felt depressed. |
| g. | I felt that everything I did was an effort. |
| h. | I felt hopeful about the future. |
| i. | I thought my life had been a failure. |
| j. | I felt fearful. |
| k. | My sleep was restless. |
| l. | I was happy. |
| m. | I talked less than usual. |
| n. | I felt lonely. |
| o. | People were unfriendly. |
| p. | I enjoyed life. |

(CONTINUED ON NEXT PAGE.)

- | | |
|----|---------------------------------|
| q. | I had crying spells. |
| r. | I felt sad. |
| s. | I felt that people disliked me. |
| t. | I could not get "going." |

(ASK R TO TURN SAQ OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET WHEN SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1207

4. Have you ever received treatment from a psychiatrist, psychologist, counselor, or therapist for any personal, emotional, behavioral, or mental problem?
- 1 YES
2 NO (SKIP TO Q. 6) 00
5. Have you received treatment during the past 12 months?
- 1 YES (SKIP TO Q. 7)
2 NO 00
6. During the past 12 months, have you felt or has anyone suggested that you need professional help for any personal, emotional, mental, or behavioral problem?
- 1 YES
2 NO 10
7. In general, how do you feel about your time? Would you say that you always feel rushed even to do the things you have to do, only sometimes feel rushed, or almost never feel rushed?
- 1 ALWAYS
2 SOMETIMES 11
3 ALMOST NEVER

8. Do you have time on your hands that you don't know what to do with:

- 1 Quite often
- 2 Just now and then, or 1212
- 3 Never?

9. Many parents feel worn out from time to time with the burdens of raising a family. How often do you feel tired, worn out, or exhausted from raising a family? Is it:

- 1 All the time
- 2 Most of the time
- 3 Sometimes 13
- 4 Rarely, or
- 5 Never?

Section L: HEALTH, SAFETY AND HEALTH CARE SERVICES

These next questions are about (CHILD)'s health and health care.

1. How much did (CHILD) weigh at birth?

_____ and _____ or 9797 DON'T KNOW
(POUNDS) (OUNCES)
1214-15 16-17

2. Did (CHILD) receive any newborn care in an intensive care unit, premature nursery, or any other type of special care unit?

- 1 YES
- 2 NO 18
- 7 DON'T KNOW

3. Turning to the present time, would you describe (CHILD)'s health now as excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD 19
- 4 FAIR
- 5 POOR

4. Does (CHILD) have any handicap, illness, emotional problem, or mental condition that limits (his/her) ability to attend school, to exercise or participate in sports, or that requires special medication or equipment? (DO NOT INCLUDE EYEGASSES.)

- 1 YES
- 2 NO 20
- 7 DON'T KNOW

5. Does (CHILD) have any handicap, illness, emotional problem, or mental condition that makes it hard for you to go to school or find a job?

- 1 YES
- 2 NO 21

(IF NO TO BOTH Qs. 4 AND 5, SKIP TO Q. 8a.)

6. What (is/are) (CHILD)'s condition(s) or (disability/disabilities)? (PROBE IF NECESSARY: What is it called?) Any others?

(RECORD VERBATIM AND CODE ALL THAT APPLY.)

- A LEARNING DISABILITY
- B MINIMAL BRAIN DYSFUNCTION, MINIMAL CEREBRAL DYSFUNCTION, ATTENTION DEFICIT DISORDER
- C HYPERKINESIS, HYPERACTIVITY
- D ASTHMA
- E RESPIRATORY DISORDER OR SINUS INFECTION
- F SPEECH IMPAIRMENT
- G SERIOUS HEARING DIFFICULTY OR DEAFNESS
- H SERIOUS DIFFICULTY IN SEEING OR BLINDNESS
- I SERIOUS EMOTIONAL DISTURBANCE
- J ALLERGIC CONDITION(S)
- K CRIPPLED, ORTHOPEDIC HANDICAP
- L MENTAL RETARDATION
- M HEART TROUBLE
- N CHRONIC NERVOUS DISORDER
- O CHRONIC EAR PROBLEMS OR INFECTIONS
- P BLOOD DISORDER OR IMMUNE DEFICIENCY (E.G., SICKLE CELL ANEMIA)
- Q EPILEPSY/SEIZURES
- R AIDS
- S OTHER (SPECIFY): _____

1222-27

28-45:b

7. How old was (CHILD) when you first noticed the symptoms of (this/each limitation/condition)? (RECORD LETTER FROM Q. 6 FOR EACH CONDITION REPORTED.)

Condition: _____⁴⁶ Condition: _____⁴⁹ Condition: _____⁵²

(AGE) 47-48

(AGE) 50-51

(AGE) 53-54

00 LESS THAN ONE YEAR

00 LESS THAN ONE YEAR

00 LESS THAN ONE YEAR

95 ALL HIS/HER LIFE

95 ALL HIS/HER LIFE

95 ALL HIS/HER LIFE

8a. About how long has it been since (CHILD) last saw a dentist, either for a check-up or to have some dental work done?

- 01 LESS THAN 6 MONTHS AGO
- 02 6 MONTHS, LESS THAN 1 YEAR AGO
- 03 1 YEAR, LESS THAN 2 YEARS AGO
- 04 2 YEARS, LESS THAN 5 YEARS AGO
- 05 5 OR MORE YEARS AGO
- 06 NEVER
- 97 DON'T KNOW (ASK Q. 8b)

-- (SKIP TO Q. 9a) 55-56

Has (CHILD) ever seen a dentist?

- 1 YES
- 2 NO

1257

9a. Is there a particular place, such as a hospital, doctor's office, clinic, or health center that (CHILD) usually goes to for medical care?

- 1 YES
- 2 NO (SKIP TO Q. 10a)

58

9b. Is there someone at that place who knows about (CHILD)'s health history and who will give you advice over the telephone?

- 1 YES
- 2 NO
- 7 DON'T KNOW

59

10a. How many months or years has it been since (CHILD) last saw a doctor, either for a checkup or because (he/she) was sick?

- | |
|-------------------------------|
| 01 LESS THAN 6 MONTHS |
| 02 6 MONTHS, LESS THAN 1 YEAR |
| 03 1 YEAR, LESS THAN 2 YEARS |
| 04 2 YEARS, LESS THAN 5 YEARS |
| 05 5 OR MORE YEARS |
| 06 NEVER |
| 97 DON'T KNOW (ASK Q. 10b) |

-- (SKIP TO Q. 11) 60-61

10b. Has (CHILD) seen a doctor in the past 12 months?

- 1 YES
- 2 NO

62

11. During the past 12 months, was (CHILD)'s health care covered at any time by Medicaid; that is, have you had a valid Medicaid card that covers medical bills for (him/her)?

- 1 YES
- 2 NO
- 7 DON'T KNOW

63

12. During the past year, did (CHILD) have an injury, poisoning, or other accident that required (him/her) to see a doctor or nurse?

- 1 YES
- 2 NO

64

The next questions are about you.

13. How would you describe your health? Is it:

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

1265

14. Do any health problems or impairments now keep you from working at a job or business? (ACCEPT TEMPORARY CONDITIONS IF R BELIEVES THEY ARE DISABLING.)

- 1 YES
- 2 NO

66

15. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (ACCEPT TEMPORARY CONDITIONS IF R BELIEVES THEY LIMIT THE KIND OR AMOUNT OF WORK SHE CAN DO.)

- 1 YES
- 2 NO

67

16. At the present time, are you pregnant, or are you hoping or trying to become pregnant?

- 1 YES, PREGNANT
- 2 YES, HOPING OR TRYING TO BECOME PREGNANT
- 3 NEITHER PREGNANT NOR TRYING TO BECOME PREGNANT
- 4 NOT SURE

68

17. Altogether, how many more children do you expect to have (including the baby you're carrying now)?

(IF ZERO, SKIP TO Q. 19a; IF PREGNANT, SKIP TO Q. 20.)

NUMBER

69-70

18. When would you like to have your next child; that is, in how many years?

(ACCEPT A NARROW RANGE.)

NUMBER

71-72

(IF SAYS "DON'T KNOW" SAY: What would be your best guess?)

1. Are you doing anything at the present time to keep from having another child? For example, have you had an operation, or are you using a method of family planning or birth control to keep from getting pregnant?

- 1 YES
- 2 NO (SKIP TO Q. 20)

1273
1279-80:12

19b. What birth control methods or devices are you using? (DO NOT READ LIST. CIRCLE ALL ITEMS MENTIONED.)

- 1 BIRTH CONTROL PILL/"THE PILL"
- 2 CONDOMS/PROPHYLACTICS/RUBBERS
- 3 IUD/LOOP/COIL
- 4 TUBAL LIGATION/TUBAL/"HAD MY TUBES TIED"
- 5 DIAPHRAGM
- 6 CONTRACEPTIVE SPONGES
- 7 SPERMICIDAL CREAM/FOAM/GEL
- 8 WITHDRAWAL
- 9 RHYTHM METHOD
- 10 DOUCHING
- 11 MORNING-AFTER PILL
- 12 IMPLANT
- 13 OTHER (SPECIFY): _____

1305-12

13-40:b

J. (HAND R SAQ BOOKLET.) Now please turn to the orange answer sheet. Please circle a 1 for "YES" or a 2 for "NO," to show whether or not each statement applies to you.

Many people drink alcohol -- like beer, wine coolers, or liquor -- to relax and enjoy their time with friends. Some people use other drugs, the kind you buy on the street, for the same thing.

During the past 12 months, have you had any of these once a month or more? (READ LIST FOR R.)

	YES	NO
Drinks like beer, wine, whiskey, tequila, wine coolers, vodka, or cognac?	1	2
Marijuana?	1	2
Cocaine or crack?	1	2
Other street drugs such as PCP, ice, angel dust, uppers, or downers?	1	2

21. During the past 12 months, has anyone told you that you should stop or reduce your use of:

	YES	NO
Drinks like beer, wine, whiskey, tequila, wine coolers, vodka, or cognac?	1	2
Marijuana?	1	2
Cocaine or crack?	1	2
Other street drugs such as PCP, ice, angel dust, uppers, or downers?	1	2

22. During the past 12 months, have you felt that you should stop or reduce your use of:

	YES	NO
Drinks like beer, wine, whiskey, tequila, wine coolers, vodka, or cognac?	1	2
Marijuana?	1	2
Cocaine or crack?	1	2
Other street drugs such as PCP, ice, angel dust, uppers, or downers?	1	2

(ASK R TO TURN OVER SAQ PAGE SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET WHEN SECTION IS COMPLETED.)

(CODE HOW Q.S 20 - 22 COMPLETED):	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1353

Section M: COMMON EDUCATION AND DIPLOMA MODULE

Now I'd like to ask you about your experiences when you were last in school, either high school or junior high school.

1. When you were last in school, how did you feel about going to classes and doing schoolwork? Did you love, like, dislike, or hate going to classes and doing schoolwork?

- 1 LOVED
- 2 LIKED
- 3 DISLIKED 1354
- 4 HATED
- 5 (IF OFFERED): DIDN'T CARE ONE WAY OR THE OTHER
- 7 DON'T REMEMBER

2. In your last year of school, were you:

- 1 One of the best students in your class
- 2 Above the middle
- 3 In the middle 55
- 4 Below the middle, or
- 5 Near the bottom of the class?
- 7 DON'T KNOW

3. From 7th grade through your last year in school, how many times, if ever, were you suspended, or expelled, or removed from school for disciplinary reasons for a day or more?

(# TIMES)
56-57

Section N: HOUSEHOLD INCOME MODULE

1. Now please think about all the different sources of income that your household may have, including welfare payments, general assistance, food stamps, unemployment insurance, alimony, and child support payments. Also please include income from wages, help from relatives, odd jobs, and so on.

In one month, how much money comes into your household -- before any taxes or other deductions -- from all the people living in your household? (IF DON'T KNOW, PROBE FOR BEST ESTIMATE.)

\$ _____

1358-62

2. Altogether, how many people, including you and your children, depend on this income?

(NUMBER OF PEOPLE) _____

63-64

3. How much of this total monthly income is your own personal income? Please include earnings, child support, AFDC, and so on. Would you say:

- 1 All of it
- 2 More than half
- 3 About half
- 4 Less than half, or
- 5 None?

65

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Section 0: DEVELOPMENTAL PROBLEMS OF CHILDREN IN FAMILY

(IF FOCAL CHILD IS R'S ONLY CHILD, SKIP TO SECTION P.)

Now, I have some questions about your children other than (CHILD), including (RECORD NAMES FROM HOUSEHOLD ROSTER ON PAGE 28) and (NAMES OF R'S CHILDREN WHO LIVE ELSEWHERE). (ASK ABOUT BIRTH, ADOPTIVE AND STEPCHILDREN. DO NOT ASK THIS SET OF QUESTIONS ABOUT FOCAL CHILD OR ABOUT CHILDREN IN THE HOUSEHOLD WHO ARE NOT R'S CHILDREN. ONLY ASK OF R'S OTHER CHILDREN. PUT "X" IN APPROPRIATE BOX(ES).)

CHILD'S FIRST NAME (RECORD NAMES.)	70 1	71 2	72 3	73 4	74 5	75 1378-80:13 6
<p>1. Does this child/ Does either of these children/ Do any of these children: . . . have an illness or handicap that demands a lot of your attention and makes it hard for you to go to school or work?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO (GO TO Q. 2)</p> <p style="text-align: right;">1405</p>	05	07	08	09	10	11
<p>2. Has this child ever been/ Has either of these children ever been/ Were any of these children ever: . . . removed from your care because you couldn't care for (him/her/them) or handle (him/her/them)?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO (GO TO Q. 3)</p> <p style="text-align: right;">12</p>	13	14	15	16	17	18
<p>3. During the past year, did this child/ did either of these children/ did any of your children: . . . have an injury, poisoning, or other accident that required medical attention?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO (GO TO INSTRUCTIONS ABOVE Q. 4)</p> <p style="text-align: right;">19</p>	20	21	22	23	24	25

CHILD'S FIRST NAME (RECORD NAMES.)	1426 7	27 8	28 9	29 10	30 11	31 12
Q. 1 (CONTINUED)	32	33	34	35	36	37
Q. 2 (CONTINUED)	38	39	40	41	42	43
Q. 3 (CONTINUED)	44	45	46	47	48	49

(IF NO CHILDREN AGE 6-18, SKIP TO SECTION P)	1450 1	51 2	52 3	53 4	54 5	55 6
Now I want to ask you about (NAMES OF CHILDREN WHO ARE 6 - 18 YEARS OF AGE).						
<p>4. Is this child/ Is either of these children/ Are any of these children: . . . limited from attending school because of a health problem?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO (GO TO Q. 5)</p>	56	57	58	59	60	61
<p>5. Does this child/ Does either of these children/ Do any of these children: . . . have a learning problem that requires special help?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO (GO TO Q. 6)</p>	63	64	65	66	67	68
<p>6. During the past year, have you felt or has anyone suggested that this child/ either of your children/ any of your children: . . . needed help for any emotional, mental, or behavior problem, or (is he/is she/are they) currently receiving help?</p> <p>1 YES (MARK ALL THAT APPLY) 2 NO, DID NOT NEED HELP (GO TO SECTION P)</p>	70	71	72	73	74	75

IF NO CHILDREN AGE 6-18, SKIP TO SECTION P)

¹⁵⁰⁵
7

⁰⁶
8

⁰⁷
9

⁰⁸
10

⁰⁹
11

¹⁰
12

Q. 4 (CONTINUED)

11

12

13

14

15

16

Q. 5 (CONTINUED)

17

18

19

20

21

22

Q. 6 (CONTINUED)

23

24

25

26

27

28

Section P: CHILD'S BEHAVIORS

1. My last questions are about (CHILD) again. (HAND R SAQ BOOKLET.) Please turn to the gray answer sheet.

Now I'm going to read some statements which may or may not describe (CHILD). For each statement, please tell me how much like that (CHILD) is. Use the scale from 0 to 10, where 10 means the child is "exactly like that" and where 0 means the child is "not at all like that." Remember, you can choose any number from 0 to 10.

a. Very enthusiastic, interested in a lot of different things, likes to express (his/her) ideas.

b. Fights too much; teases, picks on, or bullies other children.

c. Doesn't concentrate, doesn't pay attention for long.

d. Usually in a happy mood; very cheerful.

e. Rather high-strung, tense, and nervous.

f. Tells lies or fibs.

g. Is creative or imaginative.

h. Acts too young for (his/her) age; cries a lot or has tantrums.

i. Has a very strong temper; loses it easily.

j. Is awfully restless, fidgets all the time, can't sit still.

k. Keeps to (himself/herself); spends a lot of time alone.

l. Very timid, afraid of new things or new situations.

m. Is polite, helpful, considerate of others.

n. Is loving and affectionate.

(ASK R TO TURN SAQ OVER SO HER RESPONSES CANNOT BE SEEN.)

(TAKE BACK SAQ BOOKLET WHEN SECTION IS COMPLETED.)

CODE HOW SAQ COMPLETED:	
QUESTIONS READ BY INTERVIEWER	1
SAQ COMPLETED BY R ALONE	2

1529

- 2. (HAND R EXHIBIT 5 CARD.) Think about your child's life in general. On a scale from 0 to 10, where 10 is "absolutely wonderful" and 0 is "really bad," how would you say (CHILD)'s life is going?

REALLY
BAD

ABSOLUTELY
WONDERFUL

0 1 2 3 4 5 6 7 8 9 10 1530-31

- 3. Could you tell me about any special talents, abilities, or interests that (CHILD) has?

0 [] NONE (CHECK BOX)

32

33-44

45-56.2

Section Q: PERMISSION TO CONTACT CHILD'S SCHOOL

1. As a part of this study, we are planning to contact each child's school (when he/she is in school), for information about how each child is doing in school and what each school is like. Do I have permission to obtain this information about (CHILD) from (his/her) school?

- 1 YES
2 NO

1557

(IF NO): That's fine. We can ask you again when (CHILD) is older.

1570-80:15

**VERIFY INFORMATION ON CONTACT
SHEET. OBTAIN ALL MISSING PIECES
OF DATA. IT IS IMPORTANT FOR THIS
FORM TO BE AS COMPLETE AS POSSIBLE.**

**BEFORE BEGINNING CHILD ASSESSMENT,
GO BACK TO FIRST PAGE OF
QUESTIONNAIRE AND ENTER TIME THIS
PART OF THE INTERVIEW ENDED**

CHILD ASSESSMENT QUESTIONNAIRE

CHILD'S PPVT AGE: _____ (obtain from Child Information Sheet)

PPVT STARTING POINT: _____
1805-07
08-10

BEGIN TIME: _____
11-14

REMEMBER • ESTABLISH A BASAL (8 CONSECUTIVE CORRECT RESPONSES)
• STOP WHEN CHILD MAKES 6 CONSECUTIVE ERRORS

SAY TO THE MOTHER:

Now I'd like to spend some time with (CHILD). Different children know different things, and we do not expect (CHILD) to know all the answers in these games. We just want to see the different things he/she does know. First I would like to find out what words (CHILD) knows. Lots of children really like doing this. I will tell (him/her) a word and (he/she) looks at four pictures and tells me which picture has the same meaning as the word I just said.

REFER ON THE CHILD INFORMATION SHEET TO "CHILD'S CHRONOLOGICAL AGE." SAY TO THE MOTHER:

I have here that (CHILD) is (AGE). Is that right?

IF THE MOTHER AGREES, BEGIN TESTING AT THE ITEM MARKED AS THE STARTING POINT. IF MOTHER DISAGREES, CHECK THE CHILD'S BIRTHDAY WITH THE MOTHER AND, IF NECESSARY, RECOMPUTE CHILD'S CHRONOLOGICAL AGE AND PPVT AGE.

(INTERVIEWER CHECK: DO YOU HAVE RAPPORT WITH CHILD? PAUSE AS NECESSARY FOR WARMUP AND TO ESTABLISH RAPPORT.)

OPEN PPVT EASEL TO TRAINING PLATE A.

OK, (CHILD), now we can play some games that some kids really like. This is the first game. Let's look at some pictures. (POINT TO PICTURES ON EASEL)

There are four pictures on each page, see? (POINT TO EACH PICTURE IN TURN)

1a. I will say a word, and then you put your finger on the picture of the word I have said. Let's try one. DOLL. Put your finger on DOLL. (WHICH PICTURE DID CHILD POINT TO?)

- 1 PICTURE 1 (GO TO Q. 1b)
- 2 PICTURE 2 (GO TO Q. 1b)
- 3 PICTURE 3 (GO TO Q. 1b)
- 4 PICTURE 4 (SAY "Good" AND GO TO Q.2a)
- 8 NO RESPONSE (GO TO Q. 1b)

1b. No, this one shows DOLL, see? (POINT TO THE DOLL) Let's try another one.

2a. The next one is MAN. Show me MAN. (WHICH PICTURE DID CHILD POINT TO?)

- 1 PICTURE 1 (GO TO Q. 2b)
- 2 PICTURE 2 (SAY "That's right!" AND GO TO Q. 3a)
- 3 PICTURE 3 (GO TO Q. 2b)
- 4 PICTURE 4 (GO TO Q. 2b) 1616
- 8 NO RESPONSE (GO TO Q. 2b)

2b. No, this one shows MAN, see? (POINT TO THE MAN) Let's try another one.

3a. The next one is SWINGING. Point to SWINGING. (WHICH PICTURE DID CHILD POINT TO?)

- 1 PICTURE 1 (GO TO Q. 3b)
- 2 PICTURE 2 (GO TO Q. 3b)
- 3 PICTURE 3 (GO TO Q. 4a) 17
- 4 PICTURE 4 (GO TO Q. 3b)
- 8 NO RESPONSE (GO TO Q. 3b)

3b. No, this one shows SWINGING, see? (POINT TO SWINGING) Let's try another one.

4a. The next one is WHEEL. Which one shows wheel. (WHICH PICTURE DID CHILD POINT TO?)

- 1 PICTURE 1 (GO TO Q. 4b)
- 2 PICTURE 2 (GO TO Q. 4b)
- 3 PICTURE 3 (GO TO Q. 4b) 18
- 4 PICTURE 4 (GO TO Q. 5a)
- 8 NO RESPONSE (GO TO Q. 4b)

4b. No, this one shows WHEEL, see? (POINT TO THE WHEEL) Let's try another one.

5a. The next one is GIANT. Point to GIANT. (WHICH PICTURE DID CHILD POINT TO?)

- 1 PICTURE 1 (GO TO NEXT PAGE)
- 2 PICTURE 2 (GO TO Q. 5b)
- 3 PICTURE 3 (GO TO Q. 5b) 19
- 4 PICTURE 4 (GO TO Q. 5b)
- 8 NO RESPONSE (GO TO Q. 5b)

5B. No, this one shows GIANT, see? (POINT TO THE GIANT)

OK, (CHILD), now I am going to show you some other pictures. Each time I say a word, you find the best picture of it. I'll write down which one you pick. When we get further along in the book, you might not be sure you know all the words, but I want you to look carefully at all the pictures and point to the one you think is best. You can take a guess if you're not sure.

TURN THE EASEL TO THE CHILD'S STARTING POINT. CIRCLE PLATE NUMBER OF STARTING POINT. FOR EACH ITEM ADMINISTERED, CIRCLE A CODE IN COLUMN 4 AND COLUMN FIVE.

OK, point to (ITEM).

<u>COL. 1</u>	<u>COL. 2</u>	<u>COL. 3</u>	<u>COL. 4</u>	<u>COL. 5</u>
<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>	<u>CORRECT/WRONG</u>
3-0 to 3-5	1	BUS	1 2 3 <u>4</u>	C W 1620-21
	2	HAND	<u>1</u> 2 3 4	C W 22-23
	3	BED	1 2 <u>3</u> 4	C W 24-25
	4	TRACTOR	1 <u>2</u> 3 4	C W 26-27
	5	CLOSET	<u>1</u> 2 3 4	C W 28-29
	6	SNAKE	1 2 3 <u>4</u>	C W 30-31
	7	BOAT	1 <u>2</u> 3 4	C W 32-33
	8	TIRE	1 2 <u>3</u> 4	C W 34-35
	9	COW	<u>1</u> 2 3 4	C W 36-37
3-6 to 3-11	10	LAMP	1 2 3 <u>4</u>	C W 38-39
	11	DRUM	1 2 <u>3</u> 4	C W 40-41
	12	KNEE	1 2 3 <u>4</u>	C W 42-43
	13	HELICOPTER	1 <u>2</u> 3 4	C W 44-45
	14	ELBOW	1 2 3 <u>4</u>	C W 46-47
4-0 to 4-5	15	BANDAGE	1 2 3 <u>4</u>	C W 48-49
	16	FEATHER	<u>1</u> 2 3 4	C W 50-51
	17	EMPTY	1 2 <u>3</u> 4	C W 52-53
IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____				54-57

<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>				<u>CORRECT/WRONG</u>		
	18	FENCE	1	2	3	<u>4</u>	C	W	1658-59
	19	ACCIDENT	1	<u>2</u>	3	4	C	W	60-61
4-6 to 4-11	20	NET	1	<u>2</u>	3	4	C	W	62-63
	21	TEARING	1	2	3	<u>4</u>	C	W	64-65
	22	SAIL	<u>1</u>	2	3	4	C	W	66-67
	23	MEASURING	1	<u>2</u>	3	4	C	W	68-69
	24	PEELING	1	2	<u>3</u>	4	C	W	70-71
	25	CAGE	<u>1</u>	2	3	4	C	W	72-73
	26	TOOL	1	2	3	<u>4</u>	C	W	74-75
	27	SQUARE	1	2	3	<u>4</u>	C	W	76-77
	28	STRETCHING	<u>1</u>	2	3	4	C	W	1670-80:16 1705-06
	29	ARROW	1	<u>2</u>	3	4	C	W	07-08
5-0 to 5-5	30	TYING	1	<u>2</u>	3	4	C	W	09-10
	31	NEST	<u>1</u>	2	3	4	C	W	11-12
	32	ENVELOPE	1	<u>2</u>	3	4	C	W	13-14
	33	HOOK	1	2	<u>3</u>	4	C	W	15-16
	34	PASTING	1	2	3	<u>4</u>	C	W	17-18
5-6 to 5-11	35	PATTING	<u>1</u>	2	3	4	C	W	19-20
	36	PENGUIN	<u>1</u>	2	3	4	C	W	21-22
	37	SEWING	1	<u>2</u>	3	4	C	W	23-24
	38	DELIVERING	<u>1</u>	2	3	4	C	W	25-26
	39	DIVING	1	<u>2</u>	3	4	C	W	27-28

IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____ 29-32

<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>				<u>CORRECT/WRONG</u>		
	40	PARACHUTE	1	2	<u>3</u>	4	C	W	1733-34
	41	FURRY	1	2	3	<u>4</u>	C	W	35-36
	42	VEGETABLE	1	2	3	<u>4</u>	C	W	37-38
	43	SHOULDER	1	2	<u>3</u>	4	C	W	39-40
	44	DRIPPING	1	<u>2</u>	3	4	C	W	41-42
	45	CLAW	1	2	3	<u>4</u>	C	W	43-44
	46	DECORATED	1	2	<u>3</u>	4	C	W	45-46
	47	FRAME	<u>1</u>	2	3	4	C	W	47-48
	48	FOREST	1	2	<u>3</u>	4	C	W	49-50
	49	FAUCET	1	<u>2</u>	3	4	C	W	51-52
	50	GROUP	1	2	<u>3</u>	4	C	W	53-54
	51	STEM	1	2	<u>3</u>	4	C	W	55-56
	52	VASE	1	2	<u>3</u>	4	C	W	57-58
	53	PEDAL	<u>1</u>	2	3	4	C	W	59-60
	54	CAPSULE	1	<u>2</u>	3	4	C	W	61-62
	55	SURPRISED	1	2	3	<u>4</u>	C	W	63-64
	56	BARK	1	<u>2</u>	3	4	C	W	65-66
	57	MECHANIC	1	<u>2</u>	3	4	C	W	67-68
	58	TAMBOURINE	<u>1</u>	2	3	4	C	W	69-70
	59	DISAPPOINTMENT	1	2	3	<u>4</u>	C	W	71-72
	60	AWARDING	1	2	<u>3</u>	4	C	W	73-74
	61	PITCHER	1	2	<u>3</u>	4	C	W	75-76
	62	REEL	<u>1</u>	2	3	4	C	W	77-78 1779-80:17
	63	SIGNAL	<u>1</u>	2	3	4	C	W	1805-06
	64	TRUNK	1	<u>2</u>	3	4	C	W	07-08

IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____ 09-12

<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>				<u>CORRECT / WRONG</u>		
65		HUMAN	1	<u>2</u>	3	4	C	W	1813-14
66		NOSTRIL	<u>1</u>	2	3	4	C	W	15-16
67		DISAGREEMENT	<u>1</u>	2	3	4	C	W	17-18
68		EXHAUSTED	1	<u>2</u>	3	4	C	W	19-20
69		VINE	1	2	3	<u>4</u>	C	W	21-22
70		CEREMONY	1	2	3	<u>4</u>	C	W	23-24
71		CASSEROLE	1	<u>2</u>	3	4	C	W	25-26
72		VEHICLE	1	2	3	<u>4</u>	C	W	27-28
73		GLOBE	1	2	<u>3</u>	4	C	W	29-30
74		FILING	1	2	<u>3</u>	4	C	W	31-32
75		CLAMP	1	<u>2</u>	3	4	C	W	33-34
76		REPTILE	1	<u>2</u>	3	4	C	W	35-36
77		ISLAND	<u>1</u>	2	3	4	C	W	37-38
78		SPATULA	1	2	<u>3</u>	4	C	W	39-40
79		COOPERATION	1	2	3	<u>4</u>	C	W	41-42
80		SCALP	1	2	3	<u>4</u>	C	W	43-44
81		TWIG	1	<u>2</u>	3	4	C	W	45-46
82		WEASEL	1	<u>2</u>	3	4	C	W	47-48
83		DEMOLISHING	1	2	3	<u>4</u>	C	W	49-50
84		BALCONY	<u>1</u>	2	3	4	C	W	51-52
85		LOCKET	<u>1</u>	2	3	4	C	W	53-54
86		AMAZED	1	2	<u>3</u>	4	C	W	55-56
87		TUBULAR	<u>1</u>	2	3	4	C	W	57-58
88		TUSK	<u>1</u>	2	3	4	C	W	59-60
89		BOLT	1	2	<u>3</u>	4	C	W	61-62

IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____ 63-68

<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>				<u>CORRECT/WRONG</u>		
	90	COMMUNICATION	1	2	3	<u>4</u>	C	W	1867-68
	91	CARPENTER	1	<u>2</u>	3	4	C	W	69-70
	92	ISOLATION	<u>1</u>	2	3	4	C	W	71-72
	93	INFLATED	1	2	<u>3</u>	4	C	W	73-74
	94	COAST	1	2	<u>3</u>	4	C	W	75-76
	95	ADJUSTABLE	1	<u>2</u>	3	4	C	W	77-78
	96	FRAGILE	1	2	<u>3</u>	4	C	W	1870-80:18 1905-06
	97	ASSAULTING	<u>1</u>	2	3	4	C	W	07-08
	98	APPLIANCE	<u>1</u>	2	3	4	C	W	09-10
	99	PYRAMID	1	2	3	<u>4</u>	C	W	11-12
	100	BLAZING	<u>1</u>	2	3	4	C	W	13-14
	101	HOISTING	<u>1</u>	2	3	4	C	W	15-16
	102	ARCH	1	2	3	<u>4</u>	C	W	17-18
	103	LECTURING	1	2	3	<u>4</u>	C	W	19-20
	104	DILAPIDATED	1	2	3	<u>4</u>	C	W	21-22
	105	CONTEMPLATING	1	<u>2</u>	3	4	C	W	23-24
	106	CANISTER	<u>1</u>	2	3	4	C	W	25-26
	107	DISSECTING	1	2	<u>3</u>	4	C	W	27-28
	108	LINK	1	2	3	<u>4</u>	C	W	29-30
	109	SOLEMN	1	2	<u>3</u>	4	C	W	31-32
	110	ARCHERY	1	<u>2</u>	3	4	C	W	33-34
	111	TRANSPARENT	1	2	<u>3</u>	4	C	W	35-36
	112	HUSK	<u>1</u>	2	3	4	C	W	37-38
	113	UTENSIL	1	<u>2</u>	3	4	C	W	39-40

IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____ 41-44

<u>PPVT AGE</u>	<u>PLATE #</u>	<u>WORD</u>	<u>RESPONSE</u>				<u>CORRECT/WRONG</u>		
	114	CITRUS	1	2	<u>3</u>	4	C	W	1945-46
	115	PEDESTRIAN	1	<u>2</u>	3	4	C	W	47-48
	116	PARALLELOGRAM	<u>1</u>	2	3	4	C	W	49-50
	117	SLUMBERING	1	2	<u>3</u>	4	C	W	51-52
	118	PENINSULA	1	2	3	<u>4</u>	C	W	53-54
	119	UPHOLSTERY	1	<u>2</u>	3	4	C	W	55-56
	120	BARRICADE	1	2	3	<u>4</u>	C	W	57-58
	121	QUARTET	1	2	3	<u>4</u>	C	W	59-60
	122	TRANQUIL	1	2	<u>3</u>	4	C	W	61-62
	123	ABRASIVE	<u>1</u>	2	3	4	C	W	63-64
	124	FATIGUED	1	2	<u>3</u>	4	C	W	65-66
	125	SPHERICAL	1	<u>2</u>	3	4	C	W	67-68
	126	SYRINGE	1	<u>2</u>	3	4	C	W	69-70
	127	FELINE	1	<u>2</u>	3	4	C	W	71-72
	128	ARID	1	2	3	<u>4</u>	C	W	73-74
	129	EXTERIOR	<u>1</u>	2	3	4	C	W	75-76
	130	CONSTELLATION	1	2	3	<u>4</u>	C	W	77-78

1979-80:19

IF TESTING ENDS ON THIS PAGE, RECORD TIME. _____

2005-08

FOR OFFICE USE ONLY

- A. Length of PPVT (Minutes) _____ 09-11
- B. PPVT Age Established Properly? 1 YES 2 NO 7 DK 12
- C. Test Started at Right Plate? 1 YES 2 NO 7 DK 13
- D. Basal Established Properly? 1 YES 2 NO 7 DK 14
- E. Ceiling Established Properly? 1 YES 2 NO 7 DK 15

PRESCHOOL INVENTORY

BEGIN TIME _____

2010-10

RULES FOR ADMINISTERING THE PSI, PAGES 9 - 20:

REPEAT QUESTION IF:

- CHILD SAYS "I DON'T KNOW"
- CHILD REFUSES TO ANSWER
- CHILD IS DISTRACTED BY BACKGROUND NOISE
- CHILD DOESN'T UNDERSTAND QUESTION
- CHILD'S FIRST RESPONSE IS UNRELATED TO QUESTION
- DON'T REPEAT ITEM IF INSTRUCTIONS SAY "DO NOT REPEAT"

PROBE ONLY ONCE IF CHILD'S RESPONSE IS AMBIGUOUS BY ASKING:

- TELL ME MORE ABOUT IT?
- WHAT ELSE DO WE CALL IT?

CODE THREE THINGS FOR EACH ITEM: VERBALIZATION (VERBAL), PROBE, AND RESPONSE

1. OK, now we'll do some other kinds of games. What is your first name? (CHILD'S RESPONSE: _____)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: SAYS FIRST NAME, NICKNAME, OR FIRST AND LAST NAME
				2 WRONG: OTHER NAME OR WORD 22
				7 DON'T KNOW \
20		21		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

2. OK, (CHILD), Show me your shoulder. (SCORE MOTION)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: POINTS TO, TOUCHES OR TURNS SHOULDER TOWARD YOU
				2 WRONG: OTHER MOTION 25
				7 DON'T KNOW \
23		24		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

3. (POINT TO YOUR KNEE) What's this?

(IF CHILD SAYS "LEG, BONE, or SKIN," PROBE WITH "WHAT ELSE DO WE CALL IT?")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "KNEE"
				2 WRONG: OTHER RESPONSE 28
				7 DON'T KNOW \
26		27		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

4. (EXPOSE OR POINT TO YOUR ELBOW WITH YOUR ARM DOWN AND BENT)
What's this?

(IF CHILD SAYS "ARM OR BONE," PROBE WITH "WHAT ELSE DO WE CALL IT?")

VERBAL?		PROBE?		RESPONSE:	
YES	NO	YES	NO	1 CORRECT: CHILD SAYS "ELBOW"	
1	2	1	2	2 WRONG: OTHER VERBAL RESPONSE	
	2029		30	7 DON'T KNOW	31
				6 REFUSAL	> AFTER REPEATING
				8 NO RESPONSE /	QUESTION

(PLACE THREE CARS TO YOUR RIGHT AND THREE BOXES TO YOUR LEFT
IN THIS ORDER:

GREEN BOX ALL THE WAY TO YOUR LEFT WITH OPEN END UP

BLACK BOX TO RIGHT OF GREEN BOX, WITH OPEN END DOWN

WHITE BOX CLOSE TO CARS WITH OPEN END UP

5. Put the yellow car on the little box. (DO NOT REPEAT)

VERBAL?		PROBE?		RESPONSE:	
YES	NO	YES	NO	1 CORRECT: CHILD PUTS YELLOW CAR ON BLACK BOX	
1	2	1	2	2 WRONG: ANY OTHER MOTION WITH CARS AND/OR BOXES	34
	32		33	7 DON'T KNOW	
				6 REFUSAL	
				8 NO RESPONSE	

6. (RETURN CARS TO YOUR RIGHT, THEN SAY) Put the blue car under the green box. (DO NOT REPEAT)

VERBAL?		PROBE?		RESPONSE:	
YES	NO	YES	NO	1 CORRECT: CHILD PUTS BLUE CAR UNDER IT	
1	2	1	2	2 WRONG: ANY OTHER MOTION WITH CARS AND/OR BOXES	37
	35		36	7 DON'T KNOW	
				6 REFUSAL	
				8 NO RESPONSE	

7. (RETURN CARS TO YOUR RIGHT) Put two cars behind the box in the middle. (DO NOT REPEAT)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD PUTS ANY TWO CARS BEHIND THE BOX IN THE MIDDLE ("BEHIND" IS FROM CHILD'S PERSPECTIVE) ⁴⁰
				2 WRONG: ANY OTHER MOTION WITH CARS AND/OR BOXES
				7 DON'T KNOW
2038		30		6 REFUSAL
				8 NO RESPONSE

(PUT CARS AND BOXES AWAY)

8. (CHILD), If you were sick, who would you go to? (RECORD VERBATIM) _____

(IF CHILD SAYS "MY MOMMY," PROBE WITH "TELL ME MORE ABOUT IT")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: DOCTOR/NURSE/SPECIFIC DOCTOR'S NAME
				2 WRONG: CHILD TELLS WHERE, E.G., HOSPITAL/CLINIC ⁴³
				3 WRONG: MY MOMMY (AFTER PROBE)
				4 WRONG: I'M NEVER SICK
				7 DON'T KNOW \
41		42		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

9. When do we eat breakfast? (RECORD VERBATIM) _____

(PROBE AMBIGUOUS TIME, E.G., "8 O'CLOCK")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: IN THE MORNING/WHEN WE GET UP/THE FIRST MEAL OF THE DAY
				2 WRONG: WHEN WE'RE HUNGRY/WHEN MOMMY COOKS IT ⁴⁶
				3 WRONG: ANY RESPONSE NOT REFLECTING SPECIFIC TIME OF DAY
				7 DON'T KNOW \
44		45		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

10. If you wanted to find a lion, where would you look? (RECORD VERBATIM) _____

(PROBE VAGUE ANSWER, E.G., "IN A TREE," "OUTSIDE")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: JUNGLE/ZOO/CIRCUS/ ANIMAL BOOK/ANIMAL TV SHOW
				2 WRONG: TREES/WOODS/FOREST
				3 WRONG: BOOKS/TV/SESAME STREET
				4 WRONG: AFRICA 49
				7 DON'T KNOW \
2047		48		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

11. What does a dentist do? (RECORD VERBATIM) _____

(PROBE: HE STICKS ME, HE HELPS ME, LOOKS IN MY MOUTH)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: ANY LOGICAL RESPONSE ABOUT DENTAL CARE OR TEETH
				2 WRONG: LOOKS AT YOUR THROAT, STICKS ME, GIVES A SHOT, HELPS ME (PROBE BEFORE CIRCLING THIS CODE) 52
				7 DON'T KNOW \
50		51		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

(FOR NEXT TWO ITEMS, CHILD MUST GIVE CORRECT VERBAL RESPONSE AND CORRECT MOTION)

12. Have you ever been on a swing? You know how a swing goes, up and down and back and forth. (DEMONSTRATE) Which way does a record on a record player go?

(IF CHILD GIVES VERBAL RESPONSE, PROBE WITH "SHOW ME." IF CHILD GIVES MOTION, PROBE WITH "TELL ME.")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "AROUND" OR "IN A CIRCLE," AND DEMONSTRATES
				2 WRONG: CHILD SAYS "THAT WAY, WE HAVE A RECORD PLAYER" 55
				3 WRONG: RESPONSE ONLY OR MOTION ONLY
				7 DON'T KNOW \
53		54		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

13. Which way does a ferris wheel go?

(IF CHILD GIVES VERBAL RESPONSE, PROBE WITH "SHOW ME." IF CHILD GIVES MOTION, PROBE WITH "TELL ME.")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "AROUND" OR "IN A CIRCLE" <u>AND</u> DEMONSTRATES
				2 WRONG: CHILD SAYS "LIKE THIS, UP IN THE AIR, UP AND DOWN" ⁵⁶
				3 WRONG: RESPONSE ONLY OR MOTION ONLY
				7 DON'T KNOW \
2056		57		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

FOR THE NEXT FIVE ITEMS, CHILD MUST GIVE VERBAL RESPONSE. IF CHILD USES FINGERS FOR RESPONSE, PROBE WITH "HOW MANY IS THAT?"

14. OK, (CHILD), How many hands do you have?

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "TWO"
				2 WRONG: ANY OTHER NUMBER OR INCORRECT RESPONSE ⁶¹
				7 DON'T KNOW \
59		60		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

15. How many wheels does a bicycle have?

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "TWO"
				2 WRONG: ANY OTHER NUMBER OR INCORRECT RESPONSE ⁶⁴
				7 DON'T KNOW \
62		63		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

16. How many wheels does a car have?

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "FOUR"
				2 WRONG: ANY OTHER NUMBER OR INCORRECT RESPONSE ⁶⁷
				7 DON'T KNOW \
65		66		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

17. How many toes do you have? (RECORD VERBATIM) _____

(IF CHILD SAYS "FIVE" OR "FIVE ON EACH FOOT," SAY "HOW MANY ALL TOGETHER?")

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD SAYS "TEN" (OR CHILD'S ACTUAL NUMBER OF TOES)
				2 WRONG: ANY OTHER NUMBER OR INCORRECT RESPONSE 70
				7 DON'T KNOW \
2008		80		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

18. Now, listen carefully. Which is slower, a car or a bicycle?

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: A BICYCLE IS SLOWER/A BIKE IS SLOWER/ A CAR IS FASTER
				2 WRONG: A CAR, MY MOMMY'S CAR IS SLOW, MY BIKE IS REAL FAST 73
				3 WRONG: A BIKE, A BICYCLE
				7 DON'T KNOW \
71		72		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

QUESTIONS USING CHECKERS DO NOT REQUIRE A VERBAL RESPONSE. IF CHILD RESPONDS VERBALLY AND WITH A MOTION, SCORE THE MOTION.

19. (TAKE OUT 5 CHECKERS) Put these checkers next to each other in a row. (HELP CHILD IF NEEDED). Point to the middle one.

VERBAL?		PROBE?		RESPONSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	1	CORRECT: POINTS TO OR MOVES MIDDLE CHECKER FORWARD				
1	2	1	2	2	WRONG: POINTS TO OR MOVES ANY OTHER CHECKERS				
				7	DON'T KNOW				
2105		06		6	REFUSAL > AFTER REPEATING				
				8	NO RESPONSE / QUESTION				

20. Point to the first one.

VERBAL?		PROBE?		RESPONSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	1	CORRECT: POINTS TO OR MOVES CHECKER AT EITHER END (GO TO 21a)				
1	2	1	2	2	WRONG: POINTS TO OR MOVES ANY OTHER CHECKERS (GO TO 21b)				
				7	DON'T KNOW				
08		09		6	REFUSAL > AFTER REPEATING				
				8	NO RESPONSE / Q (GO TO 21b)				

21a. Point to the last one.

VERBAL?		PROBE?		RESPONSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	1	CORRECT: POINTS TO OR MOVES CHECKER AT OPPOSITE END AS Q.20				
1	2	1	2	2	WRONG: POINTS TO OR MOVES ANY OTHER CHECKERS				
				7	DON'T KNOW				
11		12		6	REFUSAL > AFTER REPEATING				
				8	NO RESPONSE / QUESTION				

(GO TO Q. 22)

21b. Point to the last one.

VERBAL?		PROBE?		RESPONSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	1	CORRECT: POINTS TO OR MOVES CHECKER AT EITHER END				
1	2	1	2	2	WRONG: POINTS TO OR MOVES ANY OTHER CHECKERS				
				7	DON'T KNOW				
14		15		6	REFUSAL > AFTER REPEATING				
				8	NO RESPONSE / QUESTION				

22. Point to the second one.

VERBAL?
YES NO

1 2

2117

PROBE?
YES NO

1 2

18

RESPONSE:

- 1 CORRECT: POINTS TO CHECKER NEXT TO ONE DESIGNATED "FIRST" OR, IF Q. 20 WAS MISSED, POINTS TO CHECKER SECOND FROM EITHER END
- 2 WRONG: POINTS TO CHECKER THAT ISN'T SECOND 19
- 7 DON'T KNOW \
- 6 REFUSAL > AFTER REPEATING
- 8 NO RESPONSE / QUESTION

23. (TAKE OUT 5 MORE CHECKERS. PUT SIX CHECKERS NEAR CHILD AND FOUR NEAR YOU.) Which of these two groups has less checkers in it?

VERBAL?
YES NO

1 2

20

PROBE?
YES NO

1 2

21

RESPONSE:

- 1 CORRECT: POINTS TO GROUP OF FOUR OR SAYS "THE ONE NEAR YOU"
- 2 WRONG: IDENTIFIES GROUP OF SIX AS HAVING LESS 22
- 7 DON'T KNOW \
- 6 REFUSAL > AFTER REPEATING
- 8 NO RESPONSE / QUESTION

24. (COLLECT CHECKERS. PUT FIVE NEAR CHILD AND FIVE NEAR YOU.) Which of these two groups has more checkers in it?

VERBAL?
YES NO

1 2

23

PROBE?
YES NO

1 2

24

RESPONSE:

- 1 CORRECT: CHILD POINTS TO BOTH GROUPS OR SAYS "NEITHER, BOTH THEY'RE THE SAME," ETC.
- 2 WRONG: CHILD INDICATES THAT ONE GROUP HAS MORE 25
- 7 DON'T KNOW \
- 6 REFUSAL > AFTER REPEATING
- 8 NO RESPONSE / QUESTION

25. (SHOW CHILD THE PAGE WITH SQUARE AND TRIANGLE DRAWN ON IT) Point to the one that is most like a tent.

VERBAL?
YES NO

1 2

26

PROBE?
YES NO

1 2

27

RESPONSE:

- 1 CORRECT: CHILD POINTS TO TRIANGLE
- 2 WRONG: CHILD POINTS TO SQUARE OR GIVES INCORRECT RESPONSE 28
- 7 DON'T KNOW \
- 6 REFUSAL > AFTER REPEATING
- 8 NO RESPONSE / QUESTION

26. Now I'd like you to make some drawings. Here's a pencil for you. Make one like this. (POINT TO THE SQUARE)
 Make yours here. (POINT TO BLANK SPACE BELOW SQUARE)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD DRAWS FIGURE WITH AT LEAST TWO ANGLES THAT LOOKS LIKE A SQUARE OR RECTANGLE ³¹
				2 WRONG: CHILD DRAWS OTHER FIGURE
				7 DON'T KNOW \
2129		30		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

27. (TURN PAPER OVER AND POINT TO THE TRIANGLE) OK, (CHILD), now make one like this.
 Make yours here. (POINT TO BLANK SPACE BELOW TRIANGLE)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD DRAWS FIGURE WITH AT LEAST ONE ANGLE, NO MORE THAN THREE SIDES, AND AT LEAST TWO STRAIGHT LINES ³⁴
				2 WRONG: CHILD DRAWS OTHER FIGURE
				7 DON'T KNOW \
32		33		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

28. (SPREAD EIGHT CRAYONS OUT ON THE TABLE IN A LINE. POINT TO ALL THE CRAYONS AND SAY:). Which one is the color of night?

(IF CHILD GIVES VERBAL RESPONSE AND MOTION, SCORE MOTION)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: CHILD POINTS TO OR NAMES BLACK, BLUE OR PURPLE
				2 WRONG: CHILD POINTS TO OR NAMES OTHER CRAYONS ³⁷
				7 DON'T KNOW \
35		36		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

29. LEAVE CRAYONS ON THE TABLE. GIVE CHILD PAPER WITH THREE FIGURES DRAWN ON IT. Color the square purple.
 (WHICH SHAPE DID CHILD COLOR?)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: IN OR AROUND SQUARE
				2 WRONG: CHILD COLORS IN OR AROUND ANOTHER SHAPE, IN BLANK AREA, OR CHILD DRAWS A SQUARE ⁴⁰
				7 DON'T KNOW \
38		39		6 REFUSAL > AFTER REPEATING
				8 NO RESPONSE / QUESTION

30. (WHICH COLOR DID CHILD USE?)

- 1 CORRECT: PURPLE
- 2 WRONG: ANY OTHER CRAYON
- 7 DON'T KNOW
- 6 REFUSAL
- 8 NO RESPONSE

2141

(ALLOW CHILD TO SELF-CORRECT, BUT IF CHILD DOES NOT REALIZE MISTAKE, DO NOT ALLOW HIM/HER TO COLOR TWO SHAPES OR WITH TWO CRAYONS.)

31. TURN PAPER OVER TO SHOW THREE BLANK FIGURES. Color the triangle orange. (WHICH SHAPE DID CHILD COLOR?)

VERBAL?		PROBE?		RESPONSE:
YES	NO	YES	NO	
1	2	1	2	1 CORRECT: IN OR AROUND TRIANGLE,
				2 WRONG: CHILD COLORS IN OR AROUND
				ANOTHER SHAPE, IN BLANK AREA, OR
				CHILD DRAWS A TRIANGLE
				7 DON'T KNOW
				6 REFUSAL
				8 NO RESPONSE /
				AFTER REPEATING QUESTION

32. (WHICH COLOR DID CHILD USE?)

- 1 CORRECT: ORANGE
- 2 WRONG: CHILD COLORS WITH ANY OTHER CRAYON
- 7 DON'T KNOW
- 6 REFUSAL
- 8 NO RESPONSE

FOR OFFICE USE ONLY			
Did child complete the PSI?	1 YES	2 NO	7 DK

INTERVIEWER CHECKPOINT: SEE PAGE 1. WHAT IS CHILD'S PPVT AGE?

- 1 3-0 TO 3-11 (GO TO YELLOW PAGES, P. 19)
- 2 4-0 TO 6-0 (GO TO BLUE PAGES, P. 23)

ESI: THREE-YEAR OLDS (YELLOW)

BLOCKS

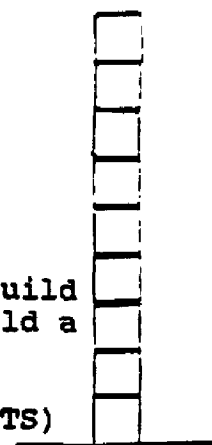
GIVE THE CHILD NINE BLOCKS ON A PLATFORM.

1. Now we're going to play some games with blocks. Let's build a tower with all these blocks. See how high you can build a tower. Use all the blocks.

(BEGIN BUILDING IF NECESSARY. GIVE CHILD UP TO 3 ATTEMPTS)

- 1 CHILD BUILDS 8 OR 9 BLOCK TOWER
- 2 CHILD UNABLE TO BUILD TOWER

2148



Tower

2. Now I'm going to build a bridge, and then when I finish, I want to see if you can make one just like it. (BUILD BRIDGE BEHIND SCREEN, USING THREE BLOCKS)

Here's my bridge. Take a good look at this one. (REMOVE SCREEN)



Bridge

Now you make one just like mine. (GIVE CHILD THREE BLOCKS ON A PIECE OF FELT)

(WHEN CHILD SEEMS FINISHED:) Is yours just like mine?
(WHEN CHILD IS SATISFIED, SCORE CHILD'S BRIDGE):

- 1 CHILD BUILDS BRIDGE (GO TO Q.4)
- 2 CHILD UNABLE TO BUILD BRIDGE, OR NO GAP BETWEEN 2 BOTTOM BLOCKS

REMOVE CHILD'S BLOCKS

3. Now watch how I make this one. (CONSTRUCT BRIDGE IN FRONT OF CHILD, USING THREE BLOCKS)

Now you make one just like mine. (GIVE THE CHILD THREE BLOCKS ON A PIECE OF FELT)

(WHEN CHILD SEEMS FINISHED:) Is yours just like mine?

WHEN CHILD IS SATISFIED, SCORE:

- 1 CHILD BUILDS BRIDGE
- 2 CHILD UNABLE TO BUILD BRIDGE, OR NO GAP BETWEEN 2 BOTTOM BLOCKS

DRAWING

(GIVE THE CHILD A BLANK PIECE OF PAPER AND A PENCIL)

4. Now let's play some drawing games. Here's a piece of paper for you, and here's a pencil. Draw a picture of a boy or a girl.

(WHEN THE CHILD APPEARS FINISHED:) Are you finished?

WHEN CHILD IS SATISFIED, IF YOU ARE UNSURE WHAT ANY PARTS OF THE PERSON ARE, ASK:

What's this? OR Tell me about your person.

LABEL PICTURE AND COUNT BODY PARTS. BOTH SETS OF A PAIR MUST BE PRESENT TO COUNT.

- 1 CHILD'S PICTURE HAS 3 PARTS OR MORE 2151
2 CHILD'S PICTURE HAS FEWER THAN 3 IDENTIFIABLE PARTS

UNFINISHED SENTENCES

Now we are going to play some talking games. Listen carefully and finish what I am saying.

(ITEMS MAY BE REPEATED ONLY ONCE.)

5. Brother is a boy; sister is a

- 1 (GIRL/GIRLIE/LITTLE GIRL) 52
2 OTHER RESPONSE _____ (SAY "Sister is a girl"
AND GO TO Q. 6)
8 NO RESPONSE (SAY "Sister is a girl" AND GO TO Q. 6)

6. A horse is big; a mouse is...

- 1 (LITTLE/SMALL/TINY)
2 OTHER RESPONSE _____ 53
8 NO RESPONSE

7. A table is made of wood; a window is made of...

- 1 (GLASS/GLASS AND WOOD/PLASTIC)
2 OTHER RESPONSE _____ 54
8 NO RESPONSE

8. A bird flies in the air; a fish swims in the...

- 1 (WATER/SEA/LAKE/RIVER/STREAM/POND/OCEAN)
2 OTHER RESPONSE _____ 55
8 NO RESPONSE

REPEATING NUMBERS

I'm going to say some numbers. Listen carefully and when I'm all through, say them right after me. (BE SURE CHILD IS LOOKING AT YOU)

9. Four. (DID CHILD SAY "FOUR"?)
- 1 YES (SKIP TO Q.12) 2156
2 NO
10. OK, I'll say four and then you say it right after me. Four. (DID CHILD SAY "FOUR"?)
- 1 YES (SKIP TO Q. 12) 57
2 NO
11. OK, try another one. Remember, I'll say a number and you say it right after me. Eight. (DID CHILD SAY EIGHT?)
- 1 YES 58
2 NO (TEACH CHILD TASK AND READMINISTER Q.9 THROUGH Q.11)
12. Nine--three. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q. 14)
2 MAKE AN INCORRECT RESPONSE, OR 59
8 NO RESPONSE
13. Two--six. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY
2 MAKE AN INCORRECT RESPONSE (SKIP TO Q.16)
8 NO RESPONSE (SKIP TO Q.16) 60
14. Five--one--six. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q. 16)
2 MAKE AN INCORRECT RESPONSE, OR
8 NO RESPONSE 61
15. OK, let's try one more. Six--two--eight. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY
2 MAKE AN INCORRECT RESPONSE, OR 62
8 NO RESPONSE
16. THANK CHILD FOR PLAYING THE GAMES. PUT MATERIALS AWAY AND CONCLUDE TESTING.

END TIME: _____

63-66

OFFICE USE ONLY
LENGTH OF PSI/ESI: _____

ESI: FOUR & FIVE YEAR OLDS (BLUE)

DRAWING

1. Now let's play some drawing games. Here's a piece of paper for you and here's a pencil. (GIVE THE CHILD A BLANK PIECE OF PAPER AND A PENCIL)

Draw a picture of a person -- a boy, girl, man or woman.

WHEN THE CHILD APPEARS FINISHED ASK:

Are you finished?

WHEN CHILD IS SATISFIED, IF YOU ARE UNSURE WHAT ANY PARTS OF THE PERSON ARE, ASK:

What's this OR Tell me about the picture.

LABEL PICTURE AND COUNT BODY PARTS. BOTH SETS OF A PAIR MUST BE PRESENT TO COUNT.

- 1 CHILD'S PICTURE HAS FIVE PARTS OR MORE
- 2 CHILD'S PICTURE HAS FEWER THAN 5 IDENTIFIABLE PARTS

2170

BLOCKS

2. Now we're going to build with blocks. I'm going to make a gate, and when I finish I want to see if you can make one like it. (BUILD GATE BEHIND SCREEN, USING FIVE BLOCKS)



Take a good look at this one. (REMOVE SCREEN)

Now you make one just like mine. (GIVE CHILD FIVE BLOCKS ON A PIECE OF FELT)

(WHEN CHILD SEEMS FINISHED:) Is yours just like mine?
(WHEN CHILD IS SATISFIED, SCORE:)

- 1 CHILD BUILDS GATE (GO TO #5)
- 2 CHILD UNABLE TO BUILD GATE

71

REMOVE CHILD'S BLOCKS

3. Now watch how I make this one. (CONSTRUCT GATE IN FRONT OF CHILD, USING FIVE BLOCKS)

Now you make one just like mine. (GIVE THE CHILD FIVE BLOCKS ON A PIECE OF FELT)

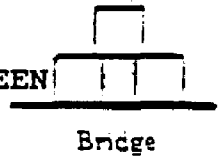
(WHEN CHILD SEEMS FINISHED:) Is that just like the one I made?

WHEN CHILD IS SATISFIED, SCORE:

- 1 CHILD BUILDS GATE (GO TO #5)
- 2 CHILD UNABLE TO BUILD GATE

2172

4. Now I'm going to make a bridge. (BUILD BRIDGE BEHIND SCREEN USING THREE BLOCKS)



Bridge

Take a good look at this one. (REMOVE SCREEN)

Now you make one just like mine. (GIVE CHILD THREE BLOCKS ON A PIECE OF FELT)

(WHEN CHILD SEEMS FINISHED:) Is that just like the one I made?

(WHEN CHILD IS SATISFIED, SCORE:

- 1 CHILD BUILDS BRIDGE
- 2 CHILD UNABLE TO BUILD GATE, OR NO GAP BETWEEN 2 BOTTOM BLOCKS

73

UNFINISHED SENTENCES

5. Now we are going to play some talking games. Listen carefully and finish what I want to say.

(ITEMS MAY BE REPEATED ONLY ONCE.)

Brother is a boy; sister is a

- 1 (GIRL/GIRLIE/LITTLE GIRL)
- 2 OTHER RESPONSE _____
- 8 NO RESPONSE

74

6. A horse is big; a mouse is...

- 1 (LITTLE/SMALL/TINY)
- 2 OTHER RESPONSE _____
- 8 NO RESPONSE

75

7. A table is made of wood; a window of...

- 1 (GLASS/GLASS AND WOOD/PLASTIC)
- 2 OTHER RESPONSE _____
- 8 NO RESPONSE

76

8. A bird flies; a fish...

- 1 (SWIMS/SWIM)
- 2 OTHER RESPONSE _____
- 8 NO RESPONSE

77

REPEATING NUMBERS

I'm going to say some numbers. Listen carefully and when I'm all through, say them right after me. (BE SURE CHILD IS LOOKING AT YOU)

9. Nine--three. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q. 11)
 - 2 MAKE AN INCORRECT RESPONSE, OR 2205
 - 8 NO RESPONSE
10. OK, now remember, listen carefully and when I'm all through, say exactly what I said. Two--six. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q.12)
 - 2 MAKE AN INCORRECT RESPONSE 08
 - 8 NO RESPONSE
11. Let's try another. If I say four--eight you say four--eight. OK? Four--eight. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY
 - 2 MAKE AN INCORRECT RESPONSE (TEACH TASK) 07
 - 8 NO RESPONSE (TEACH TASK)
12. Five--one--six. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q. 14)
 - 2 MAKE AN INCORRECT RESPONSE, OR 08
 - 8 NO RESPONSE
13. Six--two--eight. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY
 - 2 MAKE AN INCORRECT RESPONSE (SKIP TO Q. 16) 09
 - 8 NO RESPONSE (SKIP TO Q. 16)
14. Two--seven--four--nine. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY (SKIP TO Q. 17)
 - 2 MAKE AN INCORRECT RESPONSE, OR 10
 - 8 NO RESPONSE
15. Five--nine--six--three. (DID CHILD:)
- 1 REPEAT DIGITS CORRECTLY
 - 2 MAKE AN INCORRECT RESPONSE, OR \ >SKIP TO Q.17 11
 - 8 NO RESPONSE /

16. OK, (CHILD), let's try one more. Two--seven--four--nine.
(DID CHILD:)

- 1 REPEAT DIGITS CORRECTLY
- 2 MAKE AN INCORRECT RESPONSE, OR
- 8 NO RESPONSE

2212

17. THANK CHILD FOR PLAYING THE GAMES. PUT MATERIALS AWAY AND
CONCLUDE TESTING.

END TIME: _____
13-16

OFFICE USE ONLY
LENGTH OF PSI/ESI: _____

17-19

READ BEFORE LEAVING RESPONDENT'S HOME

"Before I go, I want to tell you about a very special study of mothers and children that another interviewer will be doing. In this new study, they are interested in the different ways children learn. If you are chosen to be in this part of the study, they will come back several months from now and spend about an hour with you and (Focal Child) at a time that is convenient for you. They'll bring some toys and a book and ask you to show (him/her) some games and look at the book together. They'd like to videotape you and your child while you're doing this, but you won't need to do anything special to prepare for this videotaping. Of course, all of the information collected in this new study will be kept completely confidential."

DO NOT PROBE REACTION OR ATTEMPT REFUSAL CONVERSION.

INTERVIEWER: How did respondent react to being informed about the new study?

You are asked to categorize the respondent's reaction to being informed about the new study using these codes:

- 1 Interested in being involved
- 2 Interested but suspicious of purpose
- 3 Indicated she did not want to be involved 2220
- 4 Neutral or indifferent, did not indicate interest one way or the other
- 5 Other (Specify) _____

2221-30:b

INTERVIEWER ASSESSMENT

INTERVIEWER CHECKPOINT: DID YOU OBSERVE (CHILD) AND MOTHER TOGETHER AT ANY TIME?

- 1 YES
- 2 NO (SKIP TO Q. 7)

2231

	YES	NO	NOT OBSERVED	
1. Mother's voice conveyed positive feeling about this (CHILD).	1	2	3	32
2. Mother conversed with (CHILD) at least twice (excluding scolding or suspicious comments).	1	2	3	33
3. Mother caressed, kissed, or hugged (CHILD) at least once.	1	2	3	34
4. Mother introduced interviewer to (CHILD) by name.	1	2	3	35
5. Mother physically restricted or (shook/grabbed) (CHILD).	1	2	3	36
6. Mother slapped or spanked (CHILD) at least once.	1	2	3	37
7. Mother showed warmth in tone when talking with child(ren).	1	2	3	38
8. Mother seemed to take pride and pleasure in child(ren).	1	2	3	39
9. Mother slapped or spanked any of her children other than the FOCAL CHILD during the visit.	1	2	3	40
10. (CHILD)'s play environment is safe (No potentially dangerous structural or health hazards within a preschooler's range).	1	2	3	41
11. Interior of the home is dark or perceptually monotonous.	1	2	3	42
12. All visible rooms of house/ apartment are reasonably clean.	1	2	3	43
13. All visible rooms of house/ apartment are minimally cluttered. 1 = not cluttered or minimally cluttered 2 = cluttered	1	2	3	44
14. Books, magazines, or newspapers were visible in the home.	1	2	3	45

15. Was the atmosphere in the home:

Extremely chaotic and noisy; disrupt- ive to interview						Some noise and inter- ruptions but interview proceeded reasonably smoothly					Very quiet and calm, ideal for interview
0	1	2	3	4	5	6	7	8	9	10	

2246-47

16. If there was a television in the room or in the area where the interview took place, was it on during the interview loud enough that you could hear and understand the dialogue?

- 01 Yes, all of the time
- 02 Yes, most of the time
- 03 Yes, part of the time
- 04 Yes, television was on but could not hear or understand the dialogue
- 05 Television not on
- 06 No television present

17. Did respondent spontaneously praise (CHILD) for his/her behavior, helpfulness, look or other positive qualities:

- 1 Not at all
- 2 Once, or
- 3 More than once? 50

18. Did respondent scream or yell at (CHILD) in a harsh or hostile manner during the visit:

- 1 Not at all
- 2 Once, or
- 3 More than once? 51

19. Did respondent explain to (CHILD) what was happening, what the interview was about, or who the interviewer was:

- 1 Not at all
- 2 Once, or
- 3 More than once? 52

20. Type of structure in which the family lives:

- 01 Trailer
- 02 Detached single-family house
- 03 Row house (three or more units in an attached row)
- 04 Two-family house, two units side-by-side or one above the other
- 05 Three-four family house
- 06 Apartment house (five or more units)
- 07 Apartment in a partly commercial structure
- 08 Other (Specify): _____
- 09 Not conducted in respondent's home

2253-54

21. Description of the street (one block, both sides) on which unit is found:

- 01 Residential only
- 02 Residential, with one or two stores only
- 03 Three or more commercial properties
- 04 Rural
- 05 Trailer court
- 06 Other (Specify): _____

55-56

22. Does respondent live in a public housing project?

- 1 Definitely yes
- 2 Probably yes
- 3 Definitely no
- 4 Probably no

57

23. How well kept is the exterior of the structure in which the respondent lives?

Very poorly kept; Dilapidated; Major repairs needed	Needs minor painting or repair, but nothing major	Very well kept and in good repair
0	1 2 3 4	5 6 7 8 9 10

58-59

24. How well kept are the exteriors of other neighborhood structures?

Very poorly kept; Dilapidated; Major repairs needed	Needs minor painting or repair, but nothing major	Very well kept and in good repair
0	1 2 3 4	5 6 7 8 9 10

60-61

25. IF INTERVIEW WAS NOT CONDUCTED IN RESPONDENT'S HOME, DESCRIBE INTERVIEW SETTING BELOW AND SKIP TO Q. 27.

2262-63

26. If the interview was conducted in respondent's home, rate the cleanliness of the interior on the following dimensions:

a. Overall cleanliness										
Filthy -- food, trash, excrement, bugs, dirty dishes, clothes lying around			Somewhat messy or musty, but pretty clean					Very clean and tidy		
0	1	2	3	4	5	6	7	8	9	10

64-65

b. Condition of interior or residence										
Very poor, major structural damage, big holes in walls or floor				Minor repairs needed slight paint cracking, hole in wall				Well kept up and in good repair		
0	1	2	3	4	5	6	7	8	9	10

66-67

27. How shy was (CHILD) when you first interacted with (him/her)?

Extremely shy				Not particularly shy or outgoing				Very outgoing, no hesitation		
0	1	2	3	4	5	6	7	8	9	10

68-69

28. After you first interacted with (CHILD), how long did it take for (CHILD) to warmup to you?

- 01 No warmup necessary, child friendly immediately
- 02 Child warmed up right away, within 1-2 minutes
- 03 Child warmed up in about 5 minutes
- 04 Child warmed up in about 5-10 minutes
- 05 Child warmed up in about 10-20 minutes
- 06 Child warmed up after more than 20 minutes
- 07 Child did not warm up at all

70-7

29. During the child-testing session, how shy was (CHILD)?

Extremely shy					Not particularly shy or outgoing					Very outgoing, no hesitation				
0	1	2	3	4	5	6	7	8	9	10				

2272-73

30. During the child-testing session, was (CHILD) able to concentrate and pay attention?

Completely inattentive, unable to focus on tasks					Focused and attentive about half of testing session					Attentive for entire testing session				
0	1	2	3	4	5	6	7	8	9	10				

74-75

31. During the child's testing session, how did (CHILD) act?

Reluctant, uncooperative					Somewhat cooperative or varied					Positive, cooperative, eager				
0	1	2	3	4	5	6	7	8	9	10				

76-77

32. In what language were the child tests conducted?

1 English

2 Other (Specify): _____

78

2279-80:22

33. Did (CHILD) spontaneously make positive attempts to get (his/her) mother's attention, for example, show mother something (he/she) was doing, wave hello or smile to her:

1 Not at all

2 Once

3 More than once, but not frequently

2305

4 Frequently, or

5 Continuously?

34. Did (CHILD) spontaneously seek positive physical contact with (his/her) mother (such as hugging, kissing, snuggling):

1 Not at all

2 Once

3 More than once, but not frequently

06

4 Frequently, or

5 Continuously?

35. Think of the times when respondent spoke to or approached (CHILD) in a neutral or positive way, not times when respondent ordered, yelled at, or requested something of (CHILD). How did (CHILD) react?

a. Did (CHILD) ignore mother:

- 1 Never
- 2 Sometimes
- 3 Usually, or 2307
- 4 Always?
- 5 Mother did not speak to or approach (CHILD) in a neutral or positive way (SKIP TO Q. 36)

b. Did (CHILD) show anger or hostility toward mother:

- 1 Never
- 2 Sometimes
- 3 Usually, or 08
- 4 Always?

36. Did (CHILD):

	YES	NO
a. Show tantrum behavior?	1	2
b. Appear extremely restless, overly active, fidgety?	1	2

37. Did (CHILD):

	YES	NO	NOT OBSERVED
a. Wander aimlessly for much of the mother interview?	1	2	3
b. (If other children present): Did (<u>CHILD</u>) bully, tease, pick on or fight with other children?	1	2	3
c. (If other children present): Was (<u>CHILD</u>) bullied, teased or picked on by other children?	1	2	3

38. How would you describe (CHILD)'s emotional state during the visit?

Sad, sullen, withdrawn	Varied, not predominately sad or happy	Very happy, pleasant
0	1 2 3 4 5 6 7 8 9	10

39. Please rate personal hygiene of (CHILD):

Very great evidence of poor hygiene (matted hair, green or rotten teeth, filthy clothes or skin or odor)							Some evidence of poor hygiene (dirty clothes or face)			No evidence of poor hygiene	
0	1	2	3	4	5	6	7	8	9	10	

2316-17

40. What was respondent's attitude during the interview?

Very un-interested or reluctant					In-different			Very interested or enthusiastic		
0	1	2	3	4	5	6	7	8	9	10

18-19

41. How truthful did respondent seem to be in her answers?

Often seemed to be untruthful				Usually truthful				Completely truthful		
0	1	2	3	4	5	6	7	8	9	10

20-21

42a. In general, was the respondent's understanding of the questions:

- 1 Excellent, no problems at all (SKIP TO Q. 43)
- 2 Good, only a few problems (SKIP TO Q. 43)
- 3 Fair, some problems, or
- 4 Poor, very difficult for respondent?

22

42b. IF FAIR or POOR, why did respondent have difficulty?

- 01 Problem with English
- 02 Difficulty hearing
- 03 Other (Specify): _____

23-30

31-40:b

43. How would you rate the respondent's social skills?

Poor; In- sensitive, crude, ill- mannered					Neither rude nor friendly, average					Excellent; Well- mannered, perceptive, friendly
0	1	2	3	4	5	6	7	8	9	10

2341-42

44. How would you describe respondent's vocabulary?

Simple, used few adult words or compound sentences, incorrect use of words					Vocabulary neither limited nor extensive, generally accurate use of words					Extensive and varied, used words appropri- ately
0	1	2	3	4	5	6	7	8	9	10

43-44

45. Please rate respondent's personal hygiene.

Very great evidence of poor hygiene (matted hair, green or rotten teeth, filthy clothes or skin or odor)					Some evidence of poor hygiene (dirty clothes or face)					No evidence of poor hygiene
0	1	2	3	4	5	6	7	8	9	10

45-46

46. Which of the following best describes respondent's expression of emotion during the interview?

- 1 No emotion or facial expression
- 2 Positive and negative emotions at appropriate times
- 3 Excessively or inappropriately emotional

47

47. Does respondent have any of the following characteristics?

	YES	NO	
a. Very hostile manner	1	2	2348
b. Extremely overweight, restricted in movement	1	2	49
c. Speech impediment, such as stuttering (enough to impair communication)	1	2	50
d. Other speech or language problem that made it difficult to comprehend respondent's words.	1	2	51

48. Did respondent say something to you or otherwise indicate that she has a problem with drugs or alcohol?

- 1 YES (ANSWER Q. 48a) 52
- 2 NO (SKIP TO Q. 49)

53-58

48a. What did she do or say? _____

59-68:b

49. Did respondent seem to be high on drugs or alcohol, intoxicated, or drunk during the interview?

- 1 YES (ANSWER Q. 49a) 69
- 2 NO (SKIP TO Q. 50)

2379-80:23

49a. What signs were there that she was high or drunk?

11-20:b

50. In what language was the mother interview completed?

- 1 English 21
- 2 Other (Specify): _____

51. Please note anything else essential to the interpretation and understanding of this interview:

22

52. List questions or modules that confused the respondent or that asked for information the respondent had trouble remembering:

QUESTION NUMBER AND PAGE: MODULE 2423 QUESTION 24-26 PAGE 27-28

Describe problem(s): _____

QUESTION NUMBER AND PAGE: MODULE 29 QUESTION 30-32 PAGE 33-34

Describe problem(s): _____

QUESTION NUMBER AND PAGE: MODULE 35 QUESTION 36-38 PAGE 39-40

Describe problem(s): _____

QUESTION NUMBER AND PAGE: MODULE 41 QUESTION 42-44 PAGE 45-46

Describe problem(s): _____

QUESTION NUMBER AND PAGE: MODULE 47 QUESTION 48-50 PAGE 51-52

Describe problem(s): _____

QUESTION NUMBER AND PAGE: MODULE 53 QUESTION 54-56 PAGE 57-58

Describe problem(s): _____

2479-802

RESPONSE ANALYSIS CORPORATION

JOBS 24-Month Client Survey

FOR

MANPOWER DEMONSTRATION RESEARCH CORPORATION

INTRODUCTION

Hello, my name is _____ from Response Analysis in Princeton, NJ. Our office recently sent you a letter about the study we are doing for the Manpower Demonstration Research Corporation. (SHOW LETTER)

This is the interview you were told about when you visited the (PROGRAM) office about two years ago. Throughout the interview, I'll be asking questions about what's happened in your life since then. If there are any questions you don't want to answer, you won't have to.

Everything you tell me will be kept confidential. We won't use your name or tell anyone what you say. We will only write about the answers given by groups of many people together. To thank you, we will give you a check for \$20.00 at the end.

The information you provide is very important. Unless you have some questions, let's get started.

DATE: _____ TIME INTERVIEW BEGAN: _____ AM PM

TIME INTERVIEW ENDED: _____

LENGTH (MINUTES): _____

INTERVIEWER NAME: _____

INTERVIEWER ID NUMBER: _____

SECTION A: EMPLOYMENT-RELATED ACTIVITIES

Throughout this interview we'll be referring to the date you attended an orientation meeting for (NAME OF JOBS PROGRAM) — that is, (RAD: MONTH/DAY/YEAR). We're interviewing people who have been in (NAME OF JOBS PROGRAM) and those who have not to find out what's happened in their lives since that meeting.

A1. Since (RAD), have you ever **(RECORD RESPONSES ON BOOKMARK, ITEM A1)**:

- a. Attended classes or gotten assistance that lasts for a few weeks on preparing resumes and job applications, or calling employers? This activity is sometimes called "job club" or "job search."
(DO NOT INCLUDE PARTICIPATION IN A VOCATIONAL EDUCATION PROGRAM WITH A JOB CLUB COMPONENT)
- b. Taken part in ESL classes, that is English as a Second Language? **(PROBE, IF NEEDED: Classes to learn English for people who don't usually speak English)**
- c. Taken part in any Adult Basic Education (ABE) classes or GED classes, that is, classes for improving your basic reading and math skills or to help you prepare for the GED test?
- d. Taken any classes to help you prepare for a regular high school diploma? **(Do not count ABE, GED, or ESL classes here.)**
- e. Taken any college courses for credit towards a college degree? This would include courses at community, two-year, and four-year colleges. Please do not count recreational classes like exercise or hobbies, courses preparing for the GED, or other kinds of courses that don't provide credit toward a college degree.

At any time since (RAD):

- f. Did a special government program, such as (JOBS PROGRAM NAME), JTPA, or PIC, give you an unpaid job so that you could get some experience working or as a requirement for getting AFDC?
- g. Did you take part in an OJT, or on-the-job training, position in which, for a specific period of time, a portion of your wages was paid for by JOBS, JTPA, or another program or agency?
- h. Did you get vocational training for a specific job, trade or occupation (other than the college courses you just mentioned)? **(Please don't include on-the-job training or unpaid work experience.)**

A2. Are there any other educational or training activities or employment programs that you took part in since (RAD) that I did not mention? **IF YES: What kind of activity was it? RECORD VERBATIM AND RECODE IN A1a-h IF APPROPRIATE)**

SEE BOOKMARK, ITEM A1a-h. IF ALL "NO," SKIP TO SECTION C, PAGE __

SEE BOOKMARK, ITEM A1a (JOB CLUB/SEARCH). IF "NO," SKIP TO PAGE 4. IF "YES," ASK Qs. A3 - A9, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A3. Where did you first participate in Job Club or Job Search? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A4. When did you start the Job Club or Job Search at (INSTITUTION IN Q. A3)?

A5. About how many weeks did you actually attend the Job Club or Job Search?

	Q. A3	Q. A4	Q. A5
	INSTITUTION	START DATE	NUMBER OF WEEKS
EPISODE #1	NAME: _____ _____ _____ TYPE CODE: _____	_____ /_____ MONTH/YEAR	_____
EPISODE #2	NAME: _____ _____ _____ TYPE CODE: _____	_____ /_____ MONTH/YEAR	_____
EPISODE #3	NAME: _____ _____ _____ TYPE CODE: _____	_____ /_____ MONTH/YEAR	_____
EPISODE #4	NAME: _____ _____ _____ TYPE CODE: _____	_____ /_____ MONTH/YEAR	_____

- A6. During a normal week, how many hours per week were you scheduled to attend this Job Club or Job Search?
- A7. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended this Job Club or Job Search?
- A8. (HAND R EXHIBIT CARD 1) Please look at this card to answer the next question. We're going to use what we call a "how much" scale. It goes from zero to ten — where zero means "not at all" and a ten means "the most possible." Here's how it works. If I ask "How much do you like vanilla ice cream and you like it a lot but it isn't your favorite, you might say "7" or "8." If you don't like it very much, you might say "2" or "3." You can choose any number between zero and ten in answering this question. If a friend of yours wanted to get a similar kind of activity and could choose any program, how much would you encourage (him/her) to choose (INSTITUTION IN Q. A3)? (TAKE BACK EXHIBIT CARD)
- A9. Since (RAD), did you participate in another Job Club or Job Search? (IF YES, REPEAT Qs. A3 - A9 FOR NEXT EPISODE. IF NO, SKIP TO PAGE 4)

Q. A6	Q. A7	Q. A8	Q. A9	
			OTHER JOB CLUB OR JOB SEARCH?	
			YES	NO
			1	2
			(NEXT EPISODE)	(PAGE 4)
			1	2
			(NEXT EPISODE)	(PAGE 4)
			1	2
			(NEXT EPISODE)	(PAGE 4)
			1	2
			(NEXT EPISODE)	(PAGE 4)

SEE BOOKMARK, ITEM A1b (ESL CLASSES). IF "NO," SKIP TO PAGE 6. IF "YES," ASK Qs. A10 - A18, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A10. Where did you first participate in ESL classes? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A11. When did you start taking ESL classes at (INSTITUTION IN Q. A10)?

A12. When did you first stop or take a break of at least two weeks from your ESL classes at (INSTITUTION IN Q. A10)? (IF STILL ATTENDING, ENTER 77/77 AND SKIP TO Q. A16)

A13. Did you start these classes at (INSTITUTION IN Q. A10) again? (IF NO, SKIP TO Q. A16)

	Q. A10	Q. A11	Q. A12	Q. A13	
				AGAIN?	
	INSTITUTION	START DATE	END DATE	YES	NO
EPIISODE #1	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A14)	2 (Q. A16)
EPIISODE #2	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A14)	2 (Q. A16)
EPIISODE #3	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A14)	2 (Q. A16)
EPIISODE #4	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A14)	2 (Q. A16)

A14. When did you start again?

A15. When did you stop or take another break of at least two weeks from your ESL classes at (INSTITUTION IN Q. A10)?

A16. During a normal week, how many hours per week were you scheduled to attend these ESL classes?

A17. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended ESL classes?

A18. Since (RAD), did you participate in another ESL program? (IF YES, REPEAT Qs. A10 - A18 FOR NEXT EPISODE. IF NO, SKIP TO INSTRUCTION BELOW GRID)

Q. A14	Q. A15	Q. A16	Q. A17	Q. A18	
				OTHER ESL?	
START DATE	END DATE	SCHEDULED HOURS	HOURS ATTENDED	YES	NO
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1 (NEXT EPISODE)	2 (BELOW GRID)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1 (NEXT EPISODE)	2 (BELOW GRID)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1 (NEXT EPISODE)	2 (BELOW GRID)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1 (BELOW	2 GRID)

RECORD INSTITUTION NAME AND START DATE FOR EARLIEST — OR ONLY — ESL PROGRAM ON BOOKMARK, ITEM A1b. THEN GO TO PAGE 6.

SEE BOOKMARK, ITEM A1c (ABE/GED CLASSES). IF "NO," SKIP TO PAGE 8. IF "YES," ASK Qs. A19 - A27, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A19. Where did you first take ABE or GED classes? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A20. When did you start taking ABE or GED classes at (INSTITUTION IN Q. A19)?

A21. When did you first stop or take a break of at least two weeks from your ABE or GED classes at (INSTITUTION IN Q. A19)? (IF STILL ATTENDING, ENTER 77/77 AND SKIP TO Q. A25)

A22. Did you start these classes at (INSTITUTION IN Q. A19) again? (IF NO, SKIP TO Q. A25)

	Q. A19	Q. A20	Q. A21	Q. A22	
				AGAIN?	
	INSTITUTION	START DATE	END DATE	YES	NO
EPISODE #1	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A23)	2 (Q. A25)
EPISODE #2	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A23)	2 (Q. A25)
EPISODE #3	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A23)	2 (Q. A25)
EPISODE #4	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A23)	2 (Q. A25)

A23. When did you start again?

A24. When did you stop or take another break of at least two weeks from your ABE or GED classes at (INSTITUTION IN Q. A19)?

A25. During a normal week, how many hours per week were you scheduled to attend these ABE or GED classes?

A26. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended these ABE or GED classes?

A27. Since (RAD), did you attend other ABE or GED programs? (IF YES, REPEAT Qs. A19 - A27 FOR NEXT EPISODE. IF NO, SKIP TO INSTRUCTION BELOW GRID)

Q. A23	Q. A24	Q. A25	Q. A26	Q. A27	
				OTHER PROGRAM?	
START DATE	END DATE	SCHEDULED HOURS	HOURS ATTENDED	YES	NO
<u> / </u> MONTH/YEAR	<u> / </u> MONTH/YEAR STILL ATTENDING = 77/77	<u> </u>	<u> </u>	1	2
				(NEXT EPISODE)	(BELOW GRID)
<u> / </u> MONTH/YEAR	<u> / </u> MONTH/YEAR STILL ATTENDING = 77/77	<u> </u>	<u> </u>	1	2
				(NEXT EPISODE)	(BELOW GRID)
<u> / </u> MONTH/YEAR	<u> / </u> MONTH/YEAR STILL ATTENDING = 77/77	<u> </u>	<u> </u>	1	2
				(NEXT EPISODE)	(BELOW GRID)
<u> / </u> MONTH/YEAR	<u> / </u> MONTH/YEAR STILL ATTENDING = 77/77	<u> </u>	<u> </u>	1	2
				(BELOW	GRID)

RECORD INSTITUTION NAME AND START DATE FOR EARLIEST — OR ONLY — ABE/GED PROGRAM ON BOOKMARK, ITEM A1c. THEN GO TO PAGE 8.

SEE BOOKMARK, ITEM A1d (REGULAR HIGH SCHOOL CLASSES). IF "NO," SKIP TO PAGE 10. IF "YES," ASK Qs. A28 - A36, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A28. Where did you first take classes to help you prepare for a regular high school diploma? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A29. When did you start taking high school diploma preparation classes at (INSTITUTION IN Q. A28)?

A30. When did you first stop or take a break of at least two weeks from your high school classes at (INSTITUTION IN Q. A28)? (IF STILL ATTENDING, ENTER 77/77 AND SKIP TO Q. A34)

A31. Did you start these classes at (INSTITUTION IN Q. A28) again? (IF NO, SKIP TO Q. A34)

	Q. A28	Q. A29	Q. A30	Q. A31	
				AGAIN?	
	INSTITUTION	START DATE	END DATE	YES	NO
EPISODE #1	NAME: _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A32)	2 (Q. A34)
EPISODE #2	NAME: _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A32)	2 (Q. A34)
EPISODE #3	NAME: _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A32)	2 (Q. A34)
EPISODE #4	NAME: _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A32)	2 (Q. A34)

A32. When did you start again?

A33. When did you stop or take another break of at least two weeks from your high school classes at (INSTITUTION IN Q. A28)?

A34. During a normal week, how many hours per week were you scheduled to attend these high school classes?

A35. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended these high school classes?

A36. Since (RAD), did you attend other high school classes? (IF YES, REPEAT Qs. A28 - A36 FOR NEXT EPISODE. IF NO, SKIP TO PAGE 10)

Q. A32	Q. A33	Q. A34	Q. A35	Q. A36	
				OTHER ESL?	
START DATE	END DATE	SCHEDULED HOURS	HOURS ATTENDED	YES	NO
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1	2
				(NEXT EPISODE)	(PAGE 10)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1	2
				(NEXT EPISODE)	(PAGE 10)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1	2
				(NEXT EPISODE)	(PAGE 10)
_____/_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	_____	_____	1	2
				(PAGE 10)	

SEE BOOKMARK, ITEM A1e (COLLEGE CLASSES). IF "NO," SKIP TO PAGE 12. IF "YES," ASK Qs. A37 - A46, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A37. Where did you first take college classes? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A38. When did you start taking college classes at (INSTITUTION IN Q. A37)?

A39. When did you first stop or take a break of at least two weeks from your college classes at (INSTITUTION IN Q. A37)? (IF STILL ATTENDING, ENTER 77/77 AND SKIP TO Q. A43)

A40. Did you start these classes at (INSTITUTION IN Q. A37) again? (IF NO, SKIP TO Q. A43)

	Q. A37	Q. A38	Q. A39	Q. A40	
				AGAIN?	
	INSTITUTION	START DATE	END DATE	YES	NO
EPISODE #1	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A41)	2 (Q. A43)
EPISODE #2	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A41)	2 (Q. A43)
EPISODE #3	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A41)	2 (Q. A43)
EPISODE #4	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR STILL ATTENDING = 77/77	1 (Q. A41)	2 (Q. A43)

A41. When did you start again?

2. When did you stop or take another break of at least two weeks from your college classes at (INSTITUTION IN Q. A37)?

A43. During a normal week, how many hours per week were you scheduled to attend these college classes?

A44. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended these college classes?

A45. (HAND R EXHIBIT CARD 1) Please look at this card to answer the next question. We're going to use (the/what we call a) "how much" scale. (It goes from zero to ten — where zero means "not at all" and a ten means "the most possible." Here's how it works. If I ask "How much do you like vanilla ice cream and you like it a lot but it isn't your favorite, you might say "7" or "8." If you don't like it very much, you might say "2" or "3.") You can choose any number between zero and ten in answering this question. If a friend of yours wanted to get similar courses and could choose any program, how much would you encourage (him/her) to choose (INSTITUTION IN Q. A37)? (TAKE BACK EXHIBIT CARD)

A46. Since (RAD), did you attend other college classes? (IF YES, REPEAT Qs. A37 - A46. IF NO, SKIP TO PAGE 12)

Q. A41	Q. A42	Q. A43	Q. A44	Q. A45	Q. A46	
					OTHER CLASSES?	
START DATE	END DATE	SCHEDULED HOURS	HOURS ATTENDED	(0 - 10)	YES	NO
<u> </u> MO./YR.	<u> </u> MO./YR. STILL ATTENDING = 77/77	<u> </u>	<u> </u>	<u> </u>	1	2
					(NEXT EPISODE)	(PAGE 12)
<u> </u> MO./YR.	<u> </u> MO./YR. STILL ATTENDING = 77/77	<u> </u>	<u> </u>	<u> </u>	1	2
					(NEXT EPISODE)	(PAGE 12)
<u> </u> MO./YR.	<u> </u> MO./YR. STILL ATTENDING = 77/77	<u> </u>	<u> </u>	<u> </u>	1	2
					(NEXT EPISODE)	(PAGE 12)
<u> </u> MO./YR.	<u> </u> MO./YR. STILL ATTENDING = 77/77	<u> </u>	<u> </u>	<u> </u>	1	2
					(NEXT EPISODE)	(PAGE 12)

SEE BOOKMARK, ITEM A1f (UNPAID JOB). IF "NO," SKIP TO PAGE 13. IF "YES," ASK Qs. A47 - A49, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A47. In what month and year did you first start your unpaid job?

A48. When did you stop working at that job or begin getting a regular paycheck from it? (PROBE TO DETERMINE WHICH)

A49. Since (RAD), did a special government program, such as JOBS, JTPA, or PIC give you another unpaid job? (IF YES, REPEAT Qs. A47 - A49 FOR NEXT EPISODE. IF NO, SKIP TO PAGE 13)

	Q. A47	Q. A48		Q. A49	
				OTHER?	
	START DATE	FINAL DATE		YES	NO
EPISODE #1	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR UNPAID WORK ENDED	(OR) _____/_____ MONTH/YEAR STARTED GETTING PAID	1	2
		STILL WORKING AT UNPAID JOB = 77/77		(NEXT EPISODE)	(PAGE 13)
EPISODE #2	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR UNPAID WORK ENDED	(OR) _____/_____ MONTH/YEAR STARTED GETTING PAID	1	2
		STILL WORKING AT UNPAID JOB = 77/77		(NEXT EPISODE)	(PAGE 13)
EPISODE #3	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR UNPAID WORK ENDED	(OR) _____/_____ MONTH/YEAR STARTED GETTING PAID	1	2
		STILL WORKING AT UNPAID JOB = 77/77		(NEXT EPISODE)	(PAGE 13)
EPISODE #4	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR UNPAID WORK ENDED	(OR) _____/_____ MONTH/YEAR STARTED GETTING PAID	1	2
		STILL WORKING AT UNPAID JOB = 77/77		(NEXT EPISODE)	(PAGE 13)

SEE BOOKMARK, ITEM A1g (OJT). IF "NO," SKIP TO PAGE 14. IF "YES," ASK Qs. A50 - A54, AND RECORD RESPONSES IN COLUMN HEADED BY COLUMN NUMBER.

A50. For whom did you work in your first OJT, or on-the-job training, position?

A51. When did you start the OJT position at (EMPLOYER IN Q. A50)?

A52. Did this OJT position become a regular job at (EMPLOYER IN Q. A50) — that is, did the employer start paying your entire wage?

A53. When did your OJT position (end/become a regular job) at (EMPLOYER IN Q. A50)?

A54. Since (RAD), did you participate in another OJT position? (IF YES, REPEAT Qs. A50 - A54 FOR NEXT EPISODE. IF NO, SKIP TO PAGE 14)

	Q. A50	Q. A51	Q. A52		Q. A53	Q. A54	
			REGULAR JOB?			OTHER OJT?	
	EMPLOYER	START DATE	YES	NO	END DATE	YES	NO
EPIISODE #1	_____	_____/_____ MONTH/YEAR	1	2	_____/_____ MONTH/YEAR	1	2
	_____				7777 = STILL IN OJT	(NEXT EPISODE)	(PAGE 14)
EPIISODE #2	_____	_____/_____ MONTH/YEAR	1	2	_____/_____ MONTH/YEAR	1	2
	_____				7777 = STILL IN OJT	(NEXT EPISODE)	(PAGE 14)
EPIISODE #3	_____	_____/_____ MONTH/YEAR	1	2	_____/_____ MONTH/YEAR	1	2
	_____				7777 = STILL IN OJT	(NEXT EPISODE)	(PAGE 14)
EPIISODE #4	_____	_____/_____ MONTH/YEAR	1	2	_____/_____ MONTH/YEAR	1	2
	_____				7777 = STILL IN OJT	(PAGE 14)	

SEE BOOKMARK, ITEM A1h (VOCATIONAL TRAINING). IF "NO," SKIP TO PAGE 16. IF "YES," ASK Qs. A55 - A64, AND RECORD RESPONSES IN COLUMN HEADED BY QUESTION NUMBER.

A55. Where did you first take the vocational skill training classes? (RECORD NAME OF INSTITUTION AND TYPE. IF UNCLEAR, PROBE: What kind of place was that?)

- | | |
|---------------------------------|-----------------------------|
| 01 HIGH SCHOOL | 06 BUSINESS OR TRADE SCHOOL |
| 02 VOC-TECH HIGH SCHOOL | 07 JOBS OFFICE |
| 03 ADULT EDUCATION CENTER | 08 JOB SERVICE |
| 04 2-YEAR COLLEGE | 09 JTPA OR PIC |
| 05 4-YEAR COLLEGE OR UNIVERSITY | 10 SOMEWHERE ELSE |

A56. When did you start taking these classes at (INSTITUTION IN Q. A55)?

A57. When did you first stop or take a break of at least two weeks from your classes at (INSTITUTION IN Q. A55)? (IF STILL ATTENDING, ENTER 77/77 AND SKIP TO Q. A61)

A58. Did you start these classes at (INSTITUTION IN Q. A55) again? (IF NO, SKIP TO Q. A61)

	Q. A55	Q. A56	Q. A57	Q. A58	
				AGAIN?	
	INSTITUTION	START DATE	END DATE	YES	NO
EPISODE #1	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR	1	2
			STILL ATTENDING = 77/77	(Q. A59)	(Q. A61)
EPISODE #2	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR	1	2
			STILL ATTENDING = 77/77	(Q. A59)	(Q. A61)
EPISODE #3	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR	1	2
			STILL ATTENDING = 77/77	(Q. A59)	(Q. A61)
EPISODE #4	NAME: _____ _____ _____ TYPE CODE: _____	_____/_____ MONTH/YEAR	_____/_____ MONTH/YEAR	1	2
			STILL ATTENDING = 77/77	(Q. A59)	(Q. A61)

A59. When did you start again?

A60. When did you stop or take another break of at least two weeks from the classes at (INSTITUTION IN Q. A55)?

A61. During a normal week, how many hours per week were you scheduled to attend these classes?

A62. There are a lot of reasons why people might have to miss a class. How many hours per week would you say you actually attended these classes?

A63. (HAND R EXHIBIT CARD 1) Please look at this card to answer the next question. We're going to use (the/what we call a) "how much" scale. (It goes from zero to ten — where zero means "not at all" and a ten means "the most possible." Here's how it works. If I ask "How much do you like vanilla ice cream and you like it a lot but it isn't your favorite, you might say "7" or "8." If you don't like it very much, you might say "2" or "3.") You can choose any number between zero and ten in answering this question. If a friend of yours wanted to get similar courses and could choose any program, how much would you encourage (him/her) to choose (INSTITUTION IN Q. A55)? (TAKE BACK EXHIBIT CARD)

A64. Since (RAD), did you attend any other occupational skill or training classes? (IF YES, REPEAT Qs. A55 - A64 FOR NEXT EPISODE. IF NO, SKIP TO PAGE 16)

Q. A59	Q. A60	Q. A61	Q. A62	Q. A63	Q. A64	
					OTHER CLASSES?	
START DATE	END DATE	SCHEDULED HOURS	HOURS ATTENDED	(0 - 10)	YES	NO
/	/				1	2
MO./YR.	MO./YR.				(NEXT EPISODE)	(PAGE 16)
	STILL ATTENDING = 77/77					
/	/				1	2
MO./YR.	MO./YR.				(NEXT EPISODE)	(PAGE 16)
	STILL ATTENDING = 77/77					
/	/				1	2
MO./YR.	MO./YR.				(NEXT EPISODE)	(PAGE 16)
	STILL ATTENDING = 77/77					
/	/				1	2
MO./YR.	MO./YR.				(NEXT EPISODE)	(PAGE 16)
	STILL ATTENDING = 77/77					

A65. Think back again to all of the activities you participated in. How often did child care problems cause you to miss classes or sessions for those activities? Would you say . . . ?

- 1 Never
- 2 Once or twice
- 3 Three to five times
- 4 Six to ten times
- 5 More than ten times
- 7 DON'T KNOW

A66. In the past two years, have you ever had to quit a school, job search, or training activity, like the ones we've been talking about, because you had problems arranging child care or keeping a child care arrangement?

- 1 YES
- 2 NO

SECTION B: PERCEPTIONS OF ESL OR ABE/GED

B1. INTERVIEWER CHECKPOINT. SEE BOOKMARK, ITEMS A1b AND A1c.

PART A. DID RESPONDENT REPORT ESL AND/OR ABE/GED CLASSES?

- 1 YES — COMPLETE PART B
- 2 NO — SKIP TO SECTION D, PAGE __

PART B. WHAT IS THE EARLIEST — OR ONLY — ESL OR ABE/GED EPISODE RECORDED? (WRITE IN:)

(CIRCLE ONE)

- 1 ESL AT _____
- 2 ABE/GED INSTITUTE NAME

ASK Qs. B2 - B6 ABOUT THIS ACTIVITY AND INSTITUTION

B2. Now I'd like to ask you some questions about how you felt and what you did at the (ESL classes/ABE or GED classes) at (INSTITUTE NAME). (HAND R EXHIBIT CARD 1) Please look at this card to answer the next few questions. We're going to use (the/what we call a) "how much" scale. (It goes from zero to ten - where zero means "not at all" and a ten means the "most possible." Here's an example of how it works. If I ask "How much do you like vanilla ice cream" and you like it a lot but it isn't your favorite, you might say "7" or "8." If you don't like it very much, you might say "2" or "3.") You can choose any number between zero and ten in answering these questions.

a. How much (was/is) your class interesting and enjoyable?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

b. How much (did/do) other students in the class give you encouragement and support?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

c. How much (did/do) the teachers care about you as a person?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

d. How much (did/do) the teachers try to help you learn what (was/is) being taught in your class?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

e. How well prepared was the teacher for this class?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

f. How much effort (did/do) you put into your work?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

g. Overall, how much (did you learn/are you learning) by being in this class?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

h. How much (did/do) the teachers or other staff help you deal with problems that (made/make) it difficult for you to come to class?

NOT AT ALL MOST HAD NO PROBLEMS DK
00 01 02 03 04 05 06 07 08 09 10 88 97

i. How much do you think this class has actually improved your long-run chances of getting or keeping a job?

NOT AT ALL MOST DK
00 01 02 03 04 05 06 07 08 09 10 97

j. How interesting and helpful (were/are) the books and materials you (used/use)?

NOT AT ALL MOST USED NO BOOKS/
00 01 02 03 04 05 06 07 08 09 10 MATERIALS DK
88 97

(TAKE BACK EXHIBIT CARD)

B3. On average, how many hours per week of reading or studying for the class (did/do) you do outside of class?

HOURS/WEEK

SECTION D: EDUCATIONAL ATTAINMENT

ASK Q. D1a-f. AFTER EACH "YES" ON Q. D1, IMMEDIATELY ASK Q. D2.

D1. Do you have:			D2. When did you receive it — in which month and year? (IF MORE THAN ONE IN A CATEGORY, OBTAIN EARLIEST SINCE [RAD].)
	YES	NO	
a. a GED certificate?	1	2	____ / ____ (MONTH) / (YEAR)
b. a high school diploma?	1	2	____ / ____ (MONTH) / (YEAR)
c. a trade license or certificate? (IF a AND b BOTH "NO" — DOES NOT HAVE A GED OR A H.S. DIPLOMA — SKIP TO SECTION E, PAGE __)	1	2	____ / ____ (MONTH) / (YEAR)
d. an associate's degree?	1	2	____ / ____ (MONTH) / (YEAR)
e. a bachelor's degree? (IF "NO," SKIP TO Q. D3)	1	2	____ / ____ (MONTH) / (YEAR)
f. a graduate degree? (IF "YES," ASK Q. D2f; THEN SKIP TO SECTION E, PAGE __)	1	2	____ / ____ (MONTH) / (YEAR)

(IF R HAS A BACHELOR'S DEGREE, SKIP TO SECTION E)

D3. Since [RAD], have you earned any credits toward (an associate's or) a bachelor's degree?

- 1 YES
- 2 NO

SECTION E: EMPLOYMENT

The next questions are about any paid jobs you've had, including paid babysitting or housekeeping jobs, or any other jobs you've had since (RAD). Again, I would like to remind you that your answers will remain entirely confidential.

E1. Since (RAD), have you worked for pay at all? (Please don't count unpaid work experience.) (IF "NO," PROBE: A lot of people have irregular jobs or do other things on the side to make ends meet. Have you done any jobs like that for pay since (RAD)?)

- 1 YES — ASK Q. E2
- 2 NO — CIRCLE "NO" ON BOOKMARK, ITEM E1-2 AND SKIP TO SECTION AA, PAGE

E2. I'd like to ask you about each of the jobs you've had since (RAD). Please count each employer as a separate job. Let's start with your current or most recent job. Are you currently working for pay?

- 1 YES — ASK Q. E3
- 2 NO — SKIP TO Q. E5

E3. How many jobs do you currently have? (SELF-EMPLOYMENT COUNTS AS ONE JOB)

NUMBER OF JOBS

IF ONLY ONE JOB, SKIP TO Q. E5

E4. What is the name of the place where you work the most hours? (RECORD AT Q. E7 IN EMPLOYMENT GRID, PAGE __, UNDER JOB #1)

SKIP TO Q. E6

E5. What is the name of the place where you (work/worked last)? (RECORD AT Q. E7 IN EMPLOYMENT GRID, PAGE __, UNDER JOB #1)

E6. What kind of work (are/were) you doing on this job? What (are/were) your most important activities or duties? (PROBE FOR SPECIFIC DESCRIPTION)

TURN TO EMPLOYMENT GRID, PAGES __ - __, AND ASK Q. E8. FOR JOB 1. THEN ASK Q. E7, IMMEDIATELY FOLLOWED BY Q. E8, FOR ALL OTHER JOBS SINCE (RAD).

WHEN ALL EMPLOYERS AND DATES HAVE BEEN LISTED, ASK Qs. E9 - E15 FOR EACH JOB, ONE JOB AT A TIME.

EMPLOYMENT GRID

ASK Q. E7 AND Q. E8 FOR EACH JOB BEFORE ASKING Qs. E9 - 15 FOR EACH JOB)	JOB #1	JOB #2																								
E7. What other jobs have you had since RAD?																										
	GO BACK AND ASK Q. E6																									
E8. When did you start (and end) this job?	/ / MONTH/YEAR STARTED	/ / MONTH/YEAR STARTED																								
	/ / MONTH/YEAR ENDED (77/77 IF CURRENT)	/ / MONTH/YEAR ENDED (77/77 IF CURRENT)																								
Now I have a few questions about (this job/each of these jobs).																										
E9. Including overtime, how many hours per week (do/did) you usually work (on this job/at EMPLOYER'S NAME?)	_____ HOURS PER WEEK	_____ HOURS PER WEEK																								
E10. How much (are/were) your weekly earnings (now/just before you left), before taxes and other deductions? Please include tips, commissions, and regular overtime pay.	\$ _____ EARNINGS	\$ _____ EARNINGS																								
E11. (Is/Was) that before or after taxes?	1 BEFORE 2 AFTER	1 BEFORE 2 AFTER																								
E12. (Is/Was) that per week? YES NO	1 (SKIP TO Q. E15) 2 (ASK Q. E13)	1 (SKIP TO Q. E15) 2 (ASK Q. E13)																								
E13. (Is/Was) that: Per day Per hour Every two weeks Twice a month Per month Something else (SPECIFY UNIT)	01 — ASK Q. E14 02 03 04 — SKIP TO Q. E15 05 06	01 — ASK Q. E14 02 03 04 — SKIP TO Q. E15 05 06																								
E14. How many days per week (do/did) you work? (ENTER NUMBER FROM 1 TO 7)	_____ DAYS/WEEK	_____ DAYS/WEEK																								
E15. (IF SELF-EMPLOYED, DO NEXT JOB OR SKIP TO SECTION F) (Does/Did) your employer provide you with any of the following benefits?	<table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Sick days with pay</td><td>1 2</td></tr> <tr><td>Paid vacation</td><td>1 2</td></tr> <tr><td>Dental benefits</td><td>1 2</td></tr> <tr><td>Health plan or medical insurance</td><td>1 2</td></tr> <tr><td>Training classes or tuition reimbursement</td><td>1 2</td></tr> </table>	YES	NO	Sick days with pay	1 2	Paid vacation	1 2	Dental benefits	1 2	Health plan or medical insurance	1 2	Training classes or tuition reimbursement	1 2	<table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td>Sick days with pay</td><td>1 2</td></tr> <tr><td>Paid vacation</td><td>1 2</td></tr> <tr><td>Dental benefits</td><td>1 2</td></tr> <tr><td>Health plan or medical insurance</td><td>1 2</td></tr> <tr><td>Training classes or tuition reimbursement</td><td>1 2</td></tr> </table>	YES	NO	Sick days with pay	1 2	Paid vacation	1 2	Dental benefits	1 2	Health plan or medical insurance	1 2	Training classes or tuition reimbursement	1 2
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Dental benefits	1 2																									
Health plan or medical insurance	1 2																									
Training classes or tuition reimbursement	1 2																									

SECTION F: TRANSITIONAL BENEFITS

F1. At any time since [RAD], did you stop getting AFDC because you got a new job or your earnings increased at your old job?

- 1 YES
- 2 NO — SKIP TO SECTION H, PAGE ___

F2. Were you informed that if you got a job and could no longer receive welfare, you could continue to receive (Medicaid/MediCal) for up to 12 months after you started that job?

- 1 YES
- 2 NO
- 7 DON'T KNOW

F3. While you were employed were you or your spouse or children covered by (Medicaid/MediCal) even after you stopped getting cash aid from AFDC? (PROBE: Did you or they have a valid [Medicaid/MediCal] card at the time?)

- 1 YES
- 2 NO
- 7 DON'T KNOW

F4. After you stopped getting cash aid from AFDC, were any of your children under 13 in any kind of child care arrangements? This means any paid or non-paid arrangements they may have been in while you were at this job—for example, with a family member or friend, as well as paid day care?

- 1 YES _____
- 2 NO
- 7 DON'T KNOW — SKIP TO SECTION H, PAGE ___

F5. Did (LOCAL JOBS PROGRAM) or the welfare department pay for any of the cost of that child care?

- 1 YES — SKIP TO Q. F7
- 2 NO
- 7 DON'T KNOW — ASK Q. F6

F6. Did you or anyone in your household pay for any of the cost of that child care?

- 1 YES
- 2 NO
- 7 DON'T KNOW

F7. Were you informed that if you got a job and could no longer receive welfare, the welfare department would help pay for child care for up to 12 months after you started that job?

- 1 YES
- 2 NO
- 7 DON'T KNOW

SECTION H. CHILD CARE WHILE EMPLOYED

H1. Please think about how any of your children under age 13 (are/were) cared for while you (are/were) working at your (current/most recent) job. While you (are/were) working, were any of your children cared for in any regular child care arrangement, such as a day care center, or nursery school, by a babysitter, relative, or in some other regular arrangement? Please don't count kindergarten, first grade, or higher.

- 1 YES
- 2 NO — SKIP TO SECTION AA, PAGE __

H2. In an average month, how many times (do/did) you miss at least a day of work because of a problem with your child care arrangements?

NUMBER OF TIMES

H3. In an average month, how many days (are/were) you late for work or (do/did) you have to leave work early because of a problem with your child care arrangements?

NUMBER OF DAYS

H4. (Do/Did) you or anyone in your household pay anything for any of this child care whether you (are/were) paid back or not?

- 1 YES
- 2 NO — SKIP TO Q. H11

H5. How much (do/did) you or your household usually pay out per week for child care when you (are/were) working whether you (are/were) paid back or not?

\$
AMOUNT

H6. And (is/was) that per week?

- 1 YES — SKIP TO Q. H10
- 2 NO — ASK Q. H7

H7. Is that per . . . ?

01 Hour — ASK Q. H8

02 Day — ASK Q. H9

03 Every two weeks

04 Month

05 Year, or

06 Something else (SPECIFY): _____

97 DON'T KNOW

H8. How many hours per week (is/was) this child care used?

HOURS PER WEEK

SKIP TO Q. H10

H9. How many days per week (is/was) this child care used?

DAYS PER WEEK

H10. How many children (does/did) this amount usually cover?

NUMBER OF CHILDREN

H11. (Does/Did) anyone else pay for part or all of the cost of this child care? By this I mean a government agency, your employer, or someone else outside your household.

1 YES

2 NO — SKIP TO SECTION AA, PAGE __

H12. Who or what agency (helped/helps) to pay for child care? (CODE ALL THAT APPLY)

01 WELFARE OFFICE

02 CHILD'S FATHER

03 EMPLOYER

04 OTHER (SPECIFY): _____

97 DON'T KNOW

H13. (Are/Were) you reimbursed or paid back, do they pay the child care provider directly, or both?

- 1 REIMBURSED/PAID BACK
- 2 PROVIDER PAID DIRECTLY — SKIP TO SECTION AA, PAGE ___
- 3 BOTH
- 7 DON'T KNOW

H14. How much (are/were) you reimbursed per week?

\$ _____
AMOUNT

H15. And (is/was) that per week?

- 1 YES — SKIP TO SECTION AA, PAGE ___
- 2 NO — ASK Q. H16

H16. (Is/Was) that per . . . ?

- 01 Hour — ASK Q. H17
- 02 Day — ASK Q. H18
- 03 Every two weeks
- 04 Month
- 05 Year, or
- 06 Something else (SPECIFY): _____

H17. How many hours per week are you reimbursed for?

HOURS PER WEEK

SKIP TO SECTION AA, PAGE ___

H18. How many days per week are you reimbursed for?

DAYS PER WEEK

SECTION AA: HISTORY OF (CHILD)'S CARE

Now, I'd like to ask you a few questions about (CHILD).

AA1.

Has (CHILD) ever attended any of the following programs for a month or more?

	<u>YES</u>	<u>NO</u>
a. A Head Start program?	1	2
b. Kindergarten?	1	2
c. Child care center, nursery school or preschool?	1	2
d. Summer day care, a summer sleep-away camp, or summer school classes for a month or more?	1	2

AA2.

FOR EACH "YES" IN Q.

AA1, ASK:

Did (CHILD) attend (PROGRAM) for a month or more since RAD?

	<u>YES</u>	<u>NO</u>
a. A Head Start program?	1	2
b. Kindergarten?	1	2
c. Child care center, nursery school or preschool?	1	2
d. Summer day care, a summer sleep-away camp, or summer school classes for a month or more?	1	2

IF Q. AA2 ALL "NO" OR BLANK, SKIP TO Q. AA4.

AA3. Since RAD, how many (teachers/child care providers) has (CHILD) had in (PROGRAM/the programs you just mentioned) for a month or more? If (CHILD) had more than one teacher or child care provider in (his/her) program at any time, please count only the main (teacher/ child care provider).

- 1 ONLY ONE
- 2 TWO TO THREE
- 3 FOUR TO FIVE
- 4 SIX TO NINE
- 5 TEN OR MORE

AA4. Has (CHILD) ever been cared for regularly by a relative or by some other babysitter? Please only count babysitters or relatives who watched over (CHILD) regularly, at least once a week for a month or more.

- 1 YES — ASK Q. AA5
- 2 NO — SKIP TO Q. AA7

AA5. Was (CHILD) cared for by a babysitter or relative at least once a week for a month or more since RAD?

- 1 YES — ASK Q. AA6
- 2 NO — SKIP TO Q. AA7

AA6. Since RAD, how many different persons has (CHILD) had as a babysitter for a month or more? Please include here all relatives and other babysitters who cared for (CHILD) for a month or more.

- 1 ONLY ONE
- 2 TWO TO THREE
- 3 FOUR TO FIVE
- 4 SIX TO NINE
- 5 TEN OR MORE

AA7. INTERVIEWER CHECKPOINT: SEE Q. AA1 AND AA4.

IS AT LEAST ONE "YES" RECORDED?

- 1 YES — ASK Q. AA8
- 2 NO — SKIP TO Q. AA10

AA8. How old was (CHILD) when (he/she) was first cared for regularly by someone other than you, in any of the programs or arrangements we've been talking about?

_____ YEARS AND _____ MONTHS

A9. At that time, about how many hours per week was (he/she) cared for by someone other than you?

- 1 Less than ten
- 2 Ten to 20
- 3 21 to 30, or
- 4 More than 30 hours

AA10. Have there ever been any times lasting a month or more when (CHILD) did not live with you?

- 1 YES
- 2 NO — SKIP TO SECTION BB, PAGE __

AA11. When was the first time (CHILD) lived somewhere else? Any other times? (IF CHILD IS STILL LIVING SOMEWHERE ELSE, ENTER 77/77.) ENTER ANSWERS IN GRID BELOW

	1st	2nd	3rd	4th
START DATE	____ / ____ Mon Yr	START DATE ____ / ____ Mon Yr	START DATE ____ / ____ Mon Yr	START DATE ____ / ____ Mon Yr
STOP DATE	____ / ____ Mon Yr	STOP DATE ____ / ____ Mon Yr	STOP DATE ____ / ____ Mon Yr	STOP DATE ____ / ____ Mon Yr

SECTION BB: CURRENT CHILD CARE FOR (CHILD)

ASK Q. BB1 TO OBTAIN ALL ARRANGEMENTS. THEN ASK Q. BB2 FOR EACH ARRANGEMENT MENTIONED. RECORD IN COLUMN HEADED BY QUESTION NUMBER.

BB1. Now I have some questions about all of the arrangements you may have to care for (CHILD) currently (not just while you're working). (HAND R EXHIBIT CARD 2) This card lists relatives and other people who may care for children and different programs children may attend. Please tell me all of the arrangements on the card that you are now using regularly for (CHILD), that is, at least once a week during the last month. (We're not including first, second, or third grade.) (IF NECESSARY: Let's read through the list together.)

(TO CODE ARRANGEMENTS a-g, ASK: Is that in your home or another home?)

(IF NO ARRANGEMENTS, CIRCLE CODE 24 AND SKIP TO SECTION CC, PAGE __)

(PROBE FOR ALL: What other arrangements do you use regularly?)

(TAKE BACK EXHIBIT CARD)

BB2. How many hours per week does (CHILD) spend being cared for (in/by) (FULL NAME OF ARRANGEMENT)?

Q. BB1.			Q. BB2. HOURS
a. Child's father in . . .	R's home	01	
	another home	02	
b. Child's brother or sister (half/step brother/sister) in . . .	R's home	03	
	another home	04	
c. Child's grandparent in . . .	R's home	05	
	another home	06	
d. Other relative in . . .	R's home	07	
	another home	08	
e. R's partner in . . .	R's home	09	
	another home	10	
f. Neighbor in . . .	R's home	11	
	another home	12	
g. Other nonrelative in . . .	R's home	13	
	another home	14	
h. Head Start program		15	
i. Day care center or group day care center		16	
j. Nursery school or preschool		17	
k. Kindergarten		18	
l. Before-school care sponsored by school		19	
m. After-school care sponsored by school		20	
n. Summer camp		21	
o. Child cares for self alone		22	
p. Other (SPECIFY): _____		23	
q. No regular arrangements — mother cares for child — SKIP TO SECTION CC, PAGE __		24	

BB3. Are any of the hours (CHILD) spends in (any of these arrangements/this arrangement):

a. After 6:00 p.m.?

- 1 YES
- 2 NO

b. On weekends?

- 1 YES
- 2 NO

BB4. Does your schedule change so that the hours or days (CHILD) is cared for vary from week to week?

- 1 YES
- 2 NO

BB5. SEE GRID: Qs. BB1-2. WRITE IN FULL NAME AND NUMERICAL CODE OF ARRANGEMENT IN WHICH (CHILD) SPENDS THE MOST HOURS.

IF EQUAL HOURS, ASK: Of (ARRANGEMENTS TIED FOR MOST HOURS), which have you used (longer/longest) for (CHILD)?

ARRANGEMENT CODE FULL NAME OF PRIMARY ARRANGEMENT

(IF "CHILD CARES FOR SELF ALONE," SKIP TO SECTION CC, PAGE __)

IF MORE THAN ONE ARRANGEMENT RECORDED IN GRID, ASK Q. BB6
IF ONLY ONE ARRANGEMENT RECORDED IN GRID, ASK Q. BB6a

BB6. Now I have a few questions about the child care arrangement in which (CHILD) spends the most hours (and has been in the longest). That would be (FULL NAME OF ARRANGEMENT IN Q. BB5).

BB6a. How many children, including (CHILD), are usually cared for together (in/by) (ARRANGEMENT IN Q. BB5)? (FOR CODES 15 - 21, ADD: If there is more than one room or group, how many children are there, including (CHILD), just in (his/her) room or group?)

NUMBER OF CHILDREN INCLUDING (CHILD)

BB7. How many people are there usually caring for your child (and the other children in (CHILD)'s group?)

NUMBER OF PEOPLE

BB8. Does (CHILD)'s (main) (teacher/child care provider/babysitter) (in this (ARRANGEMENT IN Q. BB5)) have: (READ ENTIRE LIST AND CIRCLE HIGHEST LEVEL MENTIONED.)

- 01 A GED
- 02 A high school diploma
- 03 Some college
- 04 A two-year associate's degree
- 05 A college degree, or
- 06 Has that person not completed high school?
- 97 DON'T KNOW

BB9. Does (CHILD)'s (main) (teacher/child care provider/babysitter) (in this (ARRANGEMENT IN Q. BB5)) have training or formal education about children, such as early childhood or elementary education, or child psychology?

- 1 YES
- 2 NO
- 7 DON'T KNOW

BB10. Do you or anyone in your household pay anything for this child care, whether you are paid back or not?

- 1 YES
- 2 NO — SKIP TO Q. BB15

BB11. How much do you or your household pay out per week for (ARRANGEMENT IN Q. BB5), whether you are paid back or not?

\$ _____
AMOUNT

BB11a. And is that per week?

- 1 YES — SKIP TO Q. BB13
- 2 NO — ASK Q. BB12

BB12. Is that per . . . ?

- 01 Hour
- 02 Day — ASK Q. BB12a
- 03 Every two weeks
- 04 Month
- 05 Year, or
- 06 Something else (SPECIFY): _____
- 97 DON'T KNOW

BB12a. How many days per week (is/was) (CHILD) cared for (by child care provider/babysitter) (in this arrangement)?

DAYS PER WEEK

BB13. Is this amount of payment for (CHILD) only, or does it cover other children in your household?

- 1 FOCAL CHILD ONLY — SKIP TO Q. BB15
- 2 OTHER CHILDREN — ASK Q. BB14
- 7 DON'T KNOW — SKIP TO Q. BB15

BB14. How many other children? (DO NOT INCLUDE FOCAL CHILD) _____

BB15. Does anyone else pay for part or all of the cost of this arrangement for (CHILD)? By this I mean a government agency, an employer, or someone else outside your household.

- 1 YES
- 2 NO — SKIP TO SECTION CC, PAGE __
- 7 DON'T KNOW — SKIP TO SECTION CC, PAGE __

BB16. Who or what agency helps to pay for (ARRANGEMENT IN Q. BB5)? (CODE ALL THAT APPLY)

- 01 WELFARE OFFICE
- 02 CHILD'S FATHER
- 03 EMPLOYER
- 04 OTHER (SPECIFY): _____
- 97 DON'T KNOW

BB17. Are you reimbursed or paid back by (AGENCY OR PERSON FROM Q. BB16) for this arrangement, do they pay the child care provider directly, or both?

- 1 REIMBURSED/PAID BACK
- 2 PROVIDER PAID DIRECTLY — SKIP TO SECTION CC, PAGE __
- 3 BOTH
- 7 DON'T KNOW — SKIP TO SECTION CC, PAGE __

BB18. How much are you reimbursed per week?

\$ _____
AMOUNT

BB19. And is that per week?

- 1 YES — SKIP TO SECTION CC, PAGE __
- 2 NO — ASK Q. BB20

BB20. Is that per . . . ?

- 01 Hour — ASK Q. BB21
- 02 Day — ASK Q. BB22
- 03 Every two weeks
- 04 Month
- 05 Year, or
- 06 Something else (SPECIFY): _____
- 97 DON'T KNOW

BB21. How many hours per week are you reimbursed for?

HOURS PER WEEK

SKIP TO SECTION CC, PAGE __

BB22. How many days per week are you reimbursed for?

DAYS PER WEEK

SECTION CC: CHILD SUPPORT

Now I have a few questions about (CHILD)'s natural, birth father.

CC1. (ASK OR CONFIRM) Where does (CHILD)'s father live now? Does he live in your household, in the neighborhood, or somewhere else? (RECORD VERBATIM AND PROBE TO CODE BELOW. CIRCLE LOWEST APPLICABLE CODE NUMBER.)

- 01 (CHILD)'S FATHER IS DECEASED — SKIP TO SECTION I, PAGE __
- 02 IN R'S HOUSEHOLD — SKIP TO SECTION I, PAGE __
- 03 IN A JAIL/PRISON
- 04 IN R'S NEIGHBORHOOD/NEARBY
- 05 IN SAME CITY AS R, BUT NOT NEARBY
- 06 IN SAME STATE AS R, NOT SAME CITY
- 07 IN A DIFFERENT STATE
- 08 IN A DIFFERENT COUNTRY
- 09 OTHER (SPECIFY): _____
- 96 REFUSED
- 97 DON'T KNOW

2. During the past 12 months, has (CHILD)'s father done any of the following things for (him/her)? Has he:

	<u>YES</u>	<u>NO</u>
a. Bought clothes, toys or presents?	1	2
b. Bought groceries?	1	2
c. Baby-sat for <u>(CHILD)</u> ?	1	2
d. Taken (him/her) overnight?	1	2

CC3. In the past 12 months, about how often has (CHILD) seen (his/her) father?

- 01 ALMOST EVERY DAY
- 02 2 - 5 TIMES PER WEEK
- 03 ABOUT ONCE A WEEK
- 04 1 - 3 TIMES PER MONTH
- 05 2 - 11 TIMES IN PAST 12 MONTHS
- 06 ONCE IN THE PAST 12 MONTHS
- 07 0 TIMES IN THE PAST 12 MONTHS

CC4. (ASK OR CONFIRM) Have you and (CHILD)'s father ever been married to one another?

- 1 YES — SKIP TO Q. CC8
- 2 NO

CC5. A child's natural, birth father can be made the child's legal father by going to a judge in a court or going to the child support system, to establish paternity. Have you either gone to court or gone to a child support office to have (CHILD)'s father made (his/her) legal father?

- 01 YES, JUDGE OR COURT
- 02 YES, CHILD SUPPORT OFFICE
- 03 YES, BOTH
- 04 NO NEED TO ESTABLISH PATERNITY: FATHER SIGNED BIRTH CERTIFICATE — SKIP TO Q. CC8
- 05 OTHER (SPECIFY): _____
- 06 NO — SKIP TO Q. CC8

CC6. How old was (CHILD) when this happened?

_____ YEARS AND _____ MONTHS

CC7. As a result of this, was he judged to be (CHILD)'s legal father?

- 1 YES
- 2 NO
- 3 IN PROCESS
- 7 DON'T KNOW

CC8. Have child support payments for (CHILD) ever been agreed to in writing or awarded to you by a court or judge?

- 1 YES
- 2 NO — SKIP TO Q. CC10
- 3 AGREED TO INFORMALLY ONLY — SKIP TO Q. CC10

CC9. Was the child support agreement or award a voluntary written agreement, or was it court-ordered?

- 01 VOLUNTARY WRITTEN AGREEMENT
- 02 COURT-ORDERED
- 03 OTHER (SPECIFY): _____

CC10. During the past year, were you supposed to receive any child support payments for (CHILD)?

- 1 YES
- 2 NO

CC11. During the past 12 months, did you or (CHILD) receive any money from (his/her) father:

	<u>YES</u>	<u>NO</u>	<u>NOT SURE/DK</u>
a. for child support through the welfare office or child support enforcement agency?	1	2	8
b. in cash paid directly from the father to help with expenses for (CHILD)?	1	2	8

IF "NO" TO BOTH ITEMS IN Q. CC11, SKIP TO Q. CC13

CC12. During the past 12 months, has (CHILD)'s father given you money for (CHILD) regularly, so you could count on almost always getting the money? Please do not include money paid through the welfare office.

- 1 YES
- 2 NO

CC13. In what month and year did he last give you money for child support? Again, please do not include money paid through the welfare office.

_____ / _____ OR 77/77 NEVER
MONTH YEAR

SECTION I: HOUSEHOLD COMPOSITION

I-1. Now I'd like to ask you some questions about your household. Do you . . . ?

- 01 Own your home
 - 02 Rent your home
 - 03 Live with family or friends and not pay rent
 - 04 Live with family or friends and contribute part of the rent
 - 05 Live in a group shelter, or
 - 06 Live in some other housing arrangements? (Specify): _____
-
-

I-2. Have you ever been married?

- 1 YES
- 2 NO — SKIP TO Q.I-4

I-3. In (PRIOR MONTH), were you:

- 1 Married and living with your (husband/wife)? — SKIP TO Q.I-5
- 2 Separated or living apart from your (husband/wife)?
- 3 Divorced, or
- 4 Widowed?

I-4. In (PRIOR MONTH), were you living as a couple with a (boyfriend/girlfriend) or partner without being married?

- 1 YES
- 2 NO
- 7 DON'T KNOW

I-5. Please tell me the first names only of everyone who was living in your household in (PRIOR MONTH). (ENTER FIRST NAME OF EACH PERSON MENTIONED IN HOUSEHOLD GRID, I-5, AND IMMEDIATELY ASK Q. I-6. ASK Qs. I-5a THROUGH I-5e TO OBTAIN COMPLETE LISTING)

- (a) First let me record your name.
- (b) Now let's add your own children — what are their names?
- (c) Now please tell me the first names only of any other people who were usually living in your household in (PRIOR MONTH)
- (d) Did we list everyone, including babies or small children and anyone else who usually lives here but is away? (PROBE ANY DISCREPANCIES WITH PREVIOUS RESPONSES.)

- 1 YES
- 2 NO — ADD TO GRID

(e) Does everyone we listed for (PRIOR MONTH) usually live in your household?

- 1 YES
- 2 NO

IF NO, SPECIFY PERSON AND EXPLAIN CIRCUMSTANCES

I-6. How is (PERSON) related to you? SELECT RELATIONSHIP CODE FROM LIST BELOW, AND ENTER IN HOUSEHOLD GRID, I-6.

- 01 SPOUSE/PARTNER
- 02 SON
- 03 DAUGHTER
- 04 FATHER
- 05 MOTHER
- 06 BROTHER
- 07 SISTER
- 08 GRANDFATHER
- 09 GRANDMOTHER
- 10 UNCLE
- 11 AUNT
- 12 COUSIN
- 13 NEPHEWS
- 14 NIECE
- 15 OTHER ADULT MALE RELATIVE OR IN-LAW
- 16 OTHER ADULT FEMALE RELATIVE OR IN-LAW
- 17 UNRELATED MALE ADULT
- 18 UNRELATED FEMALE ADULT
- 19 UNRELATED MALE CHILD
- 20 UNRELATED FEMALE CHILD

I-7. INTERVIEWER CHECKPOINT: RESPONDENT'S SEX IS:

- 1 MALE — SKIP TO SECTION J, PAGE _
- 2 FEMALE — ASK Q. I-8

I-8. Have you had a baby since (RAD)?

- 1 YES
- 2 NO

SECTION J: SOURCES OF INCOME

Now I have some questions about the various sources of income your household may receive. Again, I want to assure you that none of your answers will be discussed with anyone. (RECORD ANSWERS TO Qs. J1 - J5 ON GRID)

- J1. In (PRIOR MONTH), did you or anyone you lived with have a job or do any work for pay?
- J2. A lot of people have additional jobs or do other work on the side to make ends meet. In (PRIOR MONTH), did you or anyone else in your household do anything like this on the side?
- J3. In (PRIOR MONTH), did you or anyone you lived with receive any income or benefits from . . . ? (READ ENTIRE DESCRIPTION OF EACH SOURCE)

- a. Food stamps
- b. AFDC cash aid — not counting any child support money or child care payments received from the welfare department
- c. Child support — including any child support that you, your child, or other household member received directly from the father or through the welfare or child support agency

In (PRIOR MONTH), did you or anyone you lived with receive any income or benefits from . . . ?

- d. Alimony
- e. WIC, that is Women, Infants, and Children Nutrition Program
- f. Supplemental Security Income — that is, SSI or aid for the disabled
- g. Social Security — that is, SSA or any kind of private or government pensions
- h. Unemployment Insurance
- i. Worker's Compensation
- j. General Assistance or General Relief, which is also known as welfare for individuals with no dependent children
- k. Refugee Assistance
- l. Rent from someone in the household
- m. Foster child payments
- n. Any money from family or friends outside of the household to help pay for living expenses
- o. Any other sources of income? (SPECIFY:) _____

SEE GRID. IF ALL "NO" TO Qs. J1 - J3a-o, SKIP TO Q. J6, PAGE __. OTHERWISE CONTINUE.

FOR EACH INCOME CATEGORY WITH A "YES" ON Qs. J1 - J3a-o, ASK Q. J4. AFTER RECORDING ALL HOUSEHOLD MEMBERS WITH THAT SOURCE, ASK Q. J5 FOR EACH. THEN, ASK ABOUT NEXT CATEGORY. RECORD RESPONSES ON HOUSEHOLD/INCOME GRID.

J4. FOR JOBS AND ODD JOBS (J1 AND J2):

Who had a job? Just tell me their first names. PROBE: Who else?

(CIRCLE "1" UNDER "EMPLOYED" OR "ODD JOBS" FOR EACH APPLICABLE HOUSEHOLD MEMBER)

FOR BENEFITS (J3):

Who received this? PROBE: Who was the "case head," or whose name was on the check?

(CIRCLE "1" UNDER APPLICABLE BENEFIT FOR EACH HOUSEHOLD MEMBER WHO RECEIVED IT)

J5. FOR JOBS AND ODD JOBS (J1 AND J2):

How much did (you/PERSON) earn in (PRIOR MONTH) in total before taxes and other deductions were taken out?

(PROBE, IF NECESSARY: Do you think it was closer to \$100, \$200, \$400, \$600, \$800, \$1,000, or \$1,500 or more? BEFORE RECORDING RESPONSE, CLARIFY WHETHER BEFORE OR AFTER TAX.)

FOR BENEFITS (J3):

How much did (you/PERSON) receive in (PRIOR MONTH)?

(PROBE, IF NECESSARY: Do you think it was closer to \$100, \$200, \$400, \$600, \$800, or \$1,000 or more?)

SEE BOOKMARK, ITEM E2, TO DETERMINE WHETHER R IS CURRENTLY WORKING FOR PAY AND PROBE TO RESOLVE ANY DISCREPANCIES WITH R'S REPORT FOR PRIOR MONTH. CORRECT SECTION E AND/OR HOUSEHOLD/INCOME GRID OR WRITE IN EXPLANATION: _____

THEN, CHECK HOUSEHOLD/INCOME GRID FOR COMPLETENESS BEFORE CONTINUING TO Q. J6 ON NEXT PAGE.

J6. The federal government has a special rule that allows working parents who make less than approximately \$23,000 a year to pay lower income taxes. It's called the Earned Income Tax Credit. Have you ever heard of it?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO SECTION K, PAGE __

J7. Since (RAD), have you ever used it on your federal tax return?

- 1 YES
- 2 NO
- 7 DON'T KNOW

SECTION K: NON-CASH BENEFITS

K1. Do you live in public housing? (PROBE: Housing owned or operated by a local housing authority or other government agency?)

- 1 YES
- 2 NO
- 7 DON'T KNOW

K2. Does your household pay less rent because the government pays for part of it, for example, such as in Section 8 housing?

- 1 YES
- 2 NO
- 7 DON'T KNOW

K2a. The government has an energy assistance program that helps pay heating and cooling costs. The assistance can be received directly by the household, or it can be paid directly to the utility company, fuel dealer, or landlord. Has your household ever received assistance of this type in the past year?

- 1 YES
- 2 NO

K3. In (PRIOR MONTH), were you (or your spouse) or your children covered by (Medicaid/MediCal)?
PROBE: Did any of you have a valid (Medicaid/MediCal) card?

- 1 YES
- 2 NO
- 7 DON'T KNOW

K4. During (PRIOR MONTH), was everyone in your household covered by either (Medicaid/MediCal) or some other health insurance plan, such as a health maintenance organization or HMO?

- 1 YES — SKIP TO Q. K6
- 2 NO — ASK Q. K5
- 7 DON'T KNOW — SKIP TO Q. K6

K5. Who was not covered by either (Medicaid/MediCal) or another health plan? (CODE ALL THAT APPLY.)

- 01 SELF
- 02 SPOUSE
- 03 SON/DAUGHTER
- 04 PARENT
- 05 GRANDPARENT
- 06 OTHER RELATIVE
- 07 NON-RELATIVE
- 97 DON'T KNOW

K6. Since (RAD), have any of the children in your household participated in the Federal School Breakfast or School Lunch Programs? (PROBE: These are government programs that allow children to receive meals at their schools, at a reduced price or for free.)

- 1 YES
- 2 NO
- 7 DON'T KNOW

K7. Could you tell me how satisfied you are about your standard of living now—your food, housing, medical care, furniture, clothing, recreation, and things like that? Would you say that you are . . . ?

- 01 Very satisfied
- 02 Satisfied
- 03 MIXED
- 04 Dissatisfied, or
- 05 Very dissatisfied
- 97 DON'T KNOW

SECTION N: CHILDREN IN THE HOUSEHOLD

These next few questions are about your own children — that is, any birth, legally adopted, or stepchildren you may have who are under the age of 18. (CHILDREN OF OTHER HOUSEHOLD MEMBERS ARE NOT INCLUDED)

N1. Have any of your children had an accident, injury, or poisoning requiring a visit to a hospital emergency room or clinic, in the last two years?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N3

N2. Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

N3. Are any of your children currently getting help for any emotional, mental, or behavioral problem?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N5

N4. Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

SKIP TO Q. N7

N5. During the past year, have you felt, or has anyone suggested, that any of your children needed help for any emotional, mental, or behavioral problem?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N7

N6. Is that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

N7. Have any of your children been removed from your care because you couldn't care for or handle them?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N9

N8. Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

N9. Have any of your children attended kindergarten, first grade, or a higher grade in school?

- 1 YES
- 2 NO — SKIP TO Q. N16

N10. Has (CHILD) ever attended kindergarten or grade school?

- 1 YES
- 2 NO — SKIP TO Q. N12

N11. What is the highest grade that (he's/she's) attended?

- 1 KINDERGARTEN
- 2 FIRST GRADE
- 3 SECOND GRADE
- 4 THIRD GRADE OR HIGHER

N12. Have any of your children repeated any grade for any reason?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N14

N13. (IF CHILD) HAS ATTENDED SCHOOL:) Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

N14. Have any of your children ever been suspended, excluded, or expelled from school during the past two years?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO INSTRUCTION BELOW Q. N15

N15. (IF CHILD) HAS ATTENDED SCHOOL:) Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

ASK Qs. N16a-b. IMMEDIATELY ASK Q. N17 FOR EACH "YES" ON Q. N16.

N16. Do any of your children go to a special class or special school, or get special help in school for:

N17. Is that (CHILD) or another child?

	YES	NO	DON'T KNOW	<u>CHILD</u>	<u>ANOTHER CHILD</u>	<u>BOTH</u>
a. Learning problems?	1	2	7	1	2	3
b. Behavioral or emotional problems?	1	2	7	1	2	3

N18. Do any of your children have an illness or disability that demands a lot of your attention and makes it hard for you to go to school or work?

- 1 YES
- 2 NO
- 7 DON'T KNOW — SKIP TO Q. N20

N19. Is that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

N20. Were there any periods in the past two years when any of your children were not covered by health insurance or (Medicaid/MediCal)?

- 1 YES_____
- 2 NO
- 7 DON'T KNOW — SKIP TO SECTION DD, PAGE __

N21. Was that (CHILD) or another child?

- 1 CHILD
- 2 ANOTHER CHILD
- 3 BOTH

SECTION DD: CHILDREN'S HEALTH AND HEALTH CARE

Now I have some more questions about (CHILD).

DD1. Would you say that (CHILD's) health in general is:

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

DD2. Is there a particular clinic, health center, doctor's office, or other place that you (or OTHER PARENT/GUARDIAN) usually take (CHILD) for routine care such as getting checkups or shots?

- 1 YES
- 2 NO

DD3. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a checkup, shots, or other routine care? Would you say . . . ?

- 1 Less than 1 year
- 2 At least 1 year, but less than 2 years
- 3 At least 2 years, but less than 3 years
- 4 3 years or more, or
- 5 Has (CHILD) never seen a doctor for routine care

DD4. How long has it been since (CHILD) last saw a dentist or dental hygienist for dental care? Would you say . . . ?

- 1 Less than 1 year
- 2 At least 1 year, but less than 2 years
- 3 At least 2 years, but less than 3 years
- 4 3 years or more, or
- 5 Has (CHILD) never seen a dentist

DD5. Is there a particular clinic, health center, doctor's office, or other place where (CHILD) is usually taken if (he/she) is sick?

- 1 YES — ASK Q. DD6
- 2 NO — SKIP TO Q. DD7

DD6. Is that place a hospital emergency room?

- 1 YES
- 2 NO

DD7. Does (CHILD) have . . . ?

	<u>YES</u>	<u>NO</u>
a. Any trouble hearing, with one or both ears	1	2
b. Any trouble seeing, with one or both eyes	1	2
c. Color blindness	1	2

DD8. Is (CHILD) covered under (his/her) father's medical insurance policy or his father's health plan?

- 1 YES
- 2 NO
- 7 DON'T KNOW

DD9. Is (CHILD) now covered by (CODE ALL THAT APPLY) . . . ?

	<u>YES</u>	<u>NO</u>
a. a private insurance plan that pays <u>any</u> of (his/her) medical bills?	1	2
b. an HMO?	1	2
c. (Medicaid/MediCal) that is, do you have a valid medical card that covers medical bills for (him/her)?	1	2

SECTION EE: PARENTING

EE1. Now I have some questions on a different topic. When there are activities or events at your (children's/child's) school like a PTA meeting, a class trip, or a special performance, how often do you go? Would you say . . . ?

- 1 All the time
- 2 Sometimes
- 3 Now and then, or
- 4 Never
- 5 (CHILD) DOESN'T GO TO SCHOOL (OR CHILDREN DON'T GO TO SCHOOL)
- 7 DON'T KNOW

EE2. (HAND R EXHIBIT CARD 3) Please look at this card and use one of these answers for the next group of questions. About how often do you and your child(ren) get to visit with friends or relatives who don't live with you? (POINT TO RESPONSE CATEGORIES ON CARD) Would you say . . . ?

- 0 Never
- 1 Several times a year
- 2 About once a month
- 3 About once a week
- 4 Several times a week
- 5 Every day or almost every day
- 7 DON'T KNOW

EE3. How often do you or any family member get a chance to take (CHILD) on any kind of outing — out to the movies, to the park, to a sports event, to a shopping center, and so on?

- 0 NEVER
- 1 SEVERAL TIMES A YEAR
- 2 ABOUT ONCE A MONTH
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A WEEK
- 5 EVERY DAY OR ALMOST EVERY DAY
- 7 DON'T KNOW

EE4. How often does (CHILD) go out with you to church for a service, Sunday school, or a church social event?

- 0 NEVER
- 1 SEVERAL TIMES A YEAR
- 2 ABOUT ONCE A MONTH
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A WEEK
- 5 EVERY DAY OR ALMOST EVERY DAY
- 7 DON'T KNOW

5. Sometimes families like to go to historical places or museums. How often has any family member taken or arranged to take (CHILD) to any type of museum — a children's museum or a scientific, art, or historical museum — within the past year?

- 0 NEVER
- 1 SEVERAL TIMES A YEAR
- 2 ABOUT ONCE A MONTH
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A WEEK
- 5 EVERY DAY OR ALMOST EVERY DAY
- 7 DON'T KNOW

EE6. About how often do you read stories to (CHILD)?

- 0 NEVER
- 1 SEVERAL TIMES A YEAR
- 2 ABOUT ONCE A MONTH
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A WEEK
- 5 EVERY DAY OR ALMOST EVERY DAY
- 7 DON'T KNOW

EE7. How often do you and (CHILD) get to go to the library?

- 0 NEVER
- 1 SEVERAL TIMES A YEAR
- 2 ABOUT ONCE A MONTH
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A WEEK
- 5 EVERY DAY OR ALMOST EVERY DAY
- 7 DON'T KNOW

EE8. During the past year, how often have you and (CHILD) . . . ?

	NEVER	SEVERAL TIMES A YEAR	ABOUT ONCE A MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY	DK
a. Played card games or board games together, like checkers, rummy, or bingo	0	1	2	3	4	5	7
b. Played guessing games or told riddles	0	1	2	3	4	5	7
c. Played with puzzles that have 25 pieces or more	0	1	2	3	4	5	7
d. Practiced reading, writing or math at home together, not including homework	0	1	2	3	4	5	7
Gone on a trip an hour or more from home	0	1	2	3	4	5	7

(TAKE BACK EXHIBIT CARD)

SECTION O: PERCEPTIONS OF WORK AND WELFARE

(HAND R EXHIBIT CARD 4) Please look at this card to answer the next few questions about welfare and work. By "welfare" I mean AFDC. In answering these questions, we're going to use (the/what we call a) "how much" scale. It goes from zero to ten where zero means "do not agree at all" and a ten means "agree completely." (IF RESPONDENT HAS NOT USED THE "HOW MUCH" SCALE, ADD: Here's an example of how it works. If I said, "Vanilla is the best flavor of ice cream," and you mostly agree but it isn't your favorite, you might say "7" or "8." If you don't agree very much, you might say "2" or "3.") You can choose any number between zero and ten in answering these questions.

O1. I'd like you to tell me how much you agree with each of the following statements. In my community . . . ?

a. It's easy just to stay on welfare and not try to get off.

DO NOT AGREE							AGREE			DK	
							COMPLETELY				
00	01	02	03	04	05	06	07	08	09	10	97

b. The welfare department tries hard to make people look for a job.

DO NOT AGREE							AGREE			DK	
							COMPLETELY				
00	01	02	03	04	05	06	07	08	09	10	97

c. The welfare department tries hard to make people go to school or training.

DO NOT AGREE							AGREE			DK	
							COMPLETELY				
00	01	02	03	04	05	06	07	08	09	10	97

(TAKE BACK EXHIBIT CARD)

O2. Some welfare agencies require people on welfare to go to an education, training, or employment program. These agencies can reduce the amount of money in people's welfare checks if they don't go and don't have a good excuse. What do you think about reducing a person's welfare checks for this reason? Would you say this is . . . ?

- 1 Very fair
- 2 Fair
- 3 MIXED FEELINGS
- 4 Unfair, or
- 5 Very unfair
- 7 DON'T KNOW

O3. Since (RAD), were you ever informed that your welfare check could be reduced for not attending an education, training, or employment program?

- 1 YES
- 2 NO
- 3 NOT SURE/MIGHT HAVE BEEN
- 7 DON'T KNOW

O4. Since (RAD), was your welfare check ever reduced because you did not attend an education, training or employment program?

- 1 YES
- 2 NO
- 3 NOT SURE/MIGHT HAVE BEEN
- 7 DON'T KNOW

SECTION P: PERCEPTIONS OF THE JOBS PROGRAM

CHECK RESPONDENT'S RAC ID. IS SECOND DIGIT A "B," "J," OR "N"?

- 1 B — ASK QUESTIONS IN SECTION
- 2 J — ASK QUESTIONS IN SECTION
- 3 N — SKIP TO NEXT SECTION

These next few questions are about experiences you may have had in (NAME OF JOBS PROGRAM).

P1. If you were offered a full-time job that would pay you \$5 an hour and provide no medical benefits, what advice do you think (NAME OF JOBS PROGRAM) staff would give you: take the job OR wait for a better opportunity?

- 1 TAKE THE JOB
- 2 WAIT FOR BETTER OPPORTUNITY
- 3 NO RECOMMENDATION EITHER WAY
- 7 DON'T KNOW

P2. Now I'd like to ask you some questions about your attitude about the (NAME OF JOBS PROGRAM) program in general. To answer these questions we'll use the same "how much" scale we've used before. (HAND R EXHIBIT CARD 5) Remember, a zero means "not at all" and a ten means "the most possible." And, you can use any number in between. First . . . ?

(CODE "NA" — NOT APPLICABLE — ONLY IF RESPONDENT DENIES ANY EXPERIENCE WITH JOBS OR WITH THE TOPIC OF THE SPECIFIC QUESTION.)

a. How much did your most recent (NAME OF JOBS PROGRAM) counselor or case manager know about you and your family?

NOT AT ALL	MOST	NA	DK
00 01 02 03 04 05 06 07 08 09	10	88	97

b. If you had problems that made it difficult for you to participate in (NAME OF JOBS PROGRAM) activities, how much would the (NAME OF JOBS PROGRAM) staff help you deal with those problems?

NOT AT ALL	MOST	NA	DK
00 01 02 03 04 05 06 07 08 09	10	88	97

c. How much did the (NAME OF JOBS PROGRAM) staff push you to get a job quickly even before you felt ready or a good one came along?

NOT AT ALL	MOST	NA	DK
00 01 02 03 04 05 06 07 08 09	10	88	97

d. How much did you feel the (NAME OF JOBS PROGRAM) staff just wanted to enforce the rules?

NOT AT ALL	MOST	NA	DK
00 01 02 03 04 05 06 07 08 09	10	88	97

e. How much do you think (NAME OF JOBS PROGRAM) has actually improved your long-run chances of getting or keeping a job?

NOT AT ALL	MOST	NA	DK
00 01 02 03 04 05 06 07 08 09	10	88	97

(TAKE BACK EXHIBIT CARD)

SECTION R. FUTURE CONTACT

Your help with this study has been very valuable. Because we may want to contact you again in about two years, I need to get some information from you that will help us locate you then in case you've moved.

FILL OUT BLANK CONTACT SHEET. GET AS COMPLETE INFORMATION AS POSSIBLE.

- 1 CONTACT SHEET COMPLETED
- 2 CONTACT SHEET NOT COMPLETED

BRACKEN BASIC CONCEPT SCALE (BBCS)

Now I have a booklet of questions for you to answer privately on your own, and I also have a game to show (CHILD).

1. I can show (him/her) the game in either English or Spanish. (Let me just confirm), do you think (he/she) would do better in English, (or) in Spanish, (or does (he/she) not speak either language)?

- 1 English - USE ENGLISH BRACKEN
- 2 Spanish - USE SPANISH BRACKEN
- 3 Speaks neither - OMIT BRACKEN

2. (HAND RESPONDENT CLIPBOARD AND SAQ BOOKLET, OPEN TO FIRST ANSWER SHEET, AND SAY:) I'd like to begin by asking you to answer the questions on the first answer sheet. As I read each question out loud, please read along and circle a number to show your answer. Do not tell me your answers. Remember that questions that ask about your child refer to (CHILD).

As you can see, the instructions say, "Listed below are statements about raising children. Thinking about your child, (CHILD), please circle a number to show how true each statement is, where 0 means 'not at all true' and 10 means 'completely true.'"

READ STATEMENTS a-f WHILE R RECORDS HER ANSWERS IN THE SAQ.

- a. The first statement says, "Being a parent is harder than I thought it would be." Please circle a number to show how true this statement is.
- b. The second statement says, "There are some things my child does that really bother me a lot." Again, please circle a number.
- c. Next: "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child."
- d. Next: "I know I should always enforce my rules, but if I'm sad or tired, sometimes I let things go and other times I lose my temper."
- e. "I find myself giving up more of my life to meet my child's needs than I ever expected."
- f. "I teach my child to keep control of his or her feelings at all times."

INTERVIEWER CHECKPOINT

A. IS RESPONDENT ABLE TO READ AND COMPLETE THE SAQ HERSELF?

- 1 YES - COMPLETE PART B
- 2 NO - SKIP TO Q. 4
- 7 DON'T KNOW/NOT SURE - SKIP TO Q. 4

PART B. SAY: When we're ready to complete the rest of the booklet, I can either continue reading or you may finish by yourself while I work with (CHILD). How would you like to do it?

- 1 WANTS INTERVIEWER TO READ - SKIP TO Q. 4
- 2 WANTS TO FINISH SAQ HERSELF - ASK Q. 3

3. HAVE RESPONDENT MAKE CHILD COMFORTABLE FOR ADMINISTRATION OF THE BRACKEN, PREFERABLY AT A TABLE WITH THE INTERVIEWER, THEN SAY:

Before (CHILD) and I begin the game, I want to mention that it's natural for mothers to be interested in what their children are doing and to want them to do their best. (Sometimes other adults or children want to get involved, too.) But I hope you'll understand that we need to see how (CHILD) answers the questions on (his/her) own without any help or comments from anyone else. If you'd like, you and (CHILD) may take a few minutes to look at the materials together after we're all finished.

ASK RESPONDENT TO TURN TO THE SECOND PAGE OF THE SAQ AND SAY:

Now I'd like you to complete the rest of the sheets in this booklet. So that you can answer the questions privately without being disturbed, you might be more comfortable working (in the other room/over there).

ALL SKIP TO Q. 5

4. Let's go ahead and complete the rest of the booklet.

ASK RESPONDENT TO TURN TO THE SECOND PAGE OF THE SAQ AND USE INTERVIEWER'S SAQ TO ADMINISTER THE REMAINING QUESTIONS.

WHEN COMPLETE, TAKE BACK CLIPBOARD AND SAQ AND SAY:

Now I'm ready to work with (CHILD).

HAVE RESPONDENT MAKE CHILD COMFORTABLE FOR ADMINISTRATION OF THE BRACKEN, PREFERABLY AT A TABLE WITH THE INTERVIEWER, THEN SAY:

BRACKEN

Before (CHILD) and I begin the game, I want to mention that it's natural for mothers to be interested in what their children are doing and to want them to do their best. (Sometimes other adults or children want to get involved, too.) But I hope you'll understand that we need to see how (CHILD) answers the questions on (his/her) own without any help or comments from anyone else. If you'd like, you and (CHILD) may take a few minutes to look at the materials together after we're all finished.

This will just take about ten minutes and would be a good time for you to take a break. I'll let you know when we're ready for the last part of the interview.

(ASK Q. 5)

5. **TAKE A FEW MINUTES TO ESTABLISH RAPPORT WITH THE CHILD. WHEN THE CHILD IS COMFORTABLE, SAY:** *I am going to show you some pictures. I will read something to you, and I want you to point to the picture that shows what I say. For example, if I asked you to point to your shoe, where would you point?*

- 1 CHILD POINTS TO SHOE OR FOOT — SAY: *That's right.*
- 2 CHILD DOES NOT POINT TO SHOE OR FOOT — POINT AND SAY: *You would point here, wouldn't you?*

CONTINUE TO ASK QUESTIONS LIKE Q. 5 UNTIL YOU ARE CERTAIN THAT THE CHILD UNDERSTANDS THE TASK. USE OBJECTS IN THE ROOM AS EXAMPLES. NEVER PICTURES ON THE EASEL OR CONCEPTS (E.G., SHAPE, COLOR) USED IN THE TEST.

6. GET OUT EASEL. Now, let's look at the pictures I have.

COLOR. TURN TO FIRST PLATE — 1:1-10. AFTER THREE CONSECUTIVE INCORRECT ANSWERS, SKIP TO Q. 7.

(CHILD), show me which color is:

	<u>CORRECT</u>	<u>WRONG</u>
1. Red	C	W
2. Green	C	W
3. Black	C	W
4. Purple	C	W
4a. IF Q. 4 = "W," DID (CHILD) PICK BLUE?		
1 YES		
2 NO		
5. White	C	W
6. Pink	C	W
7. Blue	C	W
7a. IF Q. 7 = "W," DID (CHILD) PICK PURPLE?		
1 YES		
2 NO		
8. Brown	C	W
9. Yellow	C	W
9a. IF Q. 9 = "W," DID (CHILD) PICK GOLD?		
1 YES		
2 NO		
10. Gray	C	W

7. **LETTER IDENTIFICATION. TURN TO PLATE — II:1-5. AFTER THREE CONSECUTIVE INCORRECT ANSWERS, SKIP TO Q. 8.**

(CHILD), show me:

	<u>CORRECT</u>	<u>WRONG</u>
1. The "A"	C	W
2. The "S"	C	W
3. The "W"	C	W
4. The "K"	C	W
5. The "D"	C	W

TURN TO NEXT PLATE — II:6-10

6. The "m"	C	W
7. The "b"	C	W
8. The "j"	C	W
9. The "e"	C	W
10. The "t"	C	W

8. NUMBERS/COUNTING. TURN TO PLATE — III:1. AFTER THREE CONSECUTIVE INCORRECT ANSWERS, SKIP TO Q. 9.

(CHILD), show me:

	<u>CORRECT</u>	<u>WRONG</u>
1. <u>One</u> bear (PICTURE 3 IS CORRECT)	C	W
TURN TO NEXT PLATE — III:2-7		
2. The <u>one</u>	C	W
3. The <u>four</u>	C	W
4. The <u>five</u>	C	W
5. The <u>three</u>	C	W
6. The <u>two</u>	C	W
7. The <u>zero</u>	C	W
TURN TO NEXT PLATE — III:8		
8. <u>Three</u> flowers (PICTURE 4 IS CORRECT)	C	W
TURN TO NEXT PLATE — III:9		
9. <u>Six</u> ducks (PICTURE 2 IS CORRECT)	C	W
TURN TO NEXT PLATE — III:10		
10. <u>Nine</u> bumblebees (PICTURE 4 IS CORRECT)	C	W
TURN TO NEXT PLATE — III:11-14		
11. The <u>seven</u>	C	W
12. The <u>six</u>	C	W
13. The <u>eight</u>	C	W
14. The <u>nine</u>	C	W

9. COMPARISONS. TURN TO PLATE — IV:1. THEN TURN TO A NEW PLATE AFTER EACH ITEM.
AFTER THREE CONSECUTIVE INCORRECT ANSWERS, SKIP TO Q. 10.

(CHILD), show me:

	<u>CORRECT</u>	<u>WRONG</u>
1. Which fruit are <u>different</u> (PICTURE 3 IS CORRECT)	C	W
2. Which person is reading something <u>other than</u> a book (PICTURE 2 IS CORRECT)	C	W
3. Which boats are <u>alike</u> (PICTURE 3 IS CORRECT)	C	W
4. Which balloons are the <u>same</u> (PICTURE 3 IS CORRECT)	C	W
5. Which boxes are <u>not the same</u> (PICTURE 1 IS CORRECT)	C	W
6. Which cans are of <u>equal</u> size (PICTURE 2 IS CORRECT)	C	W
7. Which hats are <u>identical</u> (PICTURE 4 IS CORRECT)	C	W

10. **SHAPE. TURN TO PLATE V:1-4 AND USE FOR ITEMS 1-4. AFTER THREE CONSECUTIVE INCORRECT ANSWERS, CONCLUDE TESTING AND SKIP TO Q. 11.**

(CHILD), show me:

	<u>CORRECT</u>	<u>WRONG</u>
1. The <u>star</u>	C	W
2. The <u>circle</u>	C	W
3. The <u>triangle</u>	C	W
4. The <u>square</u>	C	W

TURN TO NEXT PLATE — V:5. THEN TURN TO A NEW PLATE FOR EACH ITEM 6-12.

5. Which is <u>round</u> (PICTURE 2 IS CORRECT)	C	W
6. Which children are in a <u>line</u> (PICTURE 3 IS CORRECT)	C	W
7. Which rope is <u>straight</u> (PICTURE 1 IS CORRECT)	C	W
8. Which ducks are in a <u>row</u> (PICTURE 3 IS CORRECT)	C	W
9. The <u>tube</u> (PICTURE 1 IS CORRECT)	C	W
10. In which box is there <u>space</u> (PICTURE 1 IS CORRECT)	C	W
11. Which toy is <u>underlined</u> (PICTURE 4 IS CORRECT)	C	W
12. The <u>curve</u> (PICTURE 3 IS CORRECT)	C	W

CORRECT WRONG

TURN TO PLATE V:13-16 AND USE FOR ITEMS 13-16.

- | | | |
|--------------------------|---|---|
| 13. The <u>cross</u> | C | W |
| 14. The <u>oval</u> | C | W |
| 15. The <u>diamond</u> | C | W |
| 16. The <u>rectangle</u> | C | W |

TURN TO PLATE V:17. THEN TURN TO A NEW PLATE FOR EACH ITEM 17-20.

- | | | |
|---|---|---|
| 17. The <u>pyramid</u>
(PICTURE 2 IS CORRECT) | C | W |
| 18. The <u>cube</u>
(PICTURE 3 IS CORRECT) | C | W |
| 19. The <u>angle</u>
(PICTURE 1 IS CORRECT) | C | W |
| 20. The <u>diagonal</u>
(PICTURE 4 IS CORRECT) | C | W |

11. THANK CHILD AND PRESENT GIFT TO HIM OR HER. THE CHILD IS NOW FREE TO GO.
IF RESPONDENT DID SAQ ON HER OWN, COLLECT BOOKLET WHEN COMPLETE.

SECTION S: PERMISSION TO CONTACT SCHOOL

We've talked today about (CHILD) and the things (he/she) does, and I also had a chance to ask (him/her) questions. To get a more complete picture of (CHILD), we'd like your permission to contact (his/her) teacher and to collect some information from the school records. Any information we get from the school will be kept completely confidential.

Please take a moment to read this permission form; I'll be happy to answer any questions you may have about it. (HAND TEACHER PERMISSION FORM TO R.) I'll fill it out. All you need to do is sign and date it.

- 1 R GAVE PERMISSION
- 2 R REFUSED

**INTERVIEWER: CHECK BOOKMARK TO SEE IF LITERACY TESTING IS
REQUIRED.**

**IF ADMINISTERING LITERACY TEST, PLEASE FILL OUT APPROPRIATE EXIT
INTERVIEW.**

EXIT INTERVIEW FOR LITERACY TEST

1. Did the respondent finish the literacy test? (NOTE: "Finished" means the respondent answered or attempted to answer all of the questions on the test or worked on it for the entire time period.)

- 1 Yes — SKIP TO Q. 3
- 2 No

2. Did the respondent open the test booklet and attempt at least one question on the test?

- 1 Yes — SKIP TO Q. 2b
- 2 No — ASK Q. 2a

2a. Why didn't the respondent open the test booklet and attempt at least one question? (CIRCLE ONE)

- 01 Health problem
- 02 Problem with children
- 03 No time to complete the test
- 04 Thought the test would be too hard
- 05 Did not want to take the test
- 06 Poor reading ability
- 07 Cannot speak English (language barrier)
- 08 Speaks English but cannot read or write (language barrier)
- 09 Other (PLEASE SPECIFY:)

SKIP TO Q. 3

2b. Why didn't the respondent finish the literacy test? (CIRCLE ONE)

- 01 Health problem
- 02 Problem with children
- 03 Couldn't stay the necessary time period
- 04 Thought the test would be too hard
- 05 Got tired/Did not want to do it anymore
- 06 Poor reading ability
- 07 Cannot speak English (language barrier)
- 08 Speaks English but cannot read or write (language barrier)
- 09 Other (PLEASE SPECIFY:)

3. How long did the respondent work on the literacy test? (CIRCLE ONE)

- 1 Less than 5 minutes
- 2 5 - 15 minutes
- 3 16 - 30 minutes
- 4 31 - 40 minutes

4. Were there interruptions during the literacy test?

- 1 Yes
- 2 No — SKIP TO Q. 5

4a. What were they? (CODE ALL THAT APPLY)

- 01 Watched television
- 02 Children
- 03 Other household member
- 04 Answered door
- 05 Telephone
- 06 Other (PLEASE SPECIFY:)

4b. How many interruptions were there? _____

4c. About how long, in total, did the interruptions last? _____ MINUTES

5. Were there any other factors or distractions that negatively affected the testing conditions?
(CODE ALL THAT APPLY)

- 00 None
- 01 Television or stereo on
- 02 Children
- 03 Other household member
- 04 Answered door
- 05 Telephone
- 06 Lack of proper space/furniture to complete test
- 07 Poor lighting
- 08 Noise from outside the home (i.e., traffic, trains)
- 09 Other (PLEASE SPECIFY:)

6. Did the respondent have any problems that might have negatively affected his or her performance on the test?

- 01 Poor reading ability/comprehension problems
- 02 R not feeling well
- 03 Suspect R is under the influence of drugs/alcohol
- 04 R upset/emotionally unstable
- 05 R very sleepy, tired
- 06 R had trouble concentrating, focusing on task/daydreamed
- 07 Other (PLEASE SPECIFY:)

INTERVIEWER ASSESSMENT

1. INTERVIEWER CHECKPOINT: DID YOU . . . ?

- 1 OBSERVE (CHILD) AND MOTHER TOGETHER AT ANY TIME DURING YOUR VISIT
ANSWER Q. 2
- 2 OBSERVE (CHILD) BUT NOT TOGETHER WITH MOTHER — SKIP TO Q. 14
- 3 NOT ADMINISTER BRACKEN OR OBSERVE (CHILD) AT ANY TIME — SKIP TO Q. 20

	YES	NO
2. Did mother converse with (CHILD) <u>at least twice</u> (excluding scolding or suspicious comments)?	1	2
3. Did mother caress, kiss, or hug (CHILD) at least once?	1	2
4. Did mother introduce interviewer to (CHILD) by name or title?	1	2
5. Did respondent explain to (CHILD) what was happening, what the interview was about, or who the interviewer was?	1	2
6. Did (CHILD) wander aimlessly for much of the mother interview?	1	2

7. Did respondent spontaneously praise (CHILD) for (his/her) behavior, helpfulness, looks or other positive qualities . . . ?

- 1 Not at all
- 2 Once, or
- 3 More than once

8. Did respondent scream or yell at (CHILD) in a harsh or hostile manner during the visit . . . ?

- 1 Not at all
- 2 Once, or
- 3 More than once

9. Did (CHILD) spontaneously make positive attempts to get (his/her) mother's attention, for example, show mother something (he/she) was doing, wave hello or smile to her . . . ?

- 1 Not at all
- 2 Once
- 3 More than once, but not frequently
- 4 Frequently, or
- 5 Continuously

10. Did (CHILD) spontaneously seek positive physical contact with (his/her) mother (such as hugging, kissing, snuggling) . . . ?

- 1 Not at all
- 2 Once
- 3 More than once, but not frequently
- 4 Frequently, or
- 5 Continuously

11. Think of the times when respondent spoke to or approached (CHILD) in a neutral or positive way, not times when respondent ordered, yelled at, or requested something of (CHILD). How did (CHILD) react?

a. Did (CHILD) ignore mother:

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 Mother did not speak to or approach (CHILD) in a neutral or positive way (SKIP TO Q. 12)

b. Did (CHILD) show anger or hostility toward mother:

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always

12. Based on your observation of the mother during this visit, please rate her on a scale from 0 to 10 for each characteristic below.

a. Extremely hostile, cold, harsh to child	Extremely warm, loving, affectionate to child									
0	1	2	3	4	5	6	7	8	9	10

b. Showed no pride or pleasure in child	Took a great deal of pride or pleasure in child									
0	1	2	3	4	5	6	7	8	9	10

c. Always showed warmth in tone when talking with child	Never showed warmth in tone when talking with child									
0	1	2	3	4	5	6	7	8	9	10

d. Spoke to child in complete, complex sentences	Communicated with child in single words or gestures									
0	1	2	3	4	5	6	7	8	9	10

13. During how much of the interview did you observe (CHILD) and the respondent together? Was it for . . . ?

- 1 All or most of the mother's interview
- 2 More than half of the mother's interview
- 3 Less than half of the mother's interview
- 4 The child's testing session only

14. How would you describe (CHILD)'s emotional state during the visit?

Sad, sullen, with- drawn			Varied, not predo- minately sad or happy					Very happy, pleasant		
0	1	2	3	4	5	6	7	8	9	10

15. Did (CHILD):

	<u>YES</u>	<u>NO</u>	OTHER CHILDREN NOT PRESENT
a. Show tantrum behavior?	1	2	
b. Appear extremely restless, overly active, fidgety?	1	2	
c. (If other children present): Did (CHILD) bully, tease, pick on or fight with other children?	1	2	3
d. (If other children present): Was (CHILD) bullied, teased or picked on by other children?	1	2	3

16. Did you administer the Bracken test to (CHILD)?

- 1 Yes - ANSWER Q. 17
- 2 No - SKIP TO Q. 20

17. During the child's testing session, how shy was (CHILD)?

Extremely shy			Not particularly shy or outgoing					Very out- going, no hesitation		
0	1	2	3	4	5	6	7	8	9	10

18a. During the child's testing session, was (CHILD) able to concentrate and pay attention?

Completely inattentive, unable to focus on tasks						Focused and attentive about half of testing session						Attentive for entire testing session
0	1	2	3	4	5	6	7	8	9	10		

18b. During the child's testing session, how did (CHILD) act?

Reluctant, uncooperative						Somewhat cooperative or varied						Positive, cooperative, eager
0	1	2	3	4	5	6	7	8	9	10		

19. During the child's testing session, how adequate was the lighting?

- 1 Inadequate, difficult to distinguish colors
- 2 Somewhat dim, but adequate to distinguish colors
- 3 Adequate to distinguish colors

20. Was the interview conducted in the respondent's home?

- 1 Yes — SKIP TO Q. 23
- 2 No — ANSWER Q. 21

21. IF INTERVIEW WAS NOT CONDUCTED IN RESPONDENT'S HOME, DESCRIBE INTERVIEW SETTING BELOW.

22. Did you ever see both the interior and exterior of the respondent's home?

- 1 Yes, both the interior and exterior — ASK Q. 23
- 2 No, exterior only — SKIP TO Q. 25
- 3 No, neither the interior nor the exterior — SKIP TO Q. 30

23. Please rate the interior of the respondent's home on the following dimensions:

a. Overall cleanliness										
Filthy — food, trash, excrement, bugs, dirty dishes, clothes lying around					Somewhat messy or musty, but pretty clean					Very clean and tidy
0	1	2	3	4	5	6	7	8	9	10

b. Condition										
Very poor, major structural damage, big holes in walls or floor					Minor repairs needed, slight paint cracking, hole in wall					Well kept up and in good repair
0	1	2	3	4	5	6	7	8	9	10

INTERVIEWER OBSERVATIONS

24. Using a scale from 0 to 10, please rate the respondent's home on each of the characteristics below.

a. Child's play environment is <u>completely safe</u> . There are <u>no</u> potentially dangerous structural or health hazards within the range of a child (CHILD)'s age					Child's play environment is <u>extremely unsafe</u> . There are numerous potentially dangerous structural or health hazards within the range of a child (CHILD)'s age					
0	1	2	3	4	5	6	7	8	9	10
b. Interior of the home is <u>uniformly dark or perceptually monotonous</u>					Interior of the home is <u>uniformly bright or perceptually varied</u>					
0	1	2	3	4	5	6	7	8	9	10
c. All visible rooms of house/apartment are <u>extremely clean</u>					All visible rooms of house/apartment are <u>extremely dirty</u>					
0	1	2	3	4	5	6	7	8	9	10
d. There is <u>no clutter</u> in any of the visible rooms of house/apartment					There is a <u>great deal of clutter</u> in all visible rooms of house/apartment					
0	1	2	3	4	5	6	7	8	9	10
e. <u>Many books, magazines, or newspapers</u> are visible					<u>No books, magazines, or newspapers</u> are visible					
0	1	2	3	4	5	6	7	8	9	10

25. Type of structure in which the family lives:

- 01 Trailer
- 02 Detached single-family house
- 03 Row house (three or more units in an attached row)
- 04 Two-family house, two units side-by-side or one above the other
- 05 Three-to-four family house/building
- 06 Apartment house (five or more units)
- 07 Apartment in a partly commercial structure
- 08 OTHER (SPECIFY): _____

26. Description of the street (one block, both sides) on which unit is found:

- 01 Residential only
- 02 Residential, with one or two stores only
- 03 Three or more commercial properties
- 04 Rural
- 05 Trailer court
- 06 OTHER (SPECIFY): _____

27. Does respondent live in a public housing project?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

28. How well kept is the exterior of the structure in which the respondent lives?

Very poorly kept; dilapidated; major repairs needed				Needs minor painting or repair, but nothing major				Very well kept and in good repair			
0	1	2	3	4	5	6	7	8	9	10	

29. How well kept are the exteriors of other neighborhood structures?

Very poorly kept; dilapidated; major repairs needed				Needs minor painting or repair, but nothing major				Very well kept and in good repair			
0	1	2	3	4	5	6	7	8	9	10	

30. Was the atmosphere in the area where the interview took place:

Extremely chaotic and noisy; disruptive to interview				Some noise and interruptions but not too disruptive to interview				Very quiet and calm, ideal for interview			
0	1	2	3	4	5	6	7	8	9	10	

31. If there was a television in the room or in the area where the interview took place, was it on during the interview loud enough that you could hear and understand the dialogue?

- 01 Yes, all of the time
- 02 Yes, most of the time
- 03 Yes, part of the time
- 04 Yes, television was on but could not hear or understand the dialogue
- 05 Television not on
- 06 No television present

32. How would you rate the respondent's social skills?

Poor; insensitive, crude, ill-mannered				Neither rude nor friendly, average				Excellent; well-mannered, perceptive, friendly			
0	1	2	3	4	5	6	7	8	9	10	

33. How would you describe respondent's vocabulary?

Simple, used few adult words or compound sentences, incorrect use of words				Vocabulary neither limited nor extensive, generally accurate use of words				Extensive and varied, used words appropriately			
0	1	2	3	4	5	6	7	8	9	10	

34. How would you describe respondent's weight relative to height?

Underweight, extremely thin			Average weight relative to height				Overweight, extremely heavy				
0	1	2	3	4	5	6	7	8	9	10	

35. Please rate respondent's personal hygiene.

Very great evidence of poor hygiene (matted hair, green or rotten teeth, filthy clothes or skin or odor)				Some evidence of poor hygiene (e.g., dirty clothes or face)				No evidence of poor hygiene			
0	1	2	3	4	5	6	7	8	9	10	

36. Which of the following best describes respondent's expression of emotion during the interview?

- 1 No emotion or facial expression
- 2 Positive and/or negative emotions at appropriate times
- 3 Excessively or inappropriately emotional

37. Does respondent have any of the following characteristics?

	YES	NO
a. Very hostile manner	1	2
b. Speech or language impediment, such as stuttering (enough to impair communication)	1	2

38. Did respondent say something to you or otherwise indicate that she has a problem with drugs or alcohol?

- 1 YES — ANSWER Q. 39
- 2 NO — SKIP TO Q. 40

39. What did she do or say? _____

40. Did respondent seem to be under the influence of drugs or alcohol during the interview?

- 1 YES — ANSWER Q. 41
- 2 NO — SKIP TO Q. 42

41. What signs were there that she was under the influence of drugs or alcohol?

42. List questions or sections that confused the respondent or that asked for information the respondent had trouble remembering:

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

SECTION _____ QUESTION _____ PAGE _____ Describe problem(s): _____

43. IF CHILD NOT CURRENTLY LIVING WITH RESPONDENT: Please record any comments respondent made about the place or people with whom (CHILD) lives or why he/she no longer lives with the mother.

44. Please note anything else essential to the interpretation and understanding of this interview:

SAQ

SECTION FF

1. Listed below are statements about raising children. Thinking about your child, please circle a number to show how true each statement is, where 0 means "not at all true" and 10 means "completely true."

	NOT AT ALL TRUE											COMPLETELY TRUE											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
a. Being a parent is harder than I thought it would be.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	3907-8
b. There are some things my child does that really bother me a lot.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	9-10
c. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	11-12
d. I know I should always enforce my rules, but if I'm sad or tired, sometimes I let things go and other times I lose my temper.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	13-14
e. I find myself giving up more of my life to meet my child's needs than I ever expected.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	15-16
f. I teach my child to keep control of his or her feelings at all times.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	17-18
g. I feel trapped by my responsibilities as a parent.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	19-20
h. It is sometimes necessary to discipline a child with a good, hard spanking.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	21-22
i. I often feel angry with my child.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	23-24
j. If a mother never spans her child, the child won't learn respect.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	25-26
k. My child and I often have warm, close times together.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	27-28
l. I feel I must keep my child inside our home as much as possible because of dangers in the neighborhood.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	29-30
m. Most times I feel that my child likes me and wants to be near me.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	31-32
If we have to wait a good while to see a doctor, I expect my child to just sit quietly and wait.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	33-34

2. Here are some statements about life and about being a parent. On this 10-point scale, 10 means "true all of the time" and 0 means "none of the time." Please circle a number on the scale to show how true each statement is for you.

	NONE OF THE TIME										ALL OF THE TIME									
a. When my child is sick, friends or family will call or come by to check on how things are going.	0	1	2	3	4	5	6	7	8	9	10	39-36								
b. I always feel rushed even to do the things I have to do.	0	1	2	3	4	5	6	7	8	9	10	37-38								
c. There is little I can do to change many of the important things in my life.	0	1	2	3	4	5	6	7	8	9	10	39-40								
d. When I have troubles or need help, I have someone I can really talk to.	0	1	2	3	4	5	6	7	8	9	10	41-42								
e. I love my child, but when I am tired, it's hard for me to show it.	0	1	2	3	4	5	6	7	8	9	10	43-44								
f. If I need to do an errand, I can easily find a friend or relative living nearby to watch my child.	0	1	2	3	4	5	6	7	8	9	10	45-46								
g. I am never too busy to joke and play around with my child a lot.	0	1	2	3	4	5	6	7	8	9	10	47-48								
h. I have little control over the things that happen to me.	0	1	2	3	4	5	6	7	8	9	10	49-50								
i. If I needed a ride to get my child to the doctor, there are friends I could call to help me.	0	1	2	3	4	5	6	7	8	9	10	51-52								
j. I have time on my hands that I don't know what to do with.	0	1	2	3	4	5	6	7	8	9	10	53-54								
k. If I need to buy a pair of shoes for my child but I am short of cash, there is someone who would lend me the money.	0	1	2	3	4	5	6	7	8	9	10	55-56								
l. Even when I'm in a bad mood, I show my child a lot of love.	0	1	2	3	4	5	6	7	8	9	10	57-58								
m. The mothers in my neighborhood often have children back and forth to play.	0	1	2	3	4	5	6	7	8	9	10	59-60								

SAQ

SECTION GG

3. The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle the number that best describes how often you felt or behaved this way for each statement – during the past week. The numbers have the following meanings:

- 1 means rarely or none of the time, that is, less than one day this past week;
- 2 means some or a little of the time, that is, one to two days this past week;
- 3 means occasionally or a moderate amount of time, that is, three to four days; and
- 4 means most or all of the time, that is, five to seven days.

	RARELY (LESS THAN 1 DAY)	SOME (1-2 DAYS)	OCCASIONALLY (3-4 DAYS)	MOST	
a. I was bothered by things that usually don't bother me.	1	2	3	4	3961
b. I did not feel like eating; my appetite was poor.	1	2	3	4	62
c. I felt that I could not shake off the blues even with help from my family or friends.	1	2	3	4	63
d. I had trouble keeping my mind on what I was doing.	1	2	3	4	64
e. I felt depressed.	1	2	3	4	65
f. I felt that everything I did was an effort.	1	2	3	4	66
g. I felt fearful.	1	2	3	4	67
h. My sleep was restless.	1	2	3	4	68
i. I talked less than usual.	1	2	3	4	69
j. I felt lonely.	1	2	3	4	70
k. I felt sad.	1	2	3	4	71
l. I could not get going.	1	2	3	4	72

79-80:39

SAQ

SECTION HH

4. Here are some statements which may or may not describe your child. As you read each statement, decide whether it is not true, sometimes true, or often true of your child over the last three months. Then circle the number that goes with the answer you choose.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished answering the questions on the pink answer sheets.

My child:	NOT TRUE	SOMETIMES TRUE	OFTEN TRUE	
a. Has sudden changes in mood or feelings.	1	2	3	4007
b. Feels or complains that no one loves him or her.	1	2	3	8
c. Is rather high strung, tense, and nervous.	1	2	3	9
d. Is warm, loving.	1	2	3	10
e. Cheats or tells lies.	1	2	3	11
f. Is too fearful or anxious.	1	2	3	12
g. Argues too much.	1	2	3	13
h. Has difficulty concentrating, cannot pay attention for long.	1	2	3	14
i. Gets along well with other children.	1	2	3	15
j. Is easily confused, seems to be in a fog.	1	2	3	16
k. Is disobedient at home.	1	2	3	17
l. Does not seem to feel sorry after she or he misbehaves.	1	2	3	18
m. Is admired and well-liked by other children.	1	2	3	19
n. Is impulsive, or acts without thinking.	1	2	3	20
o. Feels worthless or inferior.	1	2	3	21
p. Is not liked by other children.	1	2	3	22
q. Has a lot of difficulty getting his or her mind off certain thoughts (has obsessions).	1	2	3	23
r. Is restless or overly active, cannot sit still.	1	2	3	24
s. Is stubborn, sullen, or irritable.	1	2	3	25
t. Shows concern for other people's feelings.	1	2	3	26

My child:	NOT TRUE	SOMETIMES TRUE	OFTEN TRUE	
Has a very strong temper and loses it easily.	1	2	3	4027
v. Is unhappy, sad, or depressed.	1	2	3	28
w. Is withdrawn, does not get involved with others.	1	2	3	29
x. Breaks things on purpose or deliberately destroys her or his own or another's things.	1	2	3	30
y. Clings to adults.	1	2	3	31
z. Is helpful and cooperative.	1	2	3	32
aa. Cries too much.	1	2	3	33
bb. Is considerate and thoughtful of other children.	1	2	3	34
cc. Demands a lot of attention.	1	2	3	35
dd. Is too dependent on others.	1	2	3	36
ee. Feels others are out to get him or her.	1	2	3	37
ff. Hangs around with kids who get into trouble.	1	2	3	38
gg. Tends to give, lend, and share.	1	2	3	39
h. Is secretive, keeps things to herself or himself.	1	2	3	40
ii. Worries too much.	1	2	3	41
jj. Bullies or is cruel or mean to others.	1	2	3	42
kk. Has trouble getting along with other children.	1	2	3	43
IF YOUR CHILD DOES <u>NOT</u> ATTEND SCHOOL OR PRESCHOOL, PLEASE CHECK HERE. <input type="checkbox"/> THEN STOP AND RETURN THE BOOKLET TO THE INTERVIEWER.				44
My child:	NOT TRUE	SOMETIMES TRUE	OFTEN TRUE	
ll. Is disobedient at school.	1	2	3	45
mm. Has trouble getting along with teachers.	1	2	3	46

Response Analysis Corporation
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OMB# 0990-0212
Exp. Date 8 - 31 - 99
CORE-PLUS

JOBS YEAR-5 EVALUATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

101-7

DATE OF INTERVIEW: _____ 38-43

ENGLISH: 1 44

INTERVIEWER NAME: _____ INTERVIEWER ID NUMBER: _____ 45-48

SCREENER

Before we begin I must make sure that you are the person I am supposed to be interviewing.

1. When were you born? ___/___/___ 49-54

DOES DATE OF BIRTH AGREE WITH LABEL? 55

1 YES → BEGIN QUESTIONNAIRE
2 NO → ASK NEXT QUESTION

2. What are the last 4 digits of your Social Security Number? _____ 56-59

DO THE 4 DIGITS AGREE WITH THE LABEL? 60 1 YES → BEGIN QUESTIONNAIRE

2 NO → DISCONTINUE THE INTERVIEW

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 30 to 90 minutes with an average of 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington DC 20201.

SUPPLEMENTAL SCREENER

3. Is (CHILD) your natural child, that is, not a stepchild, an adopted child, or a child placed in your care?

161 1 YES → GO TO Q. 4

2 NO → What is the child's relationship to you? _____⁶²⁻⁶³
TREAT AS A CORE AND BEGIN INTERVIEW NOW WITH PAGE 26.

4. Does (CHILD) live with you now for at least two days a week?

64 1 YES → GO TO Q. 5

2 NO → GO TO Q. 6

3 CHILD IS DECEASED → TREAT AS A CORE AND BEGIN INTERVIEW NOW WITH PAGE 26.

5. Does (CHILD) have any disability that would keep me from asking (him/her) some questions later in the interview?

65 1 YES → DESCRIBE DISABILITY: _____⁶⁶⁻⁶⁷
BEGIN INTERVIEW NOW AT PAGE 2.
DO NOT INTERVIEW CHILD.
USE SCRIPT B FOR SAQ "L."

2 NO → BEGIN INTERVIEW NOW AT PAGE 2.
USE SAQ "L."

6. Has (CHILD) lived with you at all during the past three months?

68 1 YES → USE SAQ "L" →

2 NO → USE SAQ "S" →

BEGIN INTERVIEW WITH SCRIPT B FOR SAQ.
FOLLOW SAQ WITH INTERVIEW AT PAGE 26.
COMPLETE THE INTERVIEWER ASSESSMENT.
DO NOT INTERVIEW CHILD.

RECORD TIME ____ : ____ AM/PM

169-72

73

A. CHILD'S ACTIVITIES

A1. IF NECESSARY, ASK: Is (CHILD) a boy or a girl?

- 74 1 BOY
2 GIRL

INTERVIEWER: CHOOSE THE DAY YOU WILL BE REFERENCING

TODAY IS: (CIRCLE ONE)	ASK R ABOUT THIS DAY:
TUESDAY _____▶	MONDAY
WEDNESDAY _____▶	TUESDAY
THURSDAY _____▶	WEDNESDAY
FRIDAY _____▶	THURSDAY
SATURDAY _____▶	THURSDAY
SUNDAY _____▶	THURSDAY
MONDAY _____▶	THURSDAY

A2. I'd like to get an idea of what (CHILD)'s days are like, and what sorts of things (he/she) does during the day. I'm going to ask you about what (he/she) did on (INDICATE DAY) and who (he/she) was with during different parts of that day. When I ask about who (he/she) was with, I mean people from this list (USE EXHIBIT CARD). I do not want to know names. I've got a page here that shows the hours of the day, and I'll be filling it in as you talk. We will be starting at mid afternoon on (INDICATE DAY).

INTERVIEWER: USE THE ACTIVITY AND CARETAKER CODE CARD TO COMPLETE A2 AND A3

A2a. What was (CHILD) doing (between 2:00 and 2:30/next)? RECORD ACTIVITY ON GRID.

IF R INDICATES SITTER OR CHILD CARE, - SHADED ACTIVITY A, B, OR C - ASK:

Have you used this child care arrangement at least once a week for the last four weeks?

IF YES: USE CODE A OR B

IF NO: USE CODE C

A2b. When did (he/she) stop? RECORD ACTIVITY ON GRID.

A2c. Who was with (CHILD) during this time? Please tell me all the categories. Who else? USE EXHIBIT CARD. RECORD ON CARETAKER GRID. RECORD ALL THAT APPLY.

IF MORE THAN ONE TIME PERIOD, ASK: Were they with (CHILD) the entire time?

INTERVIEWER: REPEAT A2a, A2b, AND A2c UNTIL R REPORTS THAT THE CHILD WENT TO BED FOR THE NIGHT OR MIDNIGHT, WHICHEVER IS EARLIER.

A3. IF R MENTIONS ACTIVITIES THAT ARE CODED AS "OTHER," SPECIFY THEM HERE. RECORD VERBATIM.

		<u>PERIOD NUMBER</u>
1ST OTHER:	_____ <u>208-9</u>	BEGAN: _____ <u>10-11</u> ENDED: _____ <u>12-13</u>
2ND OTHER:	_____ <u>14-15</u>	BEGAN: _____ <u>16-17</u> ENDED: _____ <u>18-19</u>
3RD OTHER:	_____ <u>20-21</u>	BEGAN: _____ <u>22-23</u> ENDED: _____ <u>24-25</u>

Activity Codes

- A. REGULAR SITTER:** Being cared for by a babysitter who may be a friend, relative, neighbor, or professional babysitter in a home setting. Care has been used for at least once a week for the last four weeks.
- B. REGULAR CHILD CARE:** Attending a child care center or an organized after school child care program. Care that has been used for at least once a week for the last four weeks.
- C. DROP IN SITTER OR CHILD CARE:** Same definitions as A or B, but not regular. That is, used less than once a week in the last four weeks.
- D. SCHOOL:** Attending regular school or summer school.
- E. SUMMER CAMP:** Child is attending any kind of organized program for children during the summer.
- F. ACTIVITY/LESSON:** **ACTIVITY:** Going to an activity like a sports team, Boys and Girls Club, YMCA or YWCA, Scouts. **LESSON:** Going to a lesson like music or dance lessons, religious instruction or tutoring.
- G. OUTING/VISITING:** **OUTING:** Child goes somewhere like the zoo, library, park, museum, movie, show, or a sports event. **VISITING:** Child visits with family, friends of family, or relatives.
- H. OBLIGATORY:** **ERRANDS:** Child is doing errands such as shopping or laundry outside of the house. **HOMEWORK:** Doing homework. **CHORES:** Doing chores or household responsibilities.
- I. NONOBLIGATORY:** **READING:** reading books for enjoyment (not homework). **WATCHING TV/VIDEO GAMES:** Watching television or playing video or computer games. **PLAY/OUTSIDE:** Playing outside or at a friend's house, or hanging out in the neighborhood. **PLAY/HOME:** Playing at home with games, toys, friends, adults or brothers or sisters.
- J. TRAVEL:** Going to or from school, home, a visit, or an activity.
- K. ROUTINE:** Routine activities such as sleeping, eating, showering/bathing, getting dressed.
- L. DON'T KNOW:** Mother and child don't know or can't remember child's activities.
- M. OTHER:** Any other activity that does not fit into the above categories.

Caretaker Codes

1. **MOTHER:** The child is with his/her mother (includes mother in house when child is asleep).
2. **OTHER ADULT:** The child is with adult(s) (18 or older) in addition to or other than the mother (includes brother or sister 18 or over).
3. **BROTHER/SISTER 13+:** The child is with brother(s) and/or sister(s) between the ages of 13 and 17. This category includes half and step siblings.
4. **OTHER CHILD 13+:** The child is with child(ren) between the ages of 13 and 17 who are not brothers or sisters.
5. **BROTHER/SISTER LESS THAN 13:** The child is with brother(s) and/or sister(s) younger than 13 years. This category includes half and step siblings.
6. **OTHER CHILD LESS THAN 13:** The child is with child(ren) younger than 13 who are not brothers or sisters.
7. **ALONE:** The child is completely alone.
8. **DON'T KNOW:** Mother and child don't know or can't remember.

CHILD ACTIVITY GRID

	Time Period Begins:	Activity Code	Caretaker Code					
			Who With	Who With	Who With	Who With	Who With	Who With
1	2:00 PM	226	27	28	29	30	31	32
2	2:30 PM	33	34	35	36	37	38	39
3	3:00 PM	40	41	42	43	44	45	46
4	3:30 PM	47	48	49	50	51	52	53
5	4:00 PM	54	55	56	57	58	59	60
6	4:30 PM	61	62	63	64	65	66	67
7	5:00 PM	68	69	70	71	72	73	74
8	5:30 PM	308	9	10	11	12	13	14
9	6:00 PM	15	16	17	18	19	20	21
10	6:30 PM	22	23	24	25	26	27	28
11	7:00 PM	29	30	31	32	33	34	35
12	7:30 PM	36	37	38	39	40	41	42
13	8:00 PM	43	44	45	46	47	48	49
14	8:30 PM	50	51	52	53	54	55	56
15	9:00 PM	57	58	59	60	61	62	63
16	9:30 PM	64	65	66	67	68	69	70
17	10:00 PM	71	72	73	74	75	76	77
18	10:30 PM	408	9	10	11	12	13	14
19	11:00 PM	15	16	17	18	19	20	21
20	11:30 PM	22	23	24	25	26	27	28

SKIP

275-78
79-80:02

378 SKIP
79-80:03

RECORD ACTIVITY CODE FOR EVERY TIME PERIOD.

INTERVIEWER: WHO FILLED OUT THE ACTIVITY GRID?

429 1 R ANSWERED MOST OR ALL QUESTIONS

2 R AND CHILD ANSWERED QUESTIONS ABOUT EQUALLY

3 CHILD ANSWERED MOST OR ALL QUESTIONS

A4. Now I would like to ask you a few questions about the last full week from Monday to Sunday.

Some mothers use babysitters or day care. Some feel their child can take care of himself or herself. Others use a mix of these. Thinking about the last full week from Monday to Sunday, how many hours altogether did (CHILD) take care of (himself/herself)? RECORD WHOLE NUMBER.

_____ OR
NUMBER₃₀₋₃₂

994 CHECK BOX IF MORE THAN ZERO BUT LESS THAN ONE HOUR.

A5. Thinking about that week, was (CHILD) in any child care arrangement, such as, (an after or before school program/summer camp), or with a babysitter including a relative, friend, neighbor, or professional babysitter, at any time during the week? USE EXHIBIT CARD.

33 1 YES
2 NO → SKIP TO A16

A6. Think about all the arrangements you used for (CHILD) during that last full week. Were any of these regular arrangements, that is, arrangements you have used at least once a week for the past four weeks?

34 1 YES
2 NO → SKIP TO A16

⁴
A7. What were the regular arrangements you used for (CHILD)? Please tell me the arrangement and the number. What other regular arrangements? USE EXHIBIT CARD AND ENTER CODES BELOW. RECORD THE NUMBER OF ARRANGEMENTS FOR EACH CODE MARKED.

	CODE	HOW MANY?
a	435-36	37-38
b	39-40	41-42
c	43-44	45-46
d	47-48	49-50
e	51-52	53-54
f	55-56	57-58
g	59-60	61-62
h	63-64	65-66

A8. During that last full week from Monday to Sunday, how many hours did (CHILD) spend altogether in (all of) the care arrangement(s) you mentioned?

NUMBER 67-69

INTERVIEWER: WAS THERE ONLY ONE ARRANGEMENT IN A7?

- 70 1 YES —→ SKIP TO A11
2 NO —→ CONTINUE

A9. Of the regular child care arrangements you used that week, which did (CHILD) spend the most time in?

PRIMARY CARE NUMBER CODE 71-72

A10. How many hours did (CHILD) spend there that last full week? IF LESS THAN FIVE HOURS, CONFIRM "PER WEEK."

NUMBER 73-75

Skip 476-78
79-80:04

A11. INTERVIEWER: IS THIS A FORMAL ARRANGEMENT, THAT IS, IS IT CODED 8 THROUGH 12?

- 1 YES → CONTINUE
- 2 NO → SKIP TO A13

A12. Is there more than one group or room of children in that arrangement?

- 508 1 YES →
- 2 NO

A12a. How many children are usually cared for in (CHILD)'s group, including (CHILD)? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

NUMBER
(SKIP TO A14)

A13. How many children are usually cared for in that arrangement, including (CHILD)? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

NUMBER 12-14

A14. What is the usual number of people caring for your child (and the other children in [CHILD]'s group) in that arrangement? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

NUMBER 15-16

A15. Is the (main) person who cares for your child in that arrangement:

- 17 1 less than 13 years old,
- 2 13 to 17, or
- 3 18 years of age or older?

A16. Have you participated in school, job training, or work in the last 12 months?

- 518 1 YES
2 NO → SKIP TO A18

A17. I'd like to ask you now about how child care relates to the time you spend in school, job training, or at work.

Sometimes mothers have to be late for or miss work, school, or training, or leave early because of problems with child care arrangements. During the past 12 months, about how many times a month did this happen to you? IF MORE THAN 5, CONFIRM "PER MONTH."

_____ ¹⁹⁻²⁰ OR
NUMBER
PER MONTH

94 CHECK BOX IF MORE THAN ZERO BUT
LESS THAN ONE TIME PER MONTH

A18. INTERVIEWER: WHICH SITUATION DO YOU HAVE? PUT TODAY'S DATE NEXT TO THE OPTION THAT APPLIES AND FOLLOW THE SCRIPT.

___/___/___
DATE

MOTHER AND CHILD WILL BOTH BE INTERVIEWED NOW
FOLLOW SCRIPT A.

___/___/___
DATE

MOTHER WILL BE INTERVIEWED NOW, BUT CHILD WILL NOT
FOLLOW SCRIPT B.

___/___/___
DATE

CHILD WILL BE INTERVIEWED NOW, BUT MOTHER WILL NOT
FOLLOW SCRIPT C.

THIS AREA IS INTENTIONALLY LEFT BLANK.

4. The questions in this booklet are about your neighborhood, your community, your home and yourself. After I get you started, you'll be answering them on your own. Here is a pencil to mark your answers. Please remember that all families are different and everybody has different opinions and feelings. Please be as honest as possible. Your answers are completely confidential.

RECORD THE TIME. HAND RESPONDENT CLIPBOARD AND SAQ BOOKLET, OPEN TO THE INSTRUCTIONS AND SAY: I'd like to begin by asking you to read these instructions. Tell me when you have read them.

AFTER THE RESPONDENT READS THE INSTRUCTIONS, ASK: Do you have any questions? ANSWER ANY QUESTIONS THE RESPONDENT HAS.

Are you ready to proceed with the booklet, or would you like me to read the first few items with you? CIRCLE ONE.

- 530 1 R IS WILLING TO PROCEED → SKIP TO Q. 6
 2 R WANTS INTERVIEWER TO READ THE ENTIRE SAQ → SKIP TO Q. 5
 3 R WANTS INTERVIEWER TO READ FIRST FEW ITEMS → CONTINUE

As you can see, the instructions say, "The following questions are about your neighborhood or community and the people who live there." As I read each question out loud, please read along and circle a number to show your answer. Do not tell me your answers.

READ THE TWO QUESTIONS WHILE R RECORDS HER ANSWERS IN THE SAQ.

1. As a place to raise children, would you say your neighborhood is excellent, very good, good, not too good, or awful?
2. Think about your child in this study. How safe is your child when he or she is outside during the daytime in your neighborhood? Very safe, somewhat save, somewhat unsafe, very unsafe, or is your child not allowed outside?

We're ready to complete the rest of the booklet. I can either continue reading or you may finish by yourself while I work with (CHILD). How would you like to do it? CIRCLE ONE.

- 31 1 R WANTS INTERVIEWER TO READ → ASK Q. 5
 2 R WANTS TO FINISH SAQ HERSELF → SKIP TO Q. 6

32 - 42 SKIP

5. Let's go ahead and complete the rest of the booklet.

USE INTERVIEWER'S SAQ TO ADMINISTER THE REMAINING QUESTIONS.

WHEN COMPLETE, TAKE BACK CLIPBOARD AND SAQ AND SAY:

Now I'm ready to work with (CHILD).

BRING IN (CHILD). HAVE RESPONDENT MAKE CHILD COMFORTABLE FOR ADMINISTRATION OF THE WOODCOCK-JOHNSON-R, PREFERABLY AT A TABLE WITH YOU, THEN SAY:

Before (CHILD) and I begin our activities, I want to mention that it's natural for mothers to be interested in what their children are doing and to want them to do their best. Sometimes other adults or children want to get involved, too, but I hope you'll understand that we need to see how (CHILD) answers the questions on (his/her) own without any help or comments from anyone else. If you'd like, you and (CHILD) may take a few minutes to look at the materials together after we're all finished.

This will just take about 20 minutes and would be a good time for you to take a break. I'll let you know when we're ready for the next part of the interview.

SKIP TO Q.7

6. BRING IN (CHILD). HAVE RESPONDENT MAKE CHILD COMFORTABLE FOR ADMINISTRATION OF THE WOODCOCK-JOHNSON, PREFERABLY AT A TABLE WITH YOU, THEN SAY:

Before (CHILD) and I begin our activities, I want to mention that it's natural for mothers to be interested in what their children are doing and to want them to do their best. Sometimes other adults or children want to get involved, too, but I hope you'll understand that we need to see how (CHILD) answers the questions on (his/her) own without any help or comments from anyone else. If you'd like, you and (CHILD) may take a few minutes to look at the materials together after we're all finished.

REFER R BACK TO HER SAQ BOOKLET. SAY:

Please complete the rest of the pages in this booklet. So that you can answer the questions privately without being disturbed, you might be more comfortable working (in the other room/over there).

7. REMEMBER -- YOU MUST ESTABLISH A BASAL AND A CEILING FOR EACH SUBTEST -- YOU MUST ALWAYS ADMINISTER THE ENTIRE PAGE

Basal: After completing the page, ask yourself "Are the 6 lowest-numbered items correct?" If so, you are at basal. If not, go back one page and try again.

Ceiling: After completing the page, ask yourself, "Are the six highest-numbered items wrong?" If so, you are at ceiling. If not, ask the next page.

TAKE A FEW MINUTES TO ESTABLISH RAPPORT WITH THE CHILD. WHEN THE CHILD IS COMFORTABLE, SAY: I'm here to do some word and number activities with you. This is going to help me know what kinds of things kids your age can do. I am going to ask you to answer some questions and to solve some problems. Some questions and problems will seem very easy, while others will seem hard. Please do your best. If you think about the question and still don't know the answer, just say "I don't know, (INTERVIEWER'S NAME)" and we will skip to the next question. In the first part, we are going to look at some words and pictures and then we will do some numbers and math. Let me show you how the activity book sets up.

OPEN AND SET UP EASEL TO PAGE 11. Okay, let's start.

A. SUBTEST 22

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 22.	Grade 1	Grade 2	Grade 3 or 4	Grade 5 or 6
Letter Word Identification	Item 5	Item 18	Item 24	Item 30

START: This is the first thing we are going to do. START RECITING BLUE WORDS. READ THE WORDS EXACTLY AS THEY ARE WRITTEN.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 5 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, CONTINUE TESTING BY POINTING TO THE NEXT LETTER.

END: WHEN YOU REACH A CEILING, SAY: Great job, now let's go to the next set.

B. SUBTEST 23

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 23.	Grade 1, 2, or 3	Grade 4 or 5	Grade 6
Passage Comprehension	Give every child sample item (page 63) then <u>Item 6</u>	Give every child sample item (page 63) then <u>Item 9</u>	Give every child sample item (page 63) then <u>Item 15</u>

START: TURN TO APPROPRIATE PAGE AND START RECITING BLUE WORDS

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 30 SECONDS TO ANSWER AFTER COMPLETELY READING THE PASSAGE. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this question or skip to the next question? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Try this one.

END: WHEN YOU REACH A CEILING, SAY: You are doing a great job. Now we are going to do some math.

C. SUBTEST 24

CIRCLE GRADE LEVEL AND ITEM YOU WILL START WITH

Subtest 24.	Grade 1	Grade 2 to 6
Calculation	Sample A	Item 1

START: GIVE FIRST PAGE OF CALCULATION SHEETS (Subtest 24) AND PENCIL TO CHILD. I want you to do some math. Begin with (REFER TO TABLE) and answer as many problems as you can in this row. POINT TO THE ROW OF PROBLEMS. If you come to one you do not know how to do, just skip it and try the next. Draw a circle around each of your answers. When you are finished doing all the problems you can in this row, just let me know.

AT THE BEGINNING OF EACH NEW ROW, SAY: Ok, now answer as many problems as you can in this row. POINT TO NEXT ROW. IF NEEDED, REPEAT: If you come to a problem you do not know how to do, just skip it and try the next one. Draw a circle around each of your answers. When you are finished doing all the problems you can in this row, just let me know.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 30 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this problem or skip to the next problem? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Try this one.

END: WHEN YOU REACH A CEILING, SAY: Great job, now let's go to the next thing.

D. SUBTEST 25

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 25.	Grade 1	Grade 2	Grade 3	Grade 4, 5, or 6
Applied Problems	Item 9	Item 13	Item 20	Item 24

START: TURN TO APPROPRIATE PAGE AND START RECITING BLUE WORDS.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 40 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this problem or skip to the next problem? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Let's try this one. READ THE NEXT PROBLEM TO THE CHILD.

END: WHEN YOU REACH A CEILING, SAY: Now, we have something different to do.

CHILD SAQ

CLOSE UP AND PUT AWAY TEST MATERIALS AND ANSWER SHEETS.

MARK THE TIME AND GET TAPE PLAYER. TAPE SHOULD ALREADY BE IN TAPE PLAYER. HAND THE SAQ ANSWER BOOKLET AND PENCIL TO THE CHILD. SAY:

I have a cassette player that has a tape with questions on it. We would like to know more about some of the things that kids your age think about. The person on the tape will ask you a question and you can mark your answer in this book. We won't use your name, and we won't tell anyone your answers. This means that other people like your mother or other adults will not know what you say. If you don't want to answer a question, that's okay. We would like you to answer as many of the questions as you can.

You will be able to read along and answer the questions in this booklet while the tape is playing. After you are done with all of the questions, you will get to keep the tape player. This is not a test. There are no wrong answers. Circle the number that says how you feel. Please circle only one of the numbers for each question and do not write in your own numbers. If you change an answer, put an X through the mistake and mark the right answer. When you get to the end of this first page, push the stop button. **SHOW CHILD WHERE TO STOP ON FIRST PAGE.** Let's turn on your tape player right now and finish the first page. **SHOW CHILD THE STOP BUTTON AND PLAY BUTTON.**

WHEN CHILD STOPS AT END OF FIRST PAGE, ASK: Could you hear what the person said? Was everything okay? **ATTEND TO ANY PROBLEMS AND THEN SAY:** Listen to the rest of the tape and answer the questions. If you have any problems, push the stop button and come get me. When the person on the tape says that you are finished, please tell me and then you can play with your new cassette player.

FROM HERE, COLLECT THE PARENT SAQ AND FINISH THE INTERVIEW WITH THE PARENT. REMEMBER TO COLLECT THE TAPE AND THE SAQ FROM THE CHILD. RECORD THE TIME ON THE SAQ.

SCRIPT B

Mother Only

The questions in this booklet are about your neighborhood, your community, your home and yourself. After I get you started, you'll be answering them on your own. Here is a pencil to mark your answers. Please remember that all families are different and everybody has different opinions and feelings. Please be as honest as possible. Your answers are completely confidential.

522-29 SKIP

RECORD THE TIME. HAND RESPONDENT CLIPBOARD AND PARENT SAQ BOOKLET, OPEN TO THE INSTRUCTIONS AND SAY: I'd like to begin by asking you to read these instructions. Tell me when you have read them.

AFTER THE RESPONDENT READS THE INSTRUCTIONS, ASK: Do you have any questions? ANSWER ANY QUESTIONS THE RESPONDENT HAS.

Are you ready to proceed with the booklet or would you like me to read the first few items with you? (CIRCLE ONE.)

- 30
- 1 R IS WILLING TO PROCEED→ LET R COMPLETE SAQ, THEN FINISH THE INTERVIEW
 - 2 R WANTS INTERVIEWER TO READ THE ENTIRE SAQ→USE INTERVIEWER'S SAQ TO ADMINISTER THE REMAINING QUESTIONS, THEN FINISH THE INTERVIEW
 - 3 R WANTS INTERVIEWER TO READ FIRST FEW ITEMS→CONTINUE

As you can see, the instructions say, "The following questions are about your neighborhood or community and the people who live there." As I read each question out loud, please read along and circle a number to show your answer. Do not tell me your answers.

READ THE TWO QUESTIONS WHILE R RECORDS HER ANSWERS IN THE SAQ.

1. As a place to raise children, would you say your neighborhood is excellent, very good, good, not too good, or awful?
2. Think about your child in this study. How safe is your child when he or she is outside during the daytime in your neighborhood? Very safe, somewhat safe, somewhat unsafe, very unsafe, or is your child not allowed outside?

I can either continue reading or you may finish by yourself. How would you like to do it? CIRCLE ONE

531 1 R WANTS INTERVIEWER TO READ → USE INTERVIEWER'S SAQ
TO ADMINISTER THE
REMAINING QUESTIONS

2 R WANTS TO FINISH SAQ HERSELF → SAY: Go ahead and complete
the rest of the pages in this
booklet.

WHEN R FINISHES, COLLECT THE SAQ AND FINISH THE INTERVIEW.

5. REMEMBER -- YOU MUST ESTABLISH A BASAL AND A CEILING FOR EACH SUBTEST -- YOU MUST ALWAYS ADMINISTER THE ENTIRE PAGE

Basal: After completing the page, ask yourself "Are the 6 lowest-numbered items correct?" If so, you are at basal. If not, go back one page and try again.

Ceiling: After completing the page, ask yourself, "Are the six highest-numbered items wrong?" If so, you are at ceiling. If not, ask the next page.

TAKE A FEW MINUTES TO ESTABLISH RAPPORT WITH THE CHILD. WHEN THE CHILD IS COMFORTABLE, SAY: I'm here to do some word and number activities with you. This is going to help me know what kinds of things kids your age can do. I am going to ask you to answer some questions and to solve some problems. Some questions and problems will seem very easy, while others will seem hard. Please do your best. If you think about the question and still don't know the answer, just say "I don't know, (INTERVIEWER'S NAME)" and we will skip to the next question. In the first part, we are going to look at some words and pictures and then we will do some numbers and math. Let me show you how the activity book sets up.

OPEN AND SET UP EASEL TO PAGE 11. Okay, let's start.

AREA INTENTIONALLY LEFT BLANK.
GO TO NEXT PAGE.

A. SUBTEST 22

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 22.	Grade 1	Grade 2	Grade 3 or 4	Grade 5 or 6
Letter Word Identification	Item 5	Item 18	Item 24	Item 30

START: This is the first thing we are going to do. START RECITING BLUE WORDS. READ THE WORDS EXACTLY AS THEY ARE WRITTEN.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 5 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, CONTINUE TESTING BY POINTING TO THE NEXT LETTER.

END: WHEN YOU REACH A CEILING, SAY: Great job, now let's go to the next set.

B. SUBTEST 23

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 23.	Grade 1, 2, or 3	Grade 4 or 5	Grade 6
Passage Comprehension	Give every child sample item (page 63) then <u>Item 6</u>	Give every child sample item (page 63) then <u>Item 9</u>	Give every child sample item (page 63) then <u>Item 15</u>

START: TURN TO APPROPRIATE PAGE AND START RECITING BLUE WORDS.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 30 SECONDS TO ANSWER AFTER COMPLETELY READING THE PASSAGE. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this question or skip to the next question? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Try this one.

END: WHEN YOU REACH A CEILING, SAY: You are doing a great job. Now we are going to do some math.

C. SUBTEST 24

CIRCLE GRADE LEVEL AND ITEM YOU WILL START WITH

Subtest 24.	Grade 1	Grade 2 to 6
Calculation	Sample A	Item 1

START: GIVE FIRST PAGE OF CALCULATION ANSWER SHEETS (Subtest 24) AND PENCIL TO (CHILD). I want you to do some math. Begin with (REFER TO TABLE) and answer as many problems as you can in this row. POINT TO THE ROW OF PROBLEMS. If you come to one you do not know how to do, just skip it and try the next. Draw a circle around each of your answers. When you are finished doing all the problems you can in this row, just let me know.

AT THE BEGINNING OF EACH NEW ROW, SAY: Ok, now answer as many problems as you can in this row. POINT TO NEXT ROW. IF NEEDED, REPEAT: If you come to a problem you do not know how to do, just skip it and try the next one. Draw a circle around each of your answers. When you are finished doing all the problems you can in this row, just let me know.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 30 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this problem or skip to the next problem? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Try this one.

END: WHEN YOU REACH A CEILING, SAY: Great job, now let's go to the next thing.

D. SUBTEST 25

CIRCLE GRADE AND ITEM YOU WILL START WITH

Subtest 25.	Grade 1	Grade 2	Grade 3	Grade 4, 5, or 6
Applied Problems	Item 9	Item 13	Item 20	Item 24

START: TURN TO APPROPRIATE PAGE AND START RECITING BLUE WORDS.

"NO RESPONSE" BOX: GIVE THE CHILD ABOUT 40 SECONDS TO ANSWER. IF THE CHILD HAS NOT ANSWERED, SAY: Do you want to answer this problem or skip to the next problem? IF THE CHILD STILL DOES NOT GIVE AN ANSWER AFTER ABOUT 5 SECONDS, POINT TO THE NEXT ITEM AND SAY: Let's try this one. READ THE NEXT PROBLEM TO THE CHILD.

END: WHEN YOU REACH A CEILING, SAY: Now, we have something different to do.

CHILD SAQ

CLOSE UP AND PUT AWAY TEST MATERIALS AND ANSWER SHEETS.

MARK THE TIME AND GET TAPE PLAYER. TAPE SHOULD ALREADY BE IN TAPE PLAYER. HAND THE SAQ ANSWER BOOKLET AND PENCIL TO THE CHILD. SAY:

I have a cassette player that has a tape with questions on it. We would like to know more about some of the things that kids your age think about. The person on the tape will ask you a question and you can mark your answer in this book. We won't use your name, and we won't tell anyone your answers. This means that other people like your mother or other adults will not know what you say. If you don't want to answer a question, that's okay. We would like you to answer as many of the questions as you can.

You will be able to read along and answer the questions in this booklet while the tape is playing. After you are done with all of the questions, you will get to keep the tape player. This is not a test. There are no wrong answers. Circle the number that says how you feel. Please circle only one of the numbers for each question and do not write in your own numbers. If you change an answer, put an X through the mistake and mark the right answer. When you get to the end of this first page, push the stop button. **SHOW CHILD WHERE TO STOP ON FIRST PAGE.** Let's turn on your tape player right now and finish the first page. **SHOW CHILD THE STOP BUTTON AND PLAY BUTTON.**

WHEN CHILD STOPS AT END OF FIRST PAGE, ASK: Could you hear what the person said? Was everything okay? **ATTEND TO ANY PROBLEMS AND THEN SAY:** Listen to the rest of the tape and answer the questions. If you have any problems, push the stop button and come and get me. When the person on the tape says that you are finished, please tell me and then you can play with your new cassette player.

REMEMBER TO COLLECT THE TAPE AND THE SAQ FROM THE CHILD WHEN FINISHED. RECORD THE TIME ON THE SAQ.

B. FATHER INVOLVEMENT

Now, I would like to ask you some questions about (CHILD)'s natural, birth father.

B1. Where does he live? Does he live in your household, in the neighborhood, or somewhere else? **CIRCLE LOWEST APPLICABLE CODE NUMBER.**

- 543-44 01 (CHILD)'S FATHER IS DECEASED → SKIP TO SECTION C
 02 IN R'S HOUSEHOLD
 03 IN A JAIL/PRISON
 04 IN R'S NEIGHBORHOOD NEARBY
 05 IN SAME CITY AS R, BUT NOT NEARBY
 06 IN SAME STATE AS R, NOT SAME CITY
 07 IN A DIFFERENT STATE
 08 IN A DIFFERENT COUNTRY
 15 OTHER (SPECIFY): _____
 97 DON'T KNOW
 98 REFUSED

B2. Have you ever been married to (CHILD)'s father?

- 45 1 YES
 2 NO

B3a. Have child support payments for (CHILD) ever been: **CODE ALL THAT APPLY. CODE 5 CANNOT BE CODED WITH ANY OTHER.**

- 46 1 awarded by a court?
 47 2 agreed to in writing?
 48 3 agreed to informally?
 49 5 R INDICATED NONE OF THESE → SKIP TO B4
 50 6 OTHER SPECIFY: _____ (51-54)

B3b. In the past 12 months were you supposed to receive any of these child support payments for (CHILD)?

- 55 1 YES
 2 NO
 7 DON'T KNOW

⁵
B4. During the past 12 months, did you or (CHILD) receive any money from (his/her) father:

a. for child support through the child support office or child support enforcement agency?

- 556 1 YES
 2 NO
 7 DON'T KNOW

b. in cash paid directly from the father to help with expenses for (CHILD)?

- 57 1 YES
 2 NO
 7 DON'T KNOW → SKIP TO B6

B5. During the last 12 months, has (his/her) father given this money to you regularly, so that you could almost always count on getting the money? Please do not include money paid through the child support office.

- 58 1 YES
 2 NO
 8 REFUSED

B6. What was the last month and year he ever gave you money to help support (CHILD)? Again, please do not include money paid through the child support office.

_____/_____
(MONTH/YEAR)⁵⁹⁻⁶² OR

1 CHECK BOX IF FATHER HAS NEVER GIVEN ANY MONEY.
63

B7. In the past 12 months, how often has (CHILD) seen (his/her) father?

- 64-65 01 ALMOST EVERY DAY (6 - 7 TIMES A WEEK)
 02 2-5 TIMES A WEEK
 03 ONCE A WEEK
 04 1-3 TIMES A MONTH
 05 2-11 TIMES IN THE PAST 12 MONTHS
 06 ONCE IN THE PAST 12 MONTHS
 07 ZERO TIMES IN PAST 12 MONTHS
 15 OTHER SPECIFY: _____
 97 DON'T KNOW

C. PERMISSION TO CONTACT SCHOOL

We've talked about (CHILD) and the things (he/she) does. To get a more complete picture of (CHILD), we'd like your permission to contact (his/her) teacher and to collect some information from the school records. Any information we get from the school will be kept completely confidential.

Please take a moment to read this permission form. I'll be happy to answer any questions you may have about it. HAND "PARENTAL CONSENT FOR SCHOOL CONTACT" FORM TO R. I'll fill it out for you. All you will need to do is sign and date it.

- 566
- 1 R GAVE PERMISSION
 - 2 R REFUSED

RECORD TIME _____ : _____ AM/PM
--

567-70

71

RAD REFERENCE SECTION

For some of the questions that follow, I will be asking you to think about the time between (RAD) and now. I'm going to ask you a few questions that may help you remember back to (RAD) and what you and your family were doing back then. Try to remember as best you can; it's OK if you don't remember exact answers for these four questions.

- a. In (RAD), you went to the (JOBS PROGRAM NAME) office. Where was that office located?
EXACT ADDRESS NOT REQUIRED.

PLACE

- b. Where were you living in (RAD)?

PLACE

- c. How many children were living in your household in (RAD)?

NUMBER

- d. What grades in school were your children attending in (RAD)?

GRADES

We will be using (RAD) for many of the questions in this section.

SKIP 572-78
579-80:05

D. PARTICIPATION

D1a. Since (RAD), have you ever attended classes or gotten assistance that lasted for a few weeks on preparing resumes and job applications, or calling employers? This activity is sometimes called "job club" or "job search."

- 608 1 YES
2 NO → SKIP TO D2a

D1b. Did you participate in a Job Club or Job Search activity in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 9 1 YES
2 NO → SKIP TO D2a

D1c. Since (MONTH/YEAR OF PREVIOUS YEAR), for how many weeks did you go to Job Club or Job Search?

_____ OR
NUMBER₁₀₋₁₁

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE WEEK

D2a. Since (RAD), have you ever taken part in ESL classes, that is, English as a Second Language?

- 12 1 YES
2 NO → SKIP TO D3a

D2b. Did you participate in ESL classes in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 13 1 YES
2 NO → SKIP TO D3a

D2c. Since (MONTH/YEAR OF PREVIOUS YEAR), for how many months did you take ESL classes?

_____ OR
NUMBER₁₄₋₁₅

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE MONTH

⁶
D3a. Since (RAD), have you ever taken part in any Adult Basic Education (ABE) classes, that is, classes for improving your basic reading and math skills, or GED classes to help you prepare for the GED test, or classes to prepare for a regular high school diploma?

- 616 1 YES
2 NO → SKIP TO D4a

D3b. Did you take ABE, GED, or high school classes in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 17 1 YES
2 NO → SKIP TO D4a

D3c. Since (MONTH/YEAR OF PREVIOUS YEAR), for how many months did you take ABE, GED, or high school classes?

_____ OR
NUMBER¹⁸⁻¹⁹

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE MONTH

D4a. Since (RAD), have you ever taken any college courses? This would include courses at community, two-year, and four-year colleges.

- 20 1 YES
2 NO → SKIP TO D5a

D4b. Did you take any classes for credit toward an associate's or bachelor's degree?

- 21 1 YES
2 NO → SKIP TO D5a

D4c. My next questions are about only those courses you took for credit towards an associate's or bachelor's degree. Did you take any of these college courses in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 22 1 YES
2 NO → SKIP TO D5a

D4d. Since (MONTH/YEAR OF PREVIOUS YEAR), how many months did you take these college courses?

_____ OR
NUMBER²³⁻²⁴

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE MONTH

⁶
D5a. Since (RAD), has a special government program, such as (JOBS PROGRAM NAME), JTPA, or PIC, ever given you any unpaid job so that you could get some experience working or as a requirement for getting AFDC?

- 625 1 YES
2 NO → SKIP TO D6a

D5b. Did you work at an unpaid job in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 26 1 YES
2 NO → SKIP TO D6a

D5c. Since (MONTH/YEAR OF PREVIOUS YEAR), for how many months did you work at an unpaid job?

_____ OR
NUMBER₂₇₋₂₈

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE MONTH

D6a. Since (RAD), have you ever had a paid job in which a portion of your wages was paid for by (JOBS PROGRAM NAME), JTPA, or another program or agency?

- 29 1 YES
2 NO → SKIP TO D7a

D6b. Did you have such a position in the last year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

- 30 1 YES
2 NO → SKIP TO D7a

D6c. Since (MONTH/YEAR OF PREVIOUS YEAR), for how many months did you work at any position like this?

_____ OR
NUMBER₃₁₋₃₂

94 CHECK BOX IF AT LEAST ONE DAY
BUT LESS THAN ONE MONTH

E. EDUCATIONAL ATTAINMENT

E1. Do you have:		IF E1 = YES, ASK:
		E2. When did you receive it?
a. a trade license? ⁶⁶⁰	1 YES _____ 2 NO	____ / ____ ⁶¹⁻⁶⁴ MONTH / YEAR
b. a GED certificate? ⁶⁵	1 YES _____ 2 NO	____ / ____ ⁶⁶⁻⁶⁹ MONTH / YEAR
c. a high school diploma? ⁷⁰	1 YES _____ 2 NO	____ / ____ ⁷¹⁻⁷⁴ MONTH / YEAR

SKIP 675-78
679-80:06

INTERVIEWER: IF R HAS A HIGH SCHOOL DIPLOMA OR A GED, GO TO E1d.
OTHERWISE, SKIP TO SECTION F.

d. an associate's degree ⁷⁰⁸	1 YES _____ 2 NO	____ / ____ ⁹⁻¹² MONTH / YEAR
e. a bachelor's degree ¹³	1 YES _____ 2 NO → SKIP TO E3	____ / ____ ¹⁴⁻¹⁷ MONTH / YEAR
f. a graduate degree ¹⁸	1 YES _____ 2 NO → SKIP TO SECTION F	____ / ____ ¹⁹⁻²² MONTH / YEAR (SKIP TO SECTION F)

E3. Since (RAD), have you earned any credits toward (an associates's or) a bachelor's degree?

- ²³ 1 YES
2 NO

F. EMPLOYMENT

The next few questions are about your current or most recent job. Now, thinking of the time from (RAD) until today:

F1. Have you worked for pay at all? Please don't count unpaid work experience.

- 724 1 YES → ASK F2
- 2 NO →

F1a. A lot of people have irregular jobs or do other things on the side to make ends meet. Have you done any jobs like that for pay since (RAD)?

- 25 1 YES → ASK F2
- 2 NO → SKIP TO F26

F2. Are you currently working for pay?

- 26 1 YES
- 2 YES, CURRENTLY ON LEAVE
- 3 NO → SKIP TO F5
- 4 LAID OFF → SKIP TO F5

F3. How many jobs do you currently have? SELF EMPLOYMENT COUNTS AS ONE JOB.

_____ NUMBER₂₇₋₂₈ → IF ONE JOB, SKIP TO F5

F4. For whom do you work the most hours?

_____ EMPLOYER'S NAME → SKIP TO F6

F5. Please tell me where you (work/worked last). What is the name of the place where you work(ed)?

_____ EMPLOYER'S NAME

7, 8
F11. How much in total (are/were) you earning (now/just before you left), before taxes and other deductions (are/were) taken out? Please include tips, commissions, and regular overtime pay. EXCLUDE VALUE OF BARTER SITUATIONS IN ANSWER.

\$ _____ OR
EARNINGS⁷⁶⁷⁻⁶⁶

1 CHECK BOX IF R IS PAID ONLY IN BARTER AND SKIP TO F14a. IN THE SHADED BOX.
66

F12. Just to confirm, was the amount you gave me before or after taxes and other deductions were taken out?

67 1 BEFORE
2 AFTER

F13. (Is/Was) that amount paid to you: READ ALL OPTIONS.

68-69 01 per hour,
02 per day
03 per week,
04 every two weeks,
05 twice a month,
06 once a month,
07 yearly, or
08 some other way?
SPECIFY: _____

F13a. How many days per week (do/did) you work?

NUMBER OF DAYS⁷⁰⁻⁷¹

SKIP 72-78
79-80:07

F14. Sometimes people get paid in goods or barter, or in reduced expenses instead of, or in addition to, their regular pay. (Does/Did) your job pay you anything this way? Please do not include discounts on purchases from your employer.

808 1 YES
2 NO

F14a. What do you think that payment was worth in dollars? For what time period is that?

\$ _____ PER _____
9-17 ESTIMATED VALUE 18-19 TIME PERIOD

F15. (Does/Did) your employer offer you:

	YES	NO
sick days with pay?	1	2
paid vacation?	1	2

820

21

F16. (Does/Did) your employer offer you a health plan or medical insurance?

- 22 1 YES →
2 NO

F16a. (Did you/Will you) accept your employer's health plan or medical insurance?	
23	1 YES 2 NO

F17. Altogether, how much (do/did) you spend, per week, on transportation to and from your job? Please don't include any expenses that (are/were) paid or reimbursed by someone else.

\$ _____
AMOUNT²⁴⁻³²

IF NOT CURRENTLY EMPLOYED (F2 = "NO" or "LAID OFF"), SKIP TO F20
--

F18. How do you usually get to this job? Do you: (CIRCLE ALL THAT APPLY)

- 33 1 drive your own car,
34 2 walk,
35 3 get a ride with someone
36 4 ride a bus or other public transportation, or
37 5 get there some other way? SPECIFY: _____⁽³⁹⁻⁴²⁾
38 6 R WORKS AT HOME → SKIP TO F20

F19. How many minutes does it usually take you to get to this job? That is, how long does it take you to travel from your front door to the door of your work, one way? CONVERT ALL RESPONSES TO MINUTES.

_____⁴³⁻⁴⁵
MINUTES

F20. (Do/Did) you have any children you (are/were) responsible for (while you are/at the time you were) working at your (current/most recent) job? I'm only interested in children who (are/were) younger than age 13 and living with you (now/at the time).

- 46 1 YES
2 NO → SKIP TO F23

⁸
F21. (Do you have/Did you have) any child care arrangements for those children while you (are/were) working?

847

- 1 YES
- 2 NO → SKIP TO F23

F22. Altogether, how much (do/did) you usually pay, per week, for child care out of your own pocket when you (are/were) working, counting all of the arrangements you (have/had) for all the children younger than age 13? Please don't include any expenses that (are/were) paid or reimbursed by someone else.

\$ _____
AMOUNT ⁴⁸⁻⁵⁶

F23. How many full- and part-time jobs have you had in the past year, that is, since (MONTH/YEAR OF PREVIOUS YEAR)?

⁵⁷⁻⁵⁸
NUMBER OF JOBS

IF EMPLOYED NOW (F2 = "YES" OR "CURRENTLY ON LEAVE") SKIP TO F26.		
IF NOT EMPLOYED NOW (F2 = "NO" OR "LAID OFF"), CONTINUE		
F24. When you left your most recent job:		
⁵⁹ ↓	<ul style="list-style-type: none"> 1 did you quit, 2 were you laid off, 3 were you fired, or 4 did the job end? → SKIP TO F26 7 DON'T KNOW 8 REFUSED 	
F25. Why did you quit? What else? IF MORE THAN ONE REASON, ASK: Which of these is the most important reason? CHECK ONLY ONE BOX		
REASON FOR QUITTING:		CHECK MOST IMPORTANT. CHECK ONLY ONE.
1.	<small>60-61</small>	<input type="checkbox"/> 1 <small>66</small>
2.	<small>62-63</small>	<input type="checkbox"/> 2
3.	<small>64-65</small>	<input type="checkbox"/> 3

⁸
F26. Since (RAD), was there ever a time when someone wanted to hire you and you decided not to take the job?

- 867 1 YES
2 NO → SKIP TO SECTION G

F27. Think about the last time you turned down a job offer. What were the main reasons you didn't take the job? What else? IF MORE THAN ONE REASON ASK: Which one of these is the most important reason? CHECK ONLY ONE BOX

REASON FOR NOT TAKING JOB:		CHECK MOST IMPORTANT. CHECK ONLY ONE.
1.	68-69	<input type="checkbox"/> 1 74
2.	70-71	<input type="checkbox"/> 2
3.	72-73	<input type="checkbox"/> 3

SKIP 875-78
79-80:08

G. TRANSITIONAL BENEFITS AND CHILD CARE

INTERVIEWER: HAS R EVER WORKED SINCE RAD?

- 1 YES → CONTINUE
2 NO → SKIP TO H1

G1. At any time since (RAD), did you stop getting AFDC, that is, Aid to Families with Dependent Children, because you got a new job or your earnings increased at your old job?

- 908 1 YES
2 NO → SKIP TO H1

G2. While you were employed, were you or your spouse or children covered by (Medicaid/MediCal) even after you stopped getting cash aid from AFDC? IF DON'T KNOW, PROBE: Did you or they have a valid (Medicaid/MediCal) card at the time?

- 9 1 YES
2 NO
7 DON'T KNOW

G3. After you stopped getting cash aid from AFDC, were any of your children under 13 in any kind of child care arrangements — for example, a baby sitter or day care whether you had to pay for it or not?

- 10 1 YES
2 NO
7 DON'T KNOW → SKIP TO H1

G4. Did (LOCAL JOBS PROGRAM) or the welfare department pay for any of the cost of that child care?

- 11 1 YES
2 NO
7 DON'T KNOW

H. AFDC RECEIPT

H1. Between January 1996 and today, did you or your children ever receive AFDC, that is, Aid to Families with Dependent Children?

- 912 1 YES
- 2 NO → SKIP TO I-1

H2. INTERVIEWER: PLACE A LINE THROUGH CURRENT MONTH ON THE CHART BEFORE RECORDING INFORMATION. FOR EXAMPLE, IF THE CURRENT MONTH IS JANUARY 98, YOU WOULD PLACE A LINE THROUGH JANUARY 98.

H2a. Have you received AFDC continuously from January 1996 through (LAST MONTH)?

- 73 1 YES → CIRCLE "YES" FOR ALL MONTHS FROM JANUARY 1996 THROUGH (LAST MONTH) AND THEN GO TO I-1
- 2 NO

H2b. What months during this time did you receive an AFDC check? Please tell me "yes, you received" or "no, you did not receive AFDC" as I read off the months starting with January 1996. CIRCLE RESPONSE FOR EACH MONTH. Did you receive AFDC in:

1996			1997			1998			1999		
	Yes	No		Yes	No		Yes	No		Yes	No
Jan/01	1	2 ¹⁴	Jan/01	1	2 ²⁶	Jan/01	1	2 ³⁸	Jan/01	1	2 ⁵⁰
Feb/02	1	2 ¹⁵	Feb/02	1	2 ²⁷	Feb/02	1	2 ³⁹	Feb/02	1	2 ⁵¹
Mar/03	1	2 ¹⁶	Mar/03	1	2 ²⁸	Mar/03	1	2 ⁴⁰	Mar/03	1	2 ⁵²
Apr/04	1	2 ¹⁷	Apr/04	1	2 ²⁹	Apr/04	1	2 ⁴¹	Apr/04	1	2 ⁵³
May/05	1	2 ¹⁸	May/05	1	2 ³⁰	May/05	1	2 ⁴²	May/05	1	2 ⁵⁴
Jun/06	1	2 ¹⁹	Jun/06	1	2 ³¹	Jun/06	1	2 ⁴³	Jun/06	1	2 ⁵⁵
Jul/07	1	2 ²⁰	Jul/07	1	2 ³²	Jul/07	1	2 ⁴⁴	Jul/07	1	2 ⁵⁶
Aug/08	1	2 ²¹	Aug/08	1	2 ³³	Aug/08	1	2 ⁴⁵	Aug/08	1	2 ⁵⁷
Sep/09	1	2 ²²	Sep/09	1	2 ³⁴	Sep/09	1	2 ⁴⁶	Sep/09	1	2 ⁵⁸
Oct/10	1	2 ²³	Oct/10	1	2 ³⁵	Oct/10	1	2 ⁴⁷	Oct/10	1	2 ⁵⁹
Nov/11	1	2 ²⁴	Nov/11	1	2 ³⁶	Nov/11	1	2 ⁴⁸	Nov/11	1	2 ⁶⁰
Dec/12	1	2 ²⁵	Dec/12	1	2 ³⁷	Dec/12	1	2 ⁴⁹	Dec/12	1	2 ⁶¹

I. HOUSEHOLD COMPOSITION

I-1. Now I'd like to ask some questions about you and your household. Have you ever been married?

- 962 1 YES
2 NO → SKIP TO I-3

I-2. In (PRIOR MONTH), were you:

- 63 1 married and living with your husband, _____ → SKIP TO I-4
2 separated or living apart from your husband,
3 divorced, or
4 widowed?

I-3. In (PRIOR MONTH), were you living as a couple with a boyfriend or partner?

- 64 1 YES
2 NO
7 DON'T KNOW

I-4. Do you:

- 65-66 01 own your home,
02 rent your home/room,
03 live with family or friends and not pay rent,
04 live with family or friends and contribute part of the rent,
05 live in a group shelter, or
06 live in some other housing arrangement? SPECIFY: _____
07 JAIL
08 HOMELESS
09 ALONE AND RENT FREE

I-5. Have you moved at all since (RAD)?

- 67 1 YES
2 NO → SKIP TO I-8

I-6. Did you move more than once?

- 68 1 YES
2 NO

⁹
I-7. Why did you move (the last time)? Why else? RECORD REASON BELOW. IF MORE THAN ONE REASON, ASK: Which one of these is the most important reason? CHECK ONLY ONE BOX.

REASONS FOR MOVING		CHECK MOST IMPORTANT. CHECK ONLY ONE.
1.	<i>969-70</i>	<input type="checkbox"/> 1 <i>75</i>
2.	<i>71-72</i>	<input type="checkbox"/> 2
3.	<i>73-74</i>	<input type="checkbox"/> 3

SKIP 976-78
79-80:09

INTERVIEWER: ASK I-8 THEN I-9 FOR EACH HOUSEHOLD MEMBER. AFTER ALL MEMBERS ARE LISTED, ASK I-10.

- I-9.
- 00 RESPONDENT
 - 01 SPOUSE/PARTNER
 - 02 SON
 - 03 DAUGHTER
 - 04 FATHER
 - 05 MOTHER
 - 06 BROTHER
 - 07 SISTER
 - 08 GRANDFATHER
 - 09 GRANDMOTHER
 - 10 UNCLE
 - 11 AUNT
 - 12 COUSIN
 - 13 NEPHEW
 - 14 NIECE
 - 15 OTHER ADULT MALE RELATIVE OR IN-LAW
 - 16 OTHER ADULT FEMALE RELATIVE OR IN-LAW
 - 17 UNRELATED MALE ADULT
 - 18 UNRELATED FEMALE ADULT
 - 19 UNRELATED MALE CHILD
 - 20 UNRELATED FEMALE CHILD
 - 21 GRANDSON
 - 22 GRANDDAUGHTER

I-8. My next questions are about the people in your household who have stayed here at least two nights a week during (PRIOR MONTH). Please tell me first names only. START WITH "a."

	HOUSEHOLD MEMBER FIRST NAME:	(ASK RELATIONSHIP FOR EACH PERSON MENTIONED.)	RELATIONSHIP
a. First, let me write you in.		a. DO NOT WRITE IN THIS SPACE →	00 1008-9
b. Now, who is the youngest person who stayed here at least two nights a week?		b. How is he or she related to you?	10-11
c. Who is the next older person who stayed here at least two nights a week?		c. How is he or she related to you?	12-13
d. Who is the next older person who stayed here at least two nights a week?		d. How is he or she related to you?	14-15
e. Who is the next older person who stayed here at least two nights a week?		e. How is he or she related to you?	16-17
f. Who is the next older person who stayed here at least two nights a week?		f. How is he or she related to you?	18-19
g. Who is the next older person who stayed here at least two nights a week?		g. How is he or she related to you?	20-21
h. Who is the next older person who stayed here at least two nights a week?		h. How is he or she related to you?	22-23
i. Who is the next older person who stayed here at least two nights a week?		i. How is he or she related to you?	24-25
j. Who is the next older person who stayed here at least two nights a week?		j. How is he or she related to you?	26-27
k. Who is the next older person who stayed here at least two nights a week?		k. How is he or she related to you?	28-29
l. Who is the next older person who stayed here at least two nights a week?		l. How is he or she related to you?	30-31

I-10. I will read the list we have made, and you tell me if anyone who stayed here at least two nights per week during (PRIOR MONTH) is missing. READ NAMES. CORRECT AS NEEDED, THEN GO TO J-1.

J. SOURCES OF INCOME

J1. Now I have some questions about the various sources of income your household may receive. Again, I want to assure you that none of your answers will be discussed with anyone. In (PRIOR MONTH) did you or anyone else in your household have a job?

1032 1 YES
2 NO →

J1a. A lot of people have irregular jobs or do other things on the side to make ends meet. Have you or has anyone else in your household had any jobs like that for pay in (PRIOR MONTH)?

33 1 YES
2 NO → SKIP TO J2.

J1b. Did you have a job? CIRCLE ANSWER ON GRID BELOW.

J1c. Did anyone else in your household have a job? CIRCLE ANSWER ON GRID BELOW.

J1d. FOR EACH "YES" IN J1b/c ON THE GRID: During (PRIOR MONTH) how much did (you/all of the other people in your household) earn in total before taxes and other deductions were taken out? ROUND TO NEAREST DOLLAR. READ J1e IF AMOUNT IS UNKNOWN.

WHO HAD A JOB?			J1d. EARNINGS	J1e. Do you think it was:
J1b.	RESPONDENT	34 1 YES 2 NO	Amount \$ _____ 35-40 IF DON'T KNOW →	1 \$400 or less 41 2 \$401 to \$600 3 \$601 to \$1000, or 4 more than \$1000?
J1c.	OTHERS IN HOUSEHOLD	42 1 YES 2 NO	Amount \$ _____ 43-48 IF DON'T KNOW →	1 \$400 or less 49 2 \$401 to \$600 3 \$601 to \$1000, or 4 more than \$1000?

¹⁰
J2. In (PRIOR MONTH), did you or anyone else in your household receive any benefits from AFDC, or Aid to Families with Dependent Children?

1050

- 1 YES
- 2 NO → SKIP TO J3.

J2a. Did you receive AFDC? CIRCLE ANSWER ON GRID BELOW.

J2b. Did anyone else in your household receive AFDC? CIRCLE ANSWER ON GRID BELOW.

J2c. FOR EACH "YES" IN J2a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive from AFDC? ROUND TO NEAREST DOLLAR. READ J2d IF AMOUNT IS UNKNOWN.

WHO RECEIVED AFDC?			J2c. AMOUNT	J2d. Do you think it was:
J2a.	RESPONDENT	⁵¹	1 YES 2 NO Amount \$ _____ <small>52-57</small> IF DON'T KNOW →	1 \$250 or less ⁵⁸ 2 \$251 to \$350 3 \$351 to \$500, or 4 more than \$500?
J2b.	OTHERS IN HOUSEHOLD	⁵⁹	1 YES 2 NO Amount \$ _____ <small>60-65</small> IF DON'T KNOW →	1 \$250 or less ⁶⁶ 2 \$251 to \$350 3 \$351 to \$500, or 4 more than \$500?

^{10, 11}
J3. In (PRIOR MONTH), did you or anyone else in your household receive any **Food Stamps**?

- ¹⁰⁶⁷ 1 YES
 2 NO → SKIP TO J4.

J3a. Did you receive Food Stamps? CIRCLE ANSWER ON GRID BELOW.

J3b. Did anyone else in your household receive Food Stamps? CIRCLE ANSWER ON GRID BELOW.

J3c. FOR EACH "YES" IN J3a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive in Food Stamps? ROUND TO NEAREST DOLLAR. READ J3d IF AMOUNT IS UNKNOWN.

WHO RECEIVED FOOD STAMPS?		J3c. AMOUNT	J3d. Do you think it was:
J3a.	RESPONDENT ⁶⁸	1 YES 2 NO Amount \$ _____ ⁶⁹⁻⁷⁴ IF DON'T KNOW →	1 \$100 or less ⁷⁵ 2 \$101 to \$150 3 \$151 to \$200, or 4 more than \$200?
J3b.	OTHERS IN HOUSEHOLD ¹¹⁰⁸	1 YES 2 NO Amount \$ _____ ⁹⁻¹⁴ IF DON'T KNOW →	1 \$100 or less ¹⁵ 2 \$101 to \$150 3 \$151 to \$200, or 4 more than \$200?

SKIP
 1076-78
 79-80:10

¹¹
J4. In (PRIOR MONTH), did you or anyone else in your household receive any income from **child support**?

- 1116 1 YES
 2 NO → SKIP TO J5.

J4a. Did you receive child support? CIRCLE ANSWER ON GRID BELOW.

J4b. Did anyone else in your household receive child support? CIRCLE ANSWER ON GRID BELOW.

J4c. FOR EACH "YES" IN J4a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive from child support? ROUND TO NEAREST DOLLAR. READ J4d IF AMOUNT IS UNKNOWN.

WHO RECEIVED CHILD SUPPORT?		J4c. AMOUNT	J4d. Do you think it was:
J4a.	RESPONDENT ¹⁷	1 YES 2 NO Amount \$ _____ ¹⁸⁻²³ IF DON'T KNOW →	1 \$100 or less ²⁴ 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?
J4b.	OTHERS IN HOUSEHOLD ²⁵	1 YES 2 NO Amount \$ _____ ²⁶⁻³¹ IF DON'T KNOW →	1 \$100 or less ³² 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?

¹¹
J5. In (PRIOR MONTH), did you or anyone else in your household receive any kind of **pension**, through Social Security or through a private source?

- 1133 1 YES
 2 NO → SKIP TO J6.

J5a. Did you receive a pension? CIRCLE ANSWER ON GRID BELOW.

J5b. Did anyone else in your household receive a pension? CIRCLE ANSWER ON GRID BELOW.

J5c. FOR EACH "YES" IN J5a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive from a pension? ROUND TO NEAREST DOLLAR. READ J5d IF AMOUNT IS UNKNOWN.

WHO RECEIVED A PENSION?		J5c. AMOUNT		J5d. Do you think it was:
J5a.	RESPONDENT ³⁴	1 YES 2 NO	Amount \$ _____ ³⁵⁻⁴⁰ IF DON'T KNOW →	1 \$100 or less ⁴¹ 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?
J5b.	OTHERS IN HOUSEHOLD ⁴²	1 YES 2 NO	Amount \$ _____ ⁴³⁻⁴⁸ IF DON'T KNOW →	1 \$100 or less ⁴⁹ 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?

¹¹
 J6. In (PRIOR MONTH), did you or anyone else in your household receive **disability income** through Supplemental Security Income or SSI, Social Security, or some other source?

- 1150 1 YES
 2 NO → SKIP TO J7.

J6a. Did you receive disability income? CIRCLE ANSWER ON GRID BELOW.

J6b. Did anyone else in your household receive disability income? CIRCLE ANSWER ON GRID BELOW.

J6c. FOR EACH "YES" IN J6a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive from disability income? ROUND TO NEAREST DOLLAR. READ J6d IF AMOUNT IS UNKNOWN.

WHO RECEIVED DISABILITY INCOME?		J6c. AMOUNT	J6d. Do you think it was:
J6a.	RESPONDENT 51	1 YES 2 NO Amount \$ _____ <small>52-57</small> IF DON'T KNOW →	1 \$100 or less 58 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?
J6b.	OTHERS IN HOUSEHOLD 59	1 YES 2 NO Amount \$ _____ <small>60-65</small> IF DON'T KNOW →	1 \$100 or less 66 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?

^{11, 12}
J7. In (PRIOR MONTH), did you or anyone else in your household receive any income or benefits from **any other source**?

- 1167 1 YES
 2 NO → SKIP TO J8

J7a. Did you receive any other sources of income? CIRCLE ANSWER ON GRID BELOW.

J7b. Did anyone else in your household receive any other sources of income? CIRCLE ANSWER ON GRID BELOW.

J7c. FOR EACH "YES" IN J7a/b ON THE GRID BELOW: Altogether, during (PRIOR MONTH), how much did (you/all of the other people in your household) receive from all of the other sources of income? ROUND TO NEAREST DOLLAR. READ J7d IF AMOUNT IS UNKNOWN.

WHO RECEIVED OTHER SOURCES OF INCOME?		J7c. AMOUNT	J7d. Do you think it was:
J7a. RESPONDENT ⁶⁸	1 YES 2 NO	Amount \$ _____ ⁶⁹⁻⁷⁴ IF DON'T KNOW →	1 \$100 or less ⁷⁵ 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?
J7b. ALL OTHERS IN HOUSEHOLD ¹²⁰⁸	1 YES 2 NO	Amount \$ _____ ⁹⁻¹⁴ IF DON'T KNOW →	1 \$100 or less ¹⁵ 2 \$101 to \$200 3 \$201 to \$300 4 \$301 to \$400 5 \$401 to \$500, or 6 more than \$500?

SKIP
 1176-78
 79-80:11

¹²
J8. The federal government has a special rule that allows working parents who make less than approximately \$25,000 a year to pay lower income taxes. It's called the Earned Income Tax Credit or EITC. Have you ever heard of it?

- 1216 1 YES
2 NO
7 DON'T KNOW
- SKIP TO K1

J9. Did you use it on your most recent federal tax return?

- 17 1 YES
2 NO
7 DON'T KNOW
-

K. NON-CASH BENEFITS

K1. Do you live in public housing, that is, housing owned or operated by a local housing authority or other government agency?

- 1218 1 YES
2 NO
7 DON'T KNOW

K2. Does your household pay less rent because the government pays for part of it, such as in Section 8 housing?

- 19 1 YES
2 NO
7 DON'T KNOW

K3. I am now going to ask some questions about health insurance coverage for you.

In (PRIOR MONTH) were you covered by (Medicaid/MediCal)?

- 20 1 YES
2 NO

K4. In (PRIOR MONTH) were you covered by any kind of private health insurance?

- 21 1 YES
2 NO
7 DON'T KNOW

L. CHILD OUTCOMES

INTERVIEWER: IS THE FOCAL DATE THE SAME AS THE RAD DATE?

- 1 YES → SKIP TO L1 ON NEXT PAGE
- 2 NO → READ TEXT BELOW

a. I will now be asking you about the time period from (FOCAL DATE) to today. This is a different time period from what I asked you about before.

Do you recall the last time we interviewed you for this project?

- 1 YES
- 2 NO

b. We last interviewed you in (FOCAL DATE). Do you recall where you were living then? Where was that?

PLACE

THIS AREA IS INTENTIONALLY LEFT BLANK.

My next questions are about your own children.

- L1. How many children do you have? Please count birth children, legally adopted, and step children, whether or not they live with you.

NUMBER¹²²²⁻²³

IF NUMBER OF LIVING CHILDREN IS 0 (ZERO) THEN
SKIP TO SECTION M.

- L2. IF ONE CHILD: What is his or her name? RECORD NAME ON TOP OF GRID.

IF MORE THAN ONE CHILD: What are their names? Let's start with the youngest Who is the next oldest? RECORD CHILDREN'S NAMES ON TOP OF GRID.

- L3. I've listed (READ NAMES RECORDED). Is that all of your children, including any who do not live with you?

- 1 YES → SKIP TO L4.
2 NO → What are their names? RECORD ADDITIONAL NAMES ON TOP OF GRID.

L4. INTERVIEWER: IF THIS R HAS A FOCAL CHILD, CIRCLE THE 1 ON TOP OF GRID TO SHOW WHICH CHILD IT IS.

- L5. FOR EACH CHILD: What is (READ CHILD'S NAME) birth date? RECORD DOB ON TOP GRID [MM/DD/YY].

L6. Since (FOCAL DATE), (has your child/have any of your children) had an accident, injury, or poisoning requiring a visit to a hospital emergency room or clinic?

- 24 1 YES → Which child was that? RECORD YES OR NO FOR EACH CHILD.
Who else?
2 NO
7 DK

L7. Since (FOCAL DATE), (has your child/have any of your children) not lived with you because you couldn't care for (him/her/them)?

- 25 1 YES → Which child was that? RECORD ON GRID. Who else?
2 NO
7 DK

FOCAL CHILD 1 1226	FOCAL CHILD 1 1229	FOCAL CHILD 1 1232	FOCAL CHILD 1 1235	FOCAL CHILD 1 1238	FOCAL CHILD 1 1241	FOCAL CHILD 1 1244	FOCAL CHILD 1 1247
27 1 YES 2 NO 7 DK	30 1 YES 2 NO 7 DK	33 1 YES 2 NO 7 DK	36 1 YES 2 NO 7 DK	39 1 YES 2 NO 7 DK	42 1 YES 2 NO 7 DK	45 1 YES 2 NO 7 DK	48 1 YES 2 NO 7 DK
28 1 YES 2 NO 7 DK	31 1 YES 2 NO 7 DK	34 1 YES 2 NO 7 DK	37 1 YES 2 NO 7 DK	40 1 YES 2 NO 7 DK	43 1 YES 2 NO 7 DK	46 1 YES 2 NO 7 DK	49 1 YES 2 NO 7 DK

1250

1253

51

54

52

55

¹²
L8. (Has your child/Have any of your children) attended kindergarten, first grade, or a higher grade in school?

- 1256 1 YES → Which child was that? RECORD ON GRID. Who else?
2 NO → SKIP TO L12.
7 DK

L9. Since (FOCAL DATE), (has this child/have any of these children) repeated a grade for any reason?

- 57 1 YES → Which child was that? RECORD ON GRID. Who else?
2 NO
7 DK

L10. Since (FOCAL DATE), (has this child/have any of these children) ever been suspended, excluded, or expelled from school?

- 58 1 YES → Which child was that? RECORD ON GRID. Who else?
2 NO
7 DK

L11. (Has this child/Have any of these children) ever dropped out of school?

- 59 1 YES → Which child was that? RECORD ON GRID. Who else?
2 NO → SKIP TO L12
7 DK

L11a. FOR EACH CHILD MARKED YES IN L11: Did (READ CHILD'S NAME) return to school after dropping out?

MARK COLUMNS ONLY FOR THOSE WHO DROPPED OUT, THAT IS, THOSE COLUMNS WITH YES IN L11.

L12. (Does your child/Do any of your children) go to a special class or special school, or get special help in school for any physical, emotional, or mental condition?

- 60 1 YES → Which child is that? RECORD ON GRID. Who else?
2 NO
7 DK

L13. (Does your child/Do any of your children) have a physical, emotional, or mental condition that demands a lot of your attention and makes it hard for you to go to school or work?

- 61 1 YES → Which child is that? RECORD ON GRID. Who else?
2 NO
7 DK

12 13	1262 1 YES 2 NO 7 DK	1269 1 YES 2 NO 7 DK	1276 1 YES 2 NO 7 DK	1312 1 YES 2 NO 7 DK	1319 1 YES 2 NO 7 DK	1326 1 YES 2 NO 7 DK	1333 1 YES 2 NO 7 DK	1340 1 YES 2 NO 7 DK
	63 1 YES 2 NO 7 DK	70 1 YES 2 NO 7 DK	77 1 YES 2 NO 7 DK	13 1 YES 2 NO 7 DK	20 1 YES 2 NO 7 DK	27 1 YES 2 NO 7 DK	34 1 YES 2 NO 7 DK	41 1 YES 2 NO 7 DK
	64 1 YES 2 NO 7 DK	71 1 YES 2 NO 7 DK	78 1 YES 2 NO 7 DK 79-80:12	14 1 YES 2 NO 7 DK	21 1 YES 2 NO 7 DK	28 1 YES 2 NO 7 DK	35 1 YES 2 NO 7 DK	42 1 YES 2 NO 7 DK
	65 1 YES 2 NO 7 DK	72 1 YES 2 NO 7 DK	1308 1 YES 2 NO 7 DK	15 1 YES 2 NO 7 DK	22 1 YES 2 NO 7 DK	29 1 YES 2 NO 7 DK	36 1 YES 2 NO 7 DK	43 1 YES 2 NO 7 DK
	66 1 YES 2 NO 7 DK	73 1 YES 2 NO 7 DK	9 1 YES 2 NO 7 DK	16 1 YES 2 NO 7 DK	23 1 YES 2 NO 7 DK	30 1 YES 2 NO 7 DK	37 1 YES 2 NO 7 DK	44 1 YES 2 NO 7 DK
	67 1 YES 2 NO 7 DK	74 1 YES 2 NO 7 DK	10 1 YES 2 NO 7 DK	17 1 YES 2 NO 7 DK	24 1 YES 2 NO 7 DK	31 1 YES 2 NO 7 DK	38 1 YES 2 NO 7 DK	45 1 YES 2 NO 7 DK
	68 1 YES 2 NO 7 DK	75 1 YES 2 NO 7 DK	11 1 YES 2 NO 7 DK	18 1 YES 2 NO 7 DK	25 1 YES 2 NO 7 DK	32 1 YES 2 NO 7 DK	39 1 YES 2 NO 7 DK	46 1 YES 2 NO 7 DK

1347
1364
48
55
49
56
50
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51
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52
59
53
60

L14. (Does your child/Do any of your children) have a physical, emotional, or mental condition that requires frequent medical attention, frequent use of medication, or the use of any special equipment such as a wheelchair or a breathing mask? DO NOT INCLUDE EYEGLASSES.

- 1361 1 YES → Which child is that? RECORD ON GRID. Who else?
 2 NO
 7 DK

L15. I am now going to ask you some questions about health insurance coverage for (your child/your children). Were there any periods since (FOCAL DATE) when (your child was/any of your children were) not covered by health insurance or (Medicaid/MediCal)?

- 62 1 YES → Which child was not covered? RECORD ON GRID. Who else?
 2 NO
 7 DK

L16. In (PRIOR MONTH), (was your child/were any of your children) covered by (Medicaid/MediCal)?

- 63 1 YES → Which child was covered? RECORD ON GRID. Who else?
 2 NO
 7 DK

L17. In (PRIOR MONTH), (was your child/ were any of your children) covered by any kind of private insurance?

- 64 1 YES → Which child was covered? RECORD ON GRID. Who else?
 2 NO
 7 DK

L18. (Has your child/Have any of your children) had a baby?

- 65 1 YES → Which child was that? RECORD ON GRID. Who else?
 2 NO → SKIP TO SECTION M
 7 DK

L18a. FOR EACH CHILD MARKED YES IN L18: How old was (READ CHILD'S NAME) when he or she had his or her first baby?

RECORD AGES IN COLUMNS ONLY FOR THOSE WHO HAD A CHILD, THAT IS, THOSE COLUMNS WITH A YES IN L18.

13
14
15

CHILD 1: NAME	CHILD 2: NAME	CHILD 3: NAME	CHILD 4: NAME	CHILD 5: NAME	CHILD 6: NAME	CHILD 7: NAME	CHILD 8: NAME
DOB: / /	DOB: / /	DOB: / /	DOB: / /	DOB: / /	DOB: / /	DOB: / /	DOB: / /
1366-71	1408-13	1421-26	1434-39	1447-52	1508-13	1521-26	1534-39
72 1 YES 2 NO 7 DK	14 1 YES 2 NO 7 DK	27 1 YES 2 NO 7 DK	40 1 YES 2 NO 7 DK	53 1 YES 2 NO 7 DK	14 1 YES 2 NO 7 DK	27 1 YES 2 NO 7 DK	40 1 YES 2 NO 7 DK
73 1 COV 2 NOT COV 7 DK	15 1 COV 2 NOT COV 7 DK	28 1 COV 2 NOT COV 7 DK	41 1 COV 2 NOT COV 7 DK	54 1 COV 2 NOT COV 7 DK	15 1 COV 2 NOT COV 7 DK	28 1 COV 2 NOT COV 7 DK	41 1 COV 2 NOT COV 7 DK
74 1 YES 2 NO 7 DK	16 1 YES 2 NO 7 DK	29 1 YES 2 NO 7 DK	42 1 YES 2 NO 7 DK	55 1 YES 2 NO 7 DK	16 1 YES 2 NO 7 DK	29 1 YES 2 NO 7 DK	42 1 YES 2 NO 7 DK
75 1 YES 2 NO 7 DK	17 1 YES 2 NO 7 DK	30 1 YES 2 NO 7 DK	43 1 YES 2 NO 7 DK	56 1 YES 2 NO 7 DK	17 1 YES 2 NO 7 DK	30 1 YES 2 NO 7 DK	43 1 YES 2 NO 7 DK
76 1 YES 2 NO 7 DK	18 1 YES 2 NO 7 DK	31 1 YES 2 NO 7 DK	44 1 YES 2 NO 7 DK	57 1 YES 2 NO 7 DK	18 1 YES 2 NO 7 DK	31 1 YES 2 NO 7 DK	44 1 YES 2 NO 7 DK
(AGE) 77-78 79-80:13	(AGE) 19-20	(AGE) 32-33	(AGE) 45-46	(AGE) 58-59 SKIP 1460-78 79-80:14	(AGE) 19-20	(AGE) 32-33	(AGE) 45-46

1547-52

1560-65

53

56

54

67

55

68

56

69

57

70

58-59

71-72

SKIP 1573-78
79-80:15

M. PERCEPTIONS OF WORK

I'm going to read some statements about work and for each one I'd like for you to tell me if you agree a lot, agree, disagree, or disagree a lot.

M1. Right now I would prefer not to work so that I can take care of my family full-time. Do you: USE EXHIBIT CARD

- 1608 1 agree a lot,
2 agree,
3 MIXED,
4 disagree, or
5 disagree a lot?
7 DK

M2. It is so inconvenient to travel to and from work that it makes it difficult for me to work. Do you: USE EXHIBIT CARD

- 9 1 agree a lot,
2 agree,
3 MIXED,
4 disagree, or
5 disagree a lot?
7 DK

M3. Finding someone I trust to take care of my children makes it difficult for me to work. Do you: USE EXHIBIT CARD

- 10 1 agree a lot,
2 agree,
3 MIXED,
4 disagree, or
5 disagree a lot?
7 DK

¹⁶
M4. My family has so many problems that it makes it difficult for me to work. Do you: USE EXHIBIT CARD

- 1611 1 agree a lot,
- 2 agree,
- 3 MIXED,
- 4 disagree, or
- 5 disagree a lot?
- 7 DK

M5. I have a health or emotional problem that makes it difficult for me to work. Do you: USE EXHIBIT CARD

- 12 1 agree a lot,
- 2 agree,
- 3 MIXED,
- 4 disagree, or
- 5 disagree a lot?
- 7 DK

M6. It is wrong to stay on welfare if you can get a job, even a job you don't like. Do you: USE EXHIBIT CARD

- 13 1 agree a lot,
- 2 agree,
- 3 MIXED,
- 4 disagree, or
- 5 disagree a lot?
- 7 DK

M7. Right now, I feel that welfare could provide for my family better than I can by working. Do you: USE EXHIBIT CARD

- 14 1 agree a lot,
- 2 agree,
- 3 MIXED,
- 4 disagree, or
- 5 disagree a lot?
- 7 DK

¹⁶
M8. When I am on welfare, I am ashamed to admit it to people. Do you: USE EXHIBIT CARD

- 1615 1 agree a lot,
- 2 agree,
- 3 MIXED,
- 4 disagree, or
- 5 disagree a lot?
- 7 DK

M9. Suppose that next month you were unemployed and someone offered you a full-time job with employer-paid full medical benefits. What is the LOWEST wage or salary per hour that the employer could offer and still get you to take the job?

\$ _____
AMOUNT PER HOUR

16-21

M10. Again, suppose that next month you were unemployed and someone offered you a full-time job with employer-paid full medical benefits. What would be a FAIR wage or salary per hour that an employer should offer to someone with your experience and skills?

\$ _____
AMOUNT PER HOUR

22-27

M11.

RECORD TIME _____ : _____ AM/PM

28-31

32

INTERVIEWER: WAS THIS INTERVIEW CONDUCTED BY PHONE OR IN PERSON?

33

- 1 IN PERSON
- 2 PHONE → ASK: Where should we send the check?

RECORD ADDRESS CHANGES ON THE CALL REPORT.

RESPONDENT INTERVIEW ENDS HERE.

INTERVIEWER ASSESSMENT

DO NOT ASK RESPONDENT

FOR FIRST SESSION ONLY:

RECORD TIME _____ : _____ AM/PM
<small>1634-37</small> <small>38</small>

- 1a. Did you observe (CHILD) and R together at any time during your visit? ENTER INTERVIEW DATE AND CIRCLE YOUR RESPONSE.

FIRST SESSION	LAST SESSION
_____ / _____ / _____ MM DD YY	_____ / _____ / _____ MM DD YY
<small>39</small> 1 Yes → CONTINUE 2 No → SKIP TO 6	<small>40</small> 1 Yes → CONTINUE 2 No → SKIP TO 6

- 1b. Have you already completed Qs. 2 - 5? ENTER INTERVIEW DATE AND CIRCLE YOUR RESPONSE.

FIRST SESSION	LAST SESSION
_____ / _____ / _____ MM DD YY	_____ / _____ / _____ MM DD YY
<small>41</small> 2 No → CONTINUE	<small>42</small> 1 Yes → SKIP TO 6 2 No → CONTINUE

2. How often did (CHILD) spontaneously make positive attempts to get (his/her) mother's attention, for example, showing mother something (he/she) was doing, wave hello or smile to her?

- 43
- 1 Not at all
 - 2 Once
 - 3 More than once, but not frequently
 - 4 Frequently
 - 5 Continuously

3. How often did (CHILD) spontaneously seek positive physical contact with (his/her) mother (such as sitting close to her)?

- 44
- 1 Not at all
 - 2 Once
 - 3 More than once, but not frequently
 - 4 Frequently
 - 5 Continuously

¹⁶ 6. Did you interview the mother today? ENTER INTERVIEW DATE AND CIRCLE YOUR RESPONSE.

FIRST SESSION	LAST SESSION
MM / DD / YY	MM / DD / YY
¹⁶⁵⁵ 1 Yes → CONTINUE	⁵⁶ 1 Yes → CONTINUE
2 No → SKIP TO 24	2 No → SKIP TO 24

7. Was the interview conducted at the respondent's home?

- ⁵⁷ 1 Yes
 2 No → Describe the interview setting: _____ ⁵⁸⁻⁵⁹

8. Did you ever see **both** the interior and exterior of the respondent's home?

- ⁶⁰ 1 Yes, both the interior and exterior
 2 No, exterior only → SKIP TO 9b
 3 No, neither the interior nor the exterior → SKIP TO 15

9. Did you observe any of the following?

	<u>YES</u>	<u>NO</u>	
a. All visible rooms of the house/apartment are minimally cluttered?	1	2	61
b. Building has potentially dangerous structural or health hazards within a school-aged child's range (e.g., falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames and heat, frayed electrical wires)?	1	2	62

10. Type of structure in which the family lives.

- ⁶³⁻⁶⁴ 01 Trailer
 02 Detached single-family house
 03 Row house (three or more units in an attached row)
 04 Two-family house, two units side-by-side or one above the other
 05 Three-to-four family house/building
 06 Apartment house (five or more units)
 07 Apartments in a partly commercial structure
 15 Other, Specify: _____

17-
11. Description of the street (one block, both sides) on which unit is found.

1708-9

- 01 Residential only
- 02 Residential, with one or two stores only
- 03 Three or more commercial properties
- 04 Rural
- 05 Trailer court
- 15 Other, Specify: _____

12. Does respondent live in a public housing project?

- 10 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 5 Not sure. Please explain: _____

13. How well kept is the exterior of the structure in which the respondent lives?

Very poorly kept, dilapidated, major repairs needed					Needs minor painting or repair, but nothing major						Very well kept and in good repair
0	1	2	3	4	5	6	7	8	9	10	

11-12

14. How well kept are the exteriors of other neighborhood structures?

Very poorly kept, dilapidated, major repairs needed					Needs minor painting or repair, but nothing major						Very well kept and in good repair
0	1	2	3	4	5	6	7	8	9	10	

13-14

15. Within one or two blocks of R's home, were there any of the following things?

	<u>YES</u>	<u>NO</u>	<u>NEVER WITHIN 1-2 BLOCKS</u>	
a. Teenagers hanging out on the street?	1	2	3	1715
b. Vacant lots?	1	2	3	16
c. Litter and garbage on the street or sidewalk?	1	2	3	17
d. Abandoned or boarded up houses or buildings?	1	2	3	18
e. Vandalism such as broken windows or graffiti?	1	2	3	19
f. Foliage/landscaping (trees, grass, plantings)?	1	2	3	20

16. Was the atmosphere in the area where the interview took place:

Extremely chaotic and noisy, disruptive to interview			Some noise and interruptions but not too disruptive to interview				Very quiet and calm, ideal for interview			
0	1	2	3	4	5	6	7	8	9	10

21-22

17. If a television was in the room or in the area where the interview took place, was it on during the interview and loud enough that it interfered with the interview?

- 23
- 1 TV interfered
 - 2 TV did not interfere
 - 3 TV not on or no TV present

18. How would you rate the respondent's social skills?

Poor, insensitive, crude, ill-mannered			Neither rude nor friendly, average				Excellent, well-mannered, perceptive, friendly			
0	1	2	3	4	5	6	7	8	9	10

24-25

17.
19. How would you describe respondent's vocabulary?

Simple, used few adult words or compound sentences, incorrect use of words			Vocabulary neither limited nor extensive, generally accurate use of words				Extensive and varied, used words appropriately			
0	1	2	3	4	5	6	7	8	9	10

1726-27

20. How would you describe respondent's weight relative to height?

Underweight, extremely thin			Average weight relative to height				Overweight, heavy			
0	1	2	3	4	5	6	7	8	9	10

28-29

21. Please rate respondent's personal hygiene.

Very great evidence of poor hygiene (matted hair, green or rotten teeth, filthy clothes or skin or odor)			Some evidence of poor hygiene (e.g., dirty clothes or face)				No evidence of poor hygiene			
0	1	2	3	4	5	6	7	8	9	10

30-31

22. Which of the following best describes respondent's expression of emotion during the interview?

- 32
- 1 No emotion or facial expression
 - 2 Positive and/or negative emotions at appropriate times
 - 3 Excessively or inappropriately emotional

¹⁷
23. Does respondent have any of the following characteristics?

	<u>YES</u>	<u>NO</u>	
a. Very hostile manner?	1	2	1733
b. Speech or language impediment, such as stuttering (enough to impair communication)?	1	2	34

24. Did you administer the Woodcock-Johnson to (CHILD) today? ENTER INTERVIEW DATE AND CIRCLE YOUR RESPONSE.

FIRST SESSION	LAST SESSION
____/____/____ MM DD YY ³⁵ 1 Yes → SKIP TO 26 2 No → CONTINUE	____/____/____ MM DD YY ³⁶ 1 Yes → SKIP TO 26 2 No → CONTINUE

25. Indicate why the Woodcock-Johnson was not administered. CIRCLE THE LOWEST CODE THAT APPLIES.

FIRST SESSION	LAST SESSION
³⁷⁻³⁸ 01 Child is not biological child 02 Child no longer lives with R 03 Child was unable to be tested because of mental or physical disability 04 R or other adult refused to allow test or stopped test 05 Child refused to be tested or stopped test 06 Child on vacation or away for extended period 07 Child not available today (temporary) 08 Child was sick/sulky/sleepy (temporary) 09 Other, specify: SKIP TO 29	³⁹⁻⁴⁰ 04 R or other adult refused to allow test or stopped test 05 Child refused to be tested or stopped test 06 Child on vacation or away for extended period 07 Child not available today (temporary) 08 Child was sick/sulky/sleepy (temporary) 09 Other, specify: STOP. YOU ARE DONE.

17
26. During (CHILD)'s testing session, was (CHILD) able to concentrate and pay attention?

Completely inattentive, unable to focus on tasks			Focused and attentive about half of testing session				Attentive for entire testing session			
0	1	2	3	4	5	6	7	8	9	10

1741-42

27. During (CHILD)'S testing session, how did (CHILD) act?

Reluctant, uncooperative			Somewhat cooperative or varied				Positive, eager			
0	1	2	3	4	5	6	7	8	9	10

43-44

28. During (CHILD)'s testing session, how adequate was the lighting?

- 45 1 Inadequate, difficult to distinguish letters or shapes
 2 Adequate to distinguish letters or shapes → SKIP TO 30

29. Did you see (CHILD) today?

- 46 1 YES
 2 NO/NOT SURE → SKIP TO 31

30. Please rate (CHILD)'s personal hygiene.

Very great evidence of poor hygiene (matted hair, green or rotten teeth, filthy clothes or skin or odor)			Some evidence of poor hygiene (e.g., dirty clothes or face)				No evidence of poor hygiene			
0	1	2	3	4	5	6	7	8	9	10

47-48

FOR FIRST SESSION ONLY

31.

RECORD TIME _____ : _____ AM/PM
49-52 53

SKIP 1754-78
 79-80:17

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PAGE
INTENTIONALLY
LEFT
BLANK

BEFORE YOU BEGIN . . . PLEASE READ THESE INSTRUCTIONS.

The questions in this survey ask you to follow instructions and use the answers provided. You will find instructions for answering with each question, in CAPITAL LETTERS in parentheses. Below are examples of the different instructions you will see and the correct way to answer each type of question.

INSTRUCTION 1: (CIRCLE ONE)

1. What is your eye color? (CIRCLE ONE)

1 BLUE

2 BROWN

3 GREEN

4 ANOTHER COLOR

IF YOUR EYES ARE BROWN, YOU WOULD CIRCLE THE NUMBER TO THE LEFT OF BROWN.

INSTRUCTION 2: (CIRCLE ONE FOR EACH LINE)

3. This week, how often did you do this? (CIRCLE ONE FOR EACH LINE)

	NEVER	ONCE OR TWICE	MOST DAYS	EVERY DAY	IF YOU VISITED A RELATIVE EVERY DAY, DID NOT GO TO THE LIBRARY, AND WATCHED OPRAH EVERY DAY ON TV,
1. Visited a relative	0	1	2	<input checked="" type="radio"/> 3	
2. Went to a library	<input checked="" type="radio"/> 0	1	2	3	
3. Watched Oprah on TV	0	1	2	<input checked="" type="radio"/> 3	

YOU WOULD CIRCLE THE NUMBERS AS SHOWN.

INSTRUCTION 3: (CIRCLE ALL THAT APPLY)

2. Last week, did you do any of the following? (CIRCLE ALL THAT APPLY)

- 1 WORK FOR PAY
- 2 ATTEND CLASSES
- 3 WATCH TV
- 4 VISIT FRIENDS
- 5 EXERCISE

IF YOU WORKED FOR PAY,
WATCHED TV, AND
EXERCISED LAST WEEK, YOU WOULD
CIRCLE THE NUMBER TO THE LEFT OF
EACH ANSWER.

Some items require you to skip over one or more questions depending on your answers. You will be directed either by an arrow or by an arrow and instructions.

INSTRUCTION 4: DIRECTION TO SKIP AN ITEM

4. Have you ever been to a soccer game? (CIRCLE ONE)

- 1 YES
- 2 NO → GO TO QUESTION 6

5. Did you enjoy the game? (CIRCLE ONE)

- 1 YES
- 2 NO

6. Do you plan on going to a soccer game in the next six months? (CIRCLE ONE)

- 1 YES
- 2 NO

IF YOU WERE NEVER AT A SOCCER GAME, YOU WOULD CIRCLE THE CODE FOR "NO" AND ANSWER QUESTION 6 NEXT. QUESTION 5 IS LEFT BLANK.

(IF YOU WERE EVER AT A SOCCER GAME, QUESTIONS 4, 5, AND 6 WOULD ALL BE ANSWERED.)

PLEASE TELL THE INTERVIEWER YOU ARE READY.

18

AA. YOUR NEIGHBORHOOD

The following questions are about your neighborhood or community and the people who live there.

1. As a place to raise children, would you say your neighborhood is: (CIRCLE ONE.)

1813

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 NOT TOO GOOD
- 5 AWFUL

2. Think about your child in this study. How safe is your child when he or she is outside during the daytime in your neighborhood? (CIRCLE ONE.)

14

- 1 VERY SAFE
- 2 SOMEWHAT SAFE
- 3 SOMEWHAT UNSAFE
- 4 VERY UNSAFE
- 5 MY CHILD IS NOT ALLOWED OUTSIDE

BB. HOW YOU FEEL

The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle one number for each statement that best describes how often you felt or behaved this way -- during the past week. The numbers have the following meanings:

- 0 means **rarely** or none of the time, that is, less than one day this past week;
- 1 means **some** or a little of the time, that is, one to two days this past week;
- 2 means **occasionally** or a moderate amount of the time, that is, three to four days this past week; and
- 3 means **most** or all of the time, that is, five to seven days this past week.

(CIRCLE ONE FOR EACH LINE)	Rarely (less than 1 day)	Some (1-2 days)	Occasionally (3-4 days)	Most (5-7 days)	
1. I was bothered by things that usually don't bother me.	0	1	2	3	1815
2. I did not feel like eating; my appetite was poor.	0	1	2	3	16
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3	17
4. I had trouble keeping my mind on what I was doing.	0	1	2	3	18
5. I felt depressed.	0	1	2	3	19
6. I felt that everything I did was an effort.	0	1	2	3	20
7. I felt fearful.	0	1	2	3	21
8. My sleep was restless.	0	1	2	3	22
9. I talked less than usual.	0	1	2	3	23
10. I felt lonely.	0	1	2	3	24
11. I felt sad.	0	1	2	3	25
12. I could not get going.	0	1	2	3	26

TURN TO THE NEXT PAGE ➤

CC. BEING A PARENT

The following statements are about being a parent to your child in this study. Please circle one number on each line to show how true each statement is for you. On this page, 0 means **never true** and 10 means **true all the time**.

(CIRCLE ONE FOR EACH LINE)	<u>Never True</u>	<u>True All the Time</u>										
1. I know I should always enforce my rules, but if I'm sad or tired, sometimes I let things go and other times I lose my temper.	0	1	2	3	4	5	6	7	8	9	10	1827-28
2. When a parent asks a child to do something, the child should just do it without having to be told why.	0	1	2	3	4	5	6	7	8	9	10	29-30
3. If a mother never spansks her child, the child won't learn respect.	0	1	2	3	4	5	6	7	8	9	10	31-32
4. Even if I say no to something, my child knows I'll change my mind if he or she asks enough times.	0	1	2	3	4	5	6	7	8	9	10	33-34
5. When I tell my child he or she did something wrong, I explain why.	0	1	2	3	4	5	6	7	8	9	10	35-36
6. Being a parent is harder than I thought it would be.	0	1	2	3	4	5	6	7	8	9	10	37-38
7. There are some things my child does that really bother me a lot.	0	1	2	3	4	5	6	7	8	9	10	39-40
8. I find myself giving up more of my life to meet my child's needs than I ever expected.	0	1	2	3	4	5	6	7	8	9	10	41-42
9. I feel trapped by my responsibilities as a parent.	0	1	2	3	4	5	6	7	8	9	10	43-44
10. I often feel angry with my child.	0	1	2	3	4	5	6	7	8	9	10	45-46

18- 11. Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. Please circle the numbers for the things you would do if your child in this study did this. (CIRCLE ALL THAT APPLY.)

- 1847 1 EXPLAIN TO CHILD WHY THIS IS NOT OKAY
 48 2 GIVE CHILD A CHORE TO DO
 49 3 YELL AT CHILD
 50 4 SEND CHILD TO BE BY SELF
 51 5 SPANK THE CHILD
 52 6 WALK AWAY FROM CHILD, DON'T RESPOND TO CHILD, OR DO NOTHING
 53 7 HIT THE CHILD
 54 8 GROUND THE CHILD, TAKE AWAY PRIVILEGES OR PLACE CHILD ON RESTRICTION
 55 9 I'D DO SOMETHING NOT LISTED HERE. (PLEASE DESCRIBE WHAT THAT IS.)

(56-59)

12. If your child did do something like say "I hate you" or swear in a temper tantrum, what ONE thing would you do the most. (CIRCLE ONE.)

- 60-61 1 EXPLAIN TO CHILD WHY THIS IS NOT OKAY
 2 GIVE CHILD A CHORE TO DO
 3 YELL AT CHILD
 4 SEND CHILD TO BE BY SELF
 5 SPANK THE CHILD
 6 WALK AWAY FROM CHILD, DON'T RESPOND TO CHILD, OR DO NOTHING
 7 HIT THE CHILD
 8 GROUND THE CHILD, TAKE AWAY PRIVILEGES OR PLACE CHILD ON RESTRICTION
 9 I'D DO SOMETHING NOT LISTED HERE. (PLEASE DESCRIBE WHAT THAT IS.)
-

TURN TO THE NEXT PAGE ➤

18_

13. How often, in the past year, have you had times when you lost control of your feelings and felt you might physically hurt your child? (CIRCLE ONE.)

Would you say this has happened:

1862

- 1 OFTEN
- 2 SOMETIMES
- 3 HARDLY EVER
- 4 NEVER

18_

DD. CHILD'S HEALTH AND HEALTHCARE

The following questions are about your child's health and healthcare. Think about your child who is in the study. Please circle the number for the answer you choose.

1. Would you say that your child's health in general is: (CIRCLE ONE.)

1863

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

2. Is there a particular clinic, health center, doctor's office, or other place where your child is usually taken for routine care, such as getting checkups or shots? (CIRCLE ONE.)

64

- 1 YES
- 2 NO

3. About how long has it been since your child last saw a medical doctor or other health professional for a checkup, shots, or other routine care?

Would you say it has been: (CIRCLE ONE.)

65

- 1 LESS THAN ONE YEAR
- 2 AT LEAST ONE YEAR, BUT LESS THAN TWO YEARS
- 3 AT LEAST TWO YEARS, BUT LESS THAN THREE YEARS
- 4 THREE YEARS OR MORE
- 5 MY CHILD HAS NEVER SEEN A DOCTOR FOR ROUTINE CARE

4. How long has it been since your child last saw a dentist or dental hygienist for dental care?

Would you say it has been: (CIRCLE ONE.)

66

- 1 LESS THAN ONE YEAR
- 2 AT LEAST ONE YEAR, BUT LESS THAN TWO YEARS
- 3 AT LEAST TWO YEARS, BUT LESS THAN THREE YEARS
- 4 THREE YEARS OR MORE
- 5 MY CHILD HAS NEVER SEEN A DENTIST OR DENTAL HYGIENIST

18_

TURN TO THE NEXT PAGE ➞

18_

5. Is there a particular clinic, health center, doctor's office, or other place where your child is usually taken if he or she is sick, not including accidents? (CIRCLE ONE.)

1867

1 YES

2 NO

GO TO
PAGE 10

6. Is that particular place a hospital emergency room? (CIRCLE ONE.)

1 YES
2 NO

GO TO PAGE 10

SKIP 1869-78
79-80:18

19_

EE. CHILD'S BEHAVIOR

The following questions are about your child in the study.

Read each item and think about your child's behavior now. Decide how often your child does each thing.

If your child **never** does this, circle the 0.

If your child **sometimes** does this, circle the 1.

If your child **often** does this, circle the 2.

If your child **very often** does this, circle the 3.

Please do not skip any items. Circle only one answer for each question.

<u>How often does your child do this?</u> (CIRCLE ONE FOR EACH LINE)	<u>Never</u>	<u>Some- times</u>	<u>Often</u>	<u>Very Often</u>	
1. Uses free time at home in a good way.	0	1	2	3	1908
2. Fights with others.	0	1	2	3	9
3. Keeps own things neat and orderly without being reminded.	0	1	2	3	10
4. Speaks in a nice tone of voice at home.	0	1	2	3	11
5. Acts sad or depressed.	0	1	2	3	12
6. Easily joins others in ongoing play.	0	1	2	3	13
7. Appears lonely.	0	1	2	3	14
8. Makes and keeps friendships.	0	1	2	3	15
9. Has low self-esteem.	0	1	2	3	16
10. Tells a child to stop if he or she is pushed by another child.	0	1	2	3	17
11. Threatens or bullies others.	0	1	2	3	18
12. Disrupts others' activities.	0	1	2	3	19

TURN TO THE NEXT PAGE ➤

<u>How often does your child do this?</u> (CIRCLE ONE FOR EACH LINE)		<u>Never</u>	<u>Some-</u> <u>times</u>	<u>Often</u>	<u>Very</u> <u>Often</u>	
13.	Is anxious about being with a group of children.	0	1	2	3	1920
14.	Is sensitive to the feelings of others.	0	1	2	3	21
15.	Invites friends to your home.	0	1	2	3	22
16.	When family members accomplish something, he or she says something nice.	0	1	2	3	23
17.	Argues with others.	0	1	2	3	24
18.	Makes friends easily.	0	1	2	3	25
19.	Fidgets or moves too much.	0	1	2	3	26
20.	Shows interest in a number of different things.	0	1	2	3	27
21.	Disobeys rules or requests.	0	1	2	3	28
22.	Resolves problems with other kids on his or her own.	0	1	2	3	29
23.	Avoids situations that are likely to result in trouble.	0	1	2	3	30
24.	Talks back to adults when corrected.	0	1	2	3	31
25.	Puts away toys or other household items.	0	1	2	3	32
26.	Acts without thinking.	0	1	2	3	33
27.	Doesn't listen to what others say.	0	1	2	3	34
28.	Volunteers to help family members do things.	0	1	2	3	35
29.	Takes criticism well.	0	1	2	3	36
30.	Worries about things for a long time.	0	1	2	3	37
31.	Is easily embarrassed.	0	1	2	3	38
32.	Helps you with chores without being asked.	0	1	2	3	39
33.	Is easily distracted.	0	1	2	3	40

How often does your child do this? (CIRCLE ONE FOR EACH LINE)		<u>Never</u>	<u>Some- times</u>	<u>Often</u>	<u>Very Often</u>	
34.	Expresses own feelings, opinions, and ideas without putting down those of others.	0	1	2	3	1941
35.	Attempts to do chores before asking for your help.	0	1	2	3	42
36.	Controls temper when arguing with other children.	0	1	2	3	43
37.	Gets angry easily.	0	1	2	3	44
38.	Is liked by others.	0	1	2	3	45
39.	Starts conversations rather than waiting for others to talk first.	0	1	2	3	46
40.	Seeks reassurance that he or she is doing okay.	0	1	2	3	47
41.	Ends disagreements with you calmly.	0	1	2	3	48
42.	Controls temper in conflict situations with you.	0	1	2	3	49
43.	Gives compliments to other kids.	0	1	2	3	50
44.	Completes household chores in a reasonable time.	0	1	2	3	51
45.	Is self-confident in social settings such as parties or group outings.	0	1	2	3	52
46.	Has temper tantrums.	0	1	2	3	53
47.	Ignores teasing by friends or relatives his or her own age.	0	1	2	3	54
48.	Uses time in a good way while waiting for your help with something.	0	1	2	3	55
49.	Accepts friends' ideas for playing.	0	1	2	3	56
50.	Easily changes from one activity to another without getting annoyed or upset.	0	1	2	3	57
51.	Cooperates with family members without being asked.	0	1	2	3	58

TURN TO THE NEXT PAGE ➞

How often does your child do this? (CIRCLE ONE FOR EACH LINE)		Never	Some- times	Often	Very Often	Does Not Apply	
52.	Asks sales clerks for information or assistance.	0	1	2	3	9	1959
53.	Listens to speakers at meetings such as in church or youth groups.	0	1	2	3	9	60
54.	Politely refuses unreasonable requests from others.	0	1	2	3	9	61
55.	Answers the phone correctly.	0	1	2	3	9	62
56.	Asks permission before using another family member's property.	0	1	2	3	9	63
57.	Asks permission before leaving the house.	0	1	2	3	9	64
58.	Accepts compliments or praise from friends.	0	1	2	3	9	65
59.	Reports accidents to appropriate persons.	0	1	2	3	9	66

20_

FF. FATHER'S INVOLVEMENT

The following questions are about your child's natural birth father. Think about your child who is in the study when answering the next few questions.

1. Is the child's father alive? (CIRCLE ONE)

- 2008
- 1 YES
- 2 NO OR DON'T KNOW → GO TO QUESTION 1 ON PAGE 15

2. Does the child's father live with you? (CIRCLE ONE)

- 9
- 1 YES → GO TO QUESTION 1 ON PAGE 15
- 2 NO

3. During the past 12 months, has your child's father ever:

(CIRCLE ONE NUMBER FOR EACH STATEMENT)

	<u>YES</u>	<u>NO</u>	
a. Bought clothes, toys, or presents for him or her?	1	2	10
b. Bought groceries for him or her?	1	2	11
c. Babysat for him or her?	1	2	12
d. Cared for him or her overnight?	1	2	13
e. Talked to him or her on the phone?	1	2	14
f. Sent him or her a letter or card?	1	2	15

4. During the past 12 months, has anyone in the family of your child's father, such as your child's grandmother or aunt, ever:

(CIRCLE ONE NUMBER FOR EACH STATEMENT)

	<u>YES</u>	<u>NO</u>	
a. Given you money for him or her?	1	2	16
b. Bought clothes, toys, or presents for him or her?	1	2	17
c. Babysat for him or her?	1	2	18
d. Cared for him or her overnight?	1	2	19

TURN TO THE NEXT PAGE ➞

20

GG. WORKING

Some women find that some of the people who are important to them don't want them to work. Some of these women have said people such as their husbands or boyfriends, friends, or other family members did things that made it difficult to find or keep a job. Here is a list of those things. I'd like to know what was true for you.

1. Has it ever been difficult for you to find or keep a job because someone tried to discourage you from finding a job or going to work? (CIRCLE ONE)

2020

1 YES →

2 NO ↓

Who made it difficult? (CIRCLE ALL THAT APPLY)	
21 1	YOUR HUSBAND/BOYFRIEND
2	YOUR FRIEND(S)
3	OTHER FAMILY MEMBER
4	SOMEONE ELSE

GO TO QUESTION 2.

2. Has it ever been difficult for you to find or keep a job because someone made you feel guilty about working? (CIRCLE ONE)

22

1 YES →

2 NO ↓

Who made it difficult? (CIRCLE ALL THAT APPLY)	
23 1	YOUR HUSBAND/BOYFRIEND
2	YOUR FRIEND(S)
3	OTHER FAMILY MEMBER
4	SOMEONE ELSE

GO TO QUESTION 3

3. Has it ever been difficult for you to find or keep a job because someone refused to help you, or went back on promises to help you, with child care, transportation, or housework? (CIRCLE ONE)

24

1 YES →

2 NO ↓

GO TO QUESTION 4

Who made it difficult? (CIRCLE ALL THAT APPLY)	
25 1	YOUR HUSBAND/BOYFRIEND
2	YOUR FRIEND(S)
3	OTHER FAMILY MEMBER
4	SOMEONE ELSE

GO TO QUESTION 4

20_ 4. Has it ever been difficult for you to find or keep a job because someone made it difficult for you to attend or complete programs or classes that would help you get a good job? (CIRCLE ONE)

2026

- 1 YES
- 2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

27 1 YOUR HUSBAND/BOYFRIEND

2 YOUR FRIEND(S)

3 OTHER FAMILY MEMBER

4 SOMEONE ELSE

GO TO QUESTION 5

5. Has it ever been difficult for you to keep a job because someone harassed you with telephone calls at your job? (CIRCLE ONE)

28

- 1 YES
- 2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

29 1 YOUR HUSBAND/BOYFRIEND

2 YOUR FRIEND(S)

3 OTHER FAMILY MEMBER

4 SOMEONE ELSE

GO TO QUESTION 6

6. Has it ever been difficult for you to keep a job because someone has shown up at your job and harassed or bothered you? (CIRCLE ONE)

30

- 1 YES
- 2 NO

TURN TO NEXT PAGE

Who made it difficult? (CIRCLE ALL THAT APPLY)

31 1 YOUR HUSBAND/BOYFRIEND

2 YOUR FRIEND(S)

3 OTHER FAMILY MEMBER

4 SOMEONE ELSE

TURN TO NEXT PAGE

²⁰
7. Has anyone ever caused you to lose or quit your job? (CIRCLE ONE)

2032

- 1 YES
- 2 NO

Who was that? (CIRCLE ALL THAT APPLY)

- ³³ 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

GO TO QUESTION 8

8. Has anyone ever prevented you from finding a job or going to work? (CIRCLE ONE)

³⁴

- 1 YES
- 2 NO

Who was that? (CIRCLE ALL THAT APPLY)

- ³⁵ 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

GO TO QUESTION 9

9. Think about the people whose opinions you listen to the most. Did you ever have disagreements with anyone about whether or not you worked?

³⁶

- 1 YES
- 2 NO

GO TO QUESTION 10

9a. Who did you disagree with? (CIRCLE ALL THAT APPLY)

- ³⁷ 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

9b. Did you disagree because you wanted to work and they didn't want you to work? (CIRCLE ONE)

- ³⁸ 1 YES
- 2 NO

GO TO QUESTION 10

20. These next questions have to do with whether or not certain things have ever happened to you.

10. Did anyone ever: (CIRCLE ALL THAT APPLY)

- 2039
- 40
- 41
- 42
- 43
- 44
- 1 YELL AT YOU ALL THE TIME OR PUT YOU DOWN ON PURPOSE
 - 2 TRY TO CONTROL YOUR EVERY MOVE
 - 3 INSULT OR SWEAR AT YOU
 - 4 THREATEN YOU WITH PHYSICAL HARM
 - 5 HIT, SLAP, KICK, OR OTHERWISE PHYSICALLY HARM YOU
 - 6 NONE OF THESE THINGS HAVE EVER HAPPENED TO ME → GO TO QUESTION 13

11. Was the person or people who did these things your:

(CIRCLE ALL THAT APPLY)

- 45
- 46
- 47
- 48
- 1 HUSBAND/EX-HUSBAND
 - 2 BOYFRIEND/EX-BOYFRIEND
 - 3 FEMALE PARTNER (CURRENT OR PAST)
 - 4 OTHER, PLEASE EXPLAIN: _____

(49-52)

12. How long ago did the most recent event happen? (CIRCLE ONE)

- 53
- 1 THIS WEEK
 - 2 A WEEK AGO
 - 3 A MONTH AGO
 - 4 SIX MONTHS AGO
 - 5 A YEAR AGO
 - 6 MORE THAN A YEAR AGO

13. Ask interviewer for the time on her watch and fill it in here. →

Time Complete: _____ : _____ AM/PM

54-57

58

THANK YOU FOR YOUR HELP

Time Began _____ : _____ AM/PM

1808-11

12

ID#: _____

**JOBS 5 YEAR SURVEY
PARENT SAQ BOOKLET**

S

BEFORE YOU BEGIN . . . PLEASE READ THESE INSTRUCTIONS.

The questions in this survey ask you to follow instructions and use the answers provided. You will find instructions for answering with each question, in CAPITAL LETTERS in parentheses. Below are examples of the different instructions you will see and the correct way to answer each type of question.

INSTRUCTION 1: (CIRCLE ONE)

1. What is your eye color? (CIRCLE ONE)

1 BLUE

2 BROWN

3 GREEN

4 ANOTHER COLOR

IF YOUR EYES ARE BROWN, YOU WOULD CIRCLE THE NUMBER TO THE LEFT OF BROWN.

INSTRUCTION 2: (CIRCLE ONE FOR EACH LINE)

3. This week, how often did you do this? (CIRCLE ONE FOR EACH LINE)

	NEVER	ONCE OR TWICE	MOST DAYS	EVERY DAY	IF YOU VISITED A RELATIVE EVERY DAY, DID NOT GO TO THE LIBRARY, AND
1. Visited a relative	0	1	2	<input checked="" type="radio"/> 3	WATCHED OPRAH EVERY DAY ON TV,
2. Went to a library	<input checked="" type="radio"/> 0	1	2	3	
3. Watched Oprah on TV	0	1	2	<input checked="" type="radio"/> 3	YOU WOULD CIRCLE THE NUMBERS AS SHOWN.

TURN TO THE NEXT PAGE ➔

INSTRUCTION 3: (CIRCLE ALL THAT APPLY)

2. Last week, did you do any of the following? (CIRCLE ALL THAT APPLY)

- 1 WORK FOR PAY
- 2 ATTEND CLASSES
- 3 WATCH TV
- 4 VISIT FRIENDS
- 5 EXERCISE

IF YOU WORKED FOR PAY,
WATCHED TV, AND
EXERCISED LAST WEEK, YOU WOULD
CIRCLE THE NUMBER TO THE LEFT OF
EACH ANSWER.

Some items require you to skip over one or more questions depending on your answers. You will be directed either by an arrow or by an arrow and instructions.

INSTRUCTION 4: DIRECTION TO SKIP AN ITEM

4. Have you ever been to a soccer game? (CIRCLE ONE)

- 1 YES
- 2 NO → GO TO QUESTION 6

5. Did you enjoy the game? (CIRCLE ONE)

- 1 YES
- 2 NO

6. Do you plan on going to a soccer game in the next six months? (CIRCLE ONE)

- 1 YES
- 2 NO

IF YOU WERE NEVER AT A SOCCER GAME, YOU WOULD CIRCLE THE CODE FOR "NO" AND ANSWER QUESTION 6 NEXT. QUESTION 5 IS LEFT BLANK.

(IF YOU WERE EVER AT A SOCCER GAME, QUESTIONS 4, 5, AND 6 WOULD ALL BE ANSWERED.)

PLEASE TELL THE INTERVIEWER YOU ARE READY.

18_

AA. YOUR NEIGHBORHOOD

The following questions are about your neighborhood or community and the people who live there.

1. As a place to raise children, would you say your neighborhood is: (CIRCLE ONE.)

1813

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 NOT TOO GOOD
- 5 AWFUL

2. Think about your child in this study. How safe is your child when he or she is outside during the daytime in your neighborhood? (CIRCLE ONE.)

14

- 1 VERY SAFE
- 2 SOMEWHAT SAFE
- 3 SOMEWHAT UNSAFE
- 4 VERY UNSAFE
- 5 MY CHILD IS NOT ALLOWED OUTSIDE

TURN TO THE NEXT PAGE ➤

18, 19, 20

BB. HOW YOU FEEL

The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle one number for each statement that best describes how often you felt or behaved this way -- during the past week. The numbers have the following meanings:

- 0 means **rarely** or none of the time, that is, less than one day this past week;
- 1 means **some** or a little of the time, that is, one to two days this past week;
- 2 means **occasionally** or a moderate amount of the time, that is, three to four days this past week; and
- 3 means **most** or all of the time, that is, five to seven days this past week.

(CIRCLE ONE FOR EACH LINE)	Rarely	Some	Occasionally	Most	
	(less than 1 day)	(1-2 days)	(3-4 days)	(5-7 days)	
1. I was bothered by things that usually don't bother me.	0	1	2	3	1815
2. I did not feel like eating; my appetite was poor.	0	1	2	3	16
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3	17
4. I had trouble keeping my mind on what I was doing.	0	1	2	3	18
5. I felt depressed.	0	1	2	3	19
6. I felt that everything I did was an effort.	0	1	2	3	20
7. I felt fearful.	0	1	2	3	21
8. My sleep was restless.	0	1	2	3	22
9. I talked less than usual.	0	1	2	3	23
10. I felt lonely.	0	1	2	3	24
11. I felt sad.	0	1	2	3	25
12. I could not get going.	0	1	2	3	26

SKIP 1827-78

79-80:1

SKIP 1908-78

79-80:19

SKIP 2008-19

20_

GG. WORKING

Some women find that some of the people who are important to them don't want them to work. Some of these women have said people such as their husbands or boyfriends, friends, or other family members did things that made it difficult to find or keep a job. Here is a list of those things. I'd like to know what was true for you.

1. Has it ever been difficult for you to find or keep a job because someone tried to discourage you from finding a job or going to work? (CIRCLE ONE)

2020

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 21 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 2

2. Has it ever been difficult for you to find or keep a job because someone made you feel guilty about working? (CIRCLE ONE)

22

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 23 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 3

3. Has it ever been difficult for you to find or keep a job because someone refused to help you, or went back on promises to help you, with child care, transportation, or housework? (CIRCLE ONE)

24

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 25 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

TURN TO THE NEXT PAGE

TURN TO
THE
NEXT PAGE

20

4. Has it ever been difficult for you to find or keep a job because someone made it difficult for you to attend or complete programs or classes that would help you get a good job? (CIRCLE ONE)

2026

1 YES

2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 27 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

GO TO QUESTION 5

5. Has it ever been difficult for you to keep a job because someone harassed you with telephone calls at your job? (CIRCLE ONE)

28

1 YES

2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 29 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

GO TO QUESTION 6

6. Has it ever been difficult for you to keep a job because someone has shown up at your job and harassed or bothered you? (CIRCLE ONE)

30

1 YES

2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 31 1 YOUR HUSBAND/BOYFRIEND
- 2 YOUR FRIEND(S)
- 3 OTHER FAMILY MEMBER
- 4 SOMEONE ELSE

GO TO QUESTION 7

GO TO QUESTION 7

20
7. Has anyone ever caused you to lose or quit your job? (CIRCLE ONE)
2032

- 1 YES
- 2 NO

Who was that? (CIRCLE ALL THAT APPLY)

33 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 8

8. Has anyone ever prevented you from finding a job or going to work? (CIRCLE ONE)

- 34
- 1 YES
 - 2 NO

Who was that? (CIRCLE ALL THAT APPLY)

35 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 9

9. Think about the people whose opinions you listen to the most. Did you ever have disagreements with anyone about whether or not you worked?

- 36
- 1 YES
 - 2 NO

TURN TO THE NEXT PAGE

9a. Who did you disagree with? (CIRCLE ALL THAT APPLY)

37 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

9b. Did you disagree because you wanted to work and they didn't want you to work? (CIRCLE ONE)

38 1 YES
2 NO

TURN TO THE NEXT PAGE

20

These next questions have to do with whether or not certain things have ever happened to you.

10. Did anyone ever: (CIRCLE ALL THAT APPLY)

2039

1 YELL AT YOU ALL THE TIME OR PUT YOU DOWN ON PURPOSE

40

2 TRY TO CONTROL YOUR EVERY MOVE

41

3 INSULT OR SWEAR AT YOU

42

4 THREATEN YOU WITH PHYSICAL HARM

43

5 HIT, SLAP, KICK, OR OTHERWISE PHYSICALLY HARM YOU

44

6 NONE OF THESE THINGS HAVE EVER HAPPENED TO ME → GO TO QUESTION 13

11. Was the person or people who did these things your:

(CIRCLE ALL THAT APPLY)

45

1 HUSBAND/EX-HUSBAND

46

2 BOYFRIEND/EX-BOYFRIEND

47

3 FEMALE PARTNER (CURRENT OR PAST)

48

4 OTHER, PLEASE EXPLAIN: _____

(49-52)

12. How long ago did the most recent event happen? (CIRCLE ONE)

53

1 THIS WEEK

2 A WEEK AGO

3 A MONTH AGO

4 SIX MONTHS AGO

5 A YEAR AGO

6 MORE THAN A YEAR AGO

13. Ask interviewer for the time on her watch and fill it in here.

Time Complete: _____ : _____ AM/PM

54-57

58

THANK YOU FOR YOUR HELP

RAC ID: _____

BEGIN TIME ____ : ____ **AM/PM**

2208-11

12

JOBS Year-5 WJ-R Response Record

END TIME ____ : ____ **AM/PM**

13-16

17

TEST 22: Letter-Word Identification

Estimated Starting Level: _____

Instructions: **Establish Basal.** Test by complete pages until the *six lowest-numbered items administered are correct*, or until the page with Item 1 has been administered.

Establish Ceiling. Test by complete pages until the *six highest-numbered items administered are failed*, or until the page with the last test item has been administered.

Example: A. House(First Try) 1 0
 House(Second Try) 1 0

Answer

1. Chair	1	0	2218
2. Book	1	0	19
3. Dog	1	0	20
4. Cat	1	0	21
5. O	1	0	22
6. S	1	0	23
7. A	1	0	24
8. z	1	0	25
9. G	1	0	26
10. D	1	0	27
11. m	1	0	28
12. h	1	0	29
13. j	1	0	30
14. to	1	0	31
15. in	1	0	32
16. dog	1	0	33
17. as	1	0	34
18. get	1	0	35
19. was	1	0	36
20. his	1	0	37
21. when	1	0	38
22. fixed	1	0	39
23. must	1	0	40

(TEST 22: Letter-Word Identification)**Answer**

24. about	1	0	2241
25. part	1	0	42
26. knew	1	0	43
27. because	1	0	44
28. faster	1	0	45
29. whole	1	0	46
30. shoulder	1	0	47
31. island	1	0	48
32. correctly	1	0	49
33. since	1	0	50
34. personal	1	0	51
35. experiment	1	0	52
36. distance	1	0	53
37. bounties	1	0	54
38. process	1	0	55
39. doubtful	1	0	56
40. moustache	1	0	57
41. cologne	1	0	58
42. hesitating	1	0	59
43. masculine	1	0	60
44. sufficient	1	0	61
45. domesticated	1	0	62
46. preyed	1	0	63
47. therapeutic	1	0	64
48. significance	1	0	65
49. bouquet	1	0	66
50. apparatus	1	0	67
51. diacritical	1	0	68
52. debutante	1	0	69
53. trivialities	1	0	70
54. expostulate	1	0	71
55. stochastic	1	0	72
56. ubiquitous	1	0	73
57. enceinte	1	0	74

TEST 23: Passage Comprehension

Estimated Starting Level: _____

Instructions:

Establish Basal. Test by complete pages until the *six lowest-numbered items administered are correct*, or until the page with Item 1 has been administered.

Establish Ceiling. Test by complete pages until the *six highest-numbered items administered are failed*, or until the page with the last test item has been administered.

Answer

1.	yellow bird	1	0	2308
2.	red table	1	0	9
3.	little dog	1	0	10
4.	one book	1	0	11
5.	tree and chair	1	0	12
A.	man (first try)	1	0	13
	man (second try)	1	0	14
6.	hat	1	0	15
7.	book	1	0	16
8.	road	1	0	17
9.	is	1	0	18
10.	pond	1	0	19
11.	read	1	0	20
12.	boy	1	0	21
13.	mother	1	0	22
14.	wakes	1	0	23
15.	did	1	0	24
16.	turtles	1	0	25
17.	hear	1	0	26
18.	spot	1	0	27
19.	shoe	1	0	28
20.	swimming	1	0	29

(Test 23: Passage Comprehension)**Answer**

21. yours	1	0	2330
22. Band-Aid	1	0	31
23. pieces	1	0	32
24. bats	1	0	33
25. lie	1	0	34
26. skin	1	0	35
27. shortest	1	0	36
28. known	1	0	37
29. alphabet	1	0	38
30. education	1	0	39
31. leaves	1	0	40
32. between	1	0	41
33. stopping	1	0	42
34. nomads	1	0	43
35. developed	1	0	44
36. job	1	0	45
37. although	1	0	46
38. secrets	1	0	47
39. desire	1	0	48
40. abrasive	1	0	49
41. by	1	0	50
42. other	1	0	51
43. adapt	1	0	52

TEST 24: Calculation

Estimated Starting Level: _____

Instructions:

Establish Basal. Test by complete pages until the *six lowest-numbered items administered are correct*, or until the page with Item 1 has been administered.

Establish Ceiling. Test by complete pages until the *six highest-numbered items administered are failed*, or until the page with the last test item has been administered.

Answer

1.	4	1	0	2353
2.	4	1	0	54
3.	3	1	0	55
4.	7	1	0	56
5.	6	1	0	57
6.	1	1	0	58
7.	3	1	0	59
8.	2	1	0	60
9.	4	1	0	61
10.	16	1	0	62
11.	71	1	0	63
12.	8	1	0	64
13.	15	1	0	65
14.	28	1	0	66
15.	3,148	1	0	67
16.	4	1	0	68
17.	14	1	0	69
18.	40	1	0	70
19.	55.68	1	0	71
20.	91	1	0	72
21.	11.305	1	0	73
22.	2	1	0	74
23.	29	1	0	2408
24.	1,224	1	0	9
25.	3/5	1	0	10
26.	3	1	0	11

SKIP 2375-78 79-80:23

(Test 24: Calculation)**Answer**

27.	$1/3$	1	0	2412
28.	6	1	0	13
29.	53	1	0	14
30.	$1\ 3/4$	1	0	15
31.	$8\ 5/14$	1	0	16
32.	.00135	1	0	17
33.	4	1	0	18
34.	-6	1	0	19
35.	-42	1	0	20
36.	.21	1	0	21
37.	39	1	0	22
38.	$1\ 1/7$	1	0	23
39.	5	1	0	24
40.	.72	1	0	25
41.	$x=2, y=3$	1	0	26
42.	$2\ 2/33$	1	0	27
43.	$2\ 2/3$	1	0	28
44.	$x=-3$ or $x=+1$	1	0	29
45.	33	1	0	30
46.	$a/2$	1	0	31
47.	$-(4/9(b))$	1	0	32
48.	3	1	0	33
49.	-34	1	0	34
50.	0.05	1	0	35
51.	$18x^2$	1	0	36
52.	Slope=3 y intercept=4	1	0	37
53.	30°	1	0	38
54.	16	1	0	39
55.	26	1	0	40
56.	$1\sqrt{2}$	1	0	41
57.	$3/2x^3+12x$	1	0	42
58.	$2000\pi/3$	1	0	43

TEST 25: Applied Problems

Estimated Starting Level: _____

Instructions:

Establish Basal. Test by complete pages until the *six lowest-numbered items administered are correct*, or until the page with Item 1 has been administered.

Establish Ceiling. Test by complete pages until the *six highest-numbered items administered are failed*, or until the page with the last test item has been administered.

Answer

1.	1 finger	1	0	2444
2.	one	1	0	45
3.	two	1	0	46
4.	one	1	0	47
5.	two	1	0	48
6.	two-three	1	0	49
7.	three	1	0	50
8.	two	1	0	51
9.	four	1	0	52
10.	three-four	1	0	53
11.	four	1	0	54
12.	three	1	0	55
13.	two	1	0	56
14.	four	1	0	57
15.	four	1	0	58
16.	six	1	0	59
17.	five	1	0	60
18.	seven o'clock-two o'clock	1	0	61
19.	two	1	0	62
20.	four	1	0	63
21.	seven	1	0	64
22.	five	1	0	65
23.	pencil and candy	1	0	66
24.	12 cents	1	0	67
25.	60	1	0	68
26.	36 cents	1	0	69
27.	five	1	0	70

(Test 25: Applied Problems)**Answer**

28. five	1	0	2508
29. 16 cents	1	0	9
30. 24 dollars	1	0	10
31. \$5.75	1	0	11
32. 10	1	0	12
33. 2 quarters, a dime, and a nickel	1	0	13
34. eight	1	0	14
35. 35 cents	1	0	15
36. 42 dollars	1	0	16
37. 88	1	0	17
38. $6\frac{1}{2}$	1	0	18
39. nine	1	0	19
40. \$30	1	0	20
41. 370 miles	1	0	21
42. 52 dollars	1	0	22
43. nine inches	1	0	23
44. 30 pounds	1	0	24
45. \$6.21	1	0	25
46. six (PM, o'clock)	1	0	26
47. 240 dollars	1	0	27
48. 16 (cubic feet)	1	0	28
49. 80.5	1	0	29
50. nine square inches	1	0	30
51. 40 dollars	1	0	31
52. 6.4	1	0	32
53. \$1,102.50	1	0	33
54. 12 minutes	1	0	34
55. any answer between 628.0 and 628.6 feet	1	0	35
56. negative two-thirds	1	0	36
57. 50 centimeters	1	0	37
58. 1 to 36	1	0	38
59. altitude = 6 inches base = 10 inches	1	0	39
60. sixteen times the square root of three square inches	1	0	40

Calculation

B.

1.

$2 + 2 = \square$

2.

$1 + 3 = \square$

3.

$2 + 1 = \square$

4.

$6 + 1 = \square$

5.

$2 + 4 = \square$

6.

$$\begin{array}{r} 3 \\ - 2 \\ \hline \end{array}$$

7.

$$\begin{array}{r} 5 \\ - 2 \\ \hline \end{array}$$

8.

$3 - 1 = \square$

9.

$$\begin{array}{r} 7 \\ - 3 \\ \hline \end{array}$$

10.

$$\begin{array}{r} 9 \\ + 7 \\ \hline \end{array}$$

11.

$$\begin{array}{r} 89 \\ - 18 \\ \hline \end{array}$$

12.

$$\begin{array}{r} 17 \\ - 9 \\ \hline \end{array}$$

13.

$$\begin{array}{r} 5 \\ \times 3 \\ \hline \end{array}$$

14.

$$\begin{array}{r} 7 \\ \times 4 \\ \hline \end{array}$$

15.

$$\begin{array}{r} 476 \\ 61 \\ + 2,611 \\ \hline \end{array}$$

16.

$$2 \overline{) 8}$$

17.

$$\begin{array}{r} 2 \\ \times 7 \\ \hline \end{array}$$

18.

$$\begin{array}{r} 8 \\ \times 5 \\ \hline \end{array}$$

Calculation (cont.)

19.

$$\begin{array}{r} 28.6 \\ + 27.08 \\ \hline \end{array}$$

20.

$$\begin{array}{r} 13 \\ \times 7 \\ \hline \end{array}$$

21.

$$\begin{array}{r} .045 \\ + 11.26 \\ \hline \end{array}$$

22.

$$6 \overline{) 12}$$

23.

$$\begin{array}{r} 48 \\ - 19 \\ \hline \end{array}$$

24.

$$\begin{array}{r} 102 \\ \times 12 \\ \hline \end{array}$$

25.

$$\begin{array}{r} \frac{2}{5} \\ + \frac{1}{6} \\ \hline \end{array}$$

26.

$$42 \overline{) 126}$$

27.

$$\begin{array}{r} \frac{2}{3} \\ - \frac{1}{8} \\ \hline \end{array}$$

28.

$$48 \overline{) 288}$$

29.

$$112 \overline{) 5936}$$

30.

$$\begin{array}{r} \frac{5}{8} \\ + \frac{9}{8} \\ \hline \end{array}$$

31.

$$\begin{array}{r} 2\frac{6}{7} \\ + 5\frac{1}{2} \\ \hline \end{array}$$

32.

$$\begin{array}{r} 0.045 \\ \times 0.03 \\ \hline \end{array}$$

33.

$$\begin{array}{l} 2x + 3 = 11 \\ x = \end{array}$$

34.

$$\begin{array}{r} -18 \\ + 12 \\ \hline \end{array}$$

35.

$$\begin{array}{r} -6 \\ \times 7 \\ \hline \end{array}$$

36.

$$\begin{array}{r} 1.05 \\ \times .2 \\ \hline \end{array}$$

37.

$$4 + 5(7) =$$

38.

$$\frac{4}{7} \div \frac{1}{2} =$$

Calculation (cont.)

39. $\sqrt[3]{125} =$	40. 12% of 6.0 =	41. $2x + 4y = 16$ $3x - y = 3$ $x =$ $y =$	42. $8\frac{1}{2} \div 4\frac{1}{8} =$
43. $8 - x = 2x$ $x =$	44. Solve for x: $x^2 + 2x - 3 = 0$	45. If $\frac{1}{5}x = 11$, then $\frac{3}{5}x =$	46. Simplify: $\sqrt{\frac{4a^2}{16}} =$
47. $\left(\frac{4b}{3y}\right) \left(\frac{-4y}{12b^2}\right) =$	48. $\log_b 81 = 4$ $b =$	49. If $x = -3$, then $x^3 - x^2 - x - 1 =$	50. $\sqrt{0.0025} =$
51. $f(x) = 6x^3$ $f'(x) =$	52. $2y = 6x + 8$ Slope = y intercept =	53. $\cos \theta = \frac{\sqrt{3}}{2}$ $\theta =$	54. Evaluate: $\begin{vmatrix} 8 & 2 \\ -4 & 1 \end{vmatrix} =$
55. $\int_1^3 3x^2 dx =$	56. $\tan \theta = 1$ $\sin \theta =$	57. $f(x) = \frac{3}{4x} + 2x^3$ $f''(x) =$	58. $\int_0^{10} \pi(10^2 - h^2) dh =$

OMB# 0990-0212
Exp. Date 8 - 31 - 99

Time Began _____ : _____ AM/PM

2108-11 12

ID #: _____

**JOBS 5 YEAR SURVEY
CHILDREN'S SAQ BOOKLET**

Time Complete _____ : _____ AM/PM

13-16 17

This book lists a lot of things that children your age may do. Please read each sentence and think about yourself. Then decide how often you do each of these things. Remember that nobody will know your answers.

This is how you answer.

If you **never** do this, circle the 0.

If you **sometimes** do this, circle the 1.

If you **often** do this, circle the 2.

If you **very often** do this, circle the 3.

Here are two examples:

This person watches TV **very often**.
 This person **sometimes** keeps his shoes tied.

	How Often?			
	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. I watch TV	0	1	2	3
2. I keep my shoes tied.	0	1	2	3

Now you do one.

He **never** eats carrots.
 He **often** plays outside.

	How Often?			
	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. I eat carrots.	0	1	2	3
2. I play outside.	0	1	2	3

STOP THE TAPE AND TELL THE INTERVIEWER YOU ARE READY.

SAMPLE CHECKED BY INTERVIEWER. INITIALS: _____

How often do you do this?	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	
1. I make friends easily.	0	1	2	3	2118
2. I smile, wave, or nod at other people.	0	1	2	3	19
3. I ask before using other people's things.	0	1	2	3	20
4. I ignore kids who are fooling around in class.	0	1	2	3	21
5. When bad things happen to other people, I feel sorry for them.	0	1	2	3	22
6. When I am upset with other people, I tell them.	0	1	2	3	23
7. I fight or argue with adults.	0	1	2	3	24
8. I keep my desk at school messy.	0	1	2	3	25
9. I am active in things like sports, clubs, or music.	0	1	2	3	26
10. When I have homework, I do it on time.	0	1	2	3	27

How often do you do this?	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	
11. I tell new kids my name without being asked to tell it.	0	1	2	3	2128
12. When people are angry with me, I control my anger.	0	1	2	3	29
13. When someone tells me a rule that I think is unfair, I ask about the rule in a nice way.	0	1	2	3	30
14. I tell or show my friends I like them.	0	1	2	3	31
15. I listen to adults when they are talking to me.	0	1	2	3	32
16. When my friends say nice things about me, I show or tell them I like it.	0	1	2	3	33
17. When my friends talk about things that are bothering them, I listen to them.	0	1	2	3	34
18. I do things with other kids that could get me in trouble with adults.	0	1	2	3	35

How often do you do this?	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	
19. When I disagree with my parents, I yell and scream.	0	1	2	3	2136
20. I say nice things to others when they have done something well.	0	1	2	3	37
21. When a lesson is being taught, I listen to the teacher.	0	1	2	3	38
22. I finish classroom work on time.	0	1	2	3	39
23. I start talks with kids at lunch or recess.	0	1	2	3	40
24. When adults have done something for me that I like, I tell them that I like it.	0	1	2	3	41
25. I follow the teacher's directions.	0	1	2	3	42
26. When my friends are angry, upset, or sad, I try to understand how they feel.	0	1	2	3	43
27. I ask friends for help with my problems.	0	1	2	3	44

How often do you do this?	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	
28. When other children tease me or call me names, I ignore them.	0	1	2	3	2145
29. I am kind to people who are different from me.	0	1	2	3	46
30. I use my free time in a good way.	0	1	2	3	47
31. I ask kids in my class to join in an activity or game.	0	1	2	3	48
32. I use a nice tone of voice in classroom discussions.	0	1	2	3	49
33. When other children try to hit me or push me around, I ask adults for help.	0	1	2	3	50
34. When there is a problem or an argument with kids in my class, I talk things over with them.	0	1	2	3	51

Here are some sentences about your school and family. Please read each sentence and decide how true it is for you.

If the sentence is **never true**, circle the **0**.

If the sentence is **sometimes true**, circle the **1**.

If the sentence is **often true**, circle the **2**.

If the sentence is **very often true**, circle the **3**.

How true is this?

	<u>Never True</u>	<u>Sometimes True</u>	<u>Often True</u>	<u>Very Often True</u>	
1. When I'm in school, I feel happy.	0	1	2	3	2152
2. I work very hard in school.	0	1	2	3	53
3. When I'm in school, I feel bored.	0	1	2	3	54
4. When I'm in school, I pay attention in class.	0	1	2	3	55
5. I try to learn as much as I can about my school subjects.	0	1	2	3	56
6. When I'm in class, I just pretend to work.	0	1	2	3	57
7. When I'm in class, I try very hard.	0	1	2	3	58

Here are some more sentences about your school and family. Please read each sentence and decide how often the thing described happens.

If the thing in the sentence **never happens**, circle the **0**.

If the thing in the sentence **sometimes happens**, circle the **1**.

If the thing in the sentence **often happens**, circle the **2**.

If the thing in the sentence **very often happens**, circle the **3**.

How often does this happen?	<u>Never Happens</u>	<u>Sometimes Happens</u>	<u>Often Happens</u>	<u>Very Often Happens</u>	
8. My mother has met or talked with most of my close friends' parents.	0	1	2	3	2159
9. I am allowed to have friends over to my house when there is no adult home.	0	1	2	3	60
10. My mother usually asks me in the evening if I've finished my homework.	0	1	2	3	61
11. My mother knows or has met most of my close friends.	0	1	2	3	62
12. I can leave my house without my mother's permission.	0	1	2	3	63
13. I spend as much time watching TV or playing video games as I want.	0	1	2	3	64
14. When I'm playing away from my house, my mom knows who I am with.	0	1	2	3	65
15. My mom is stressed out, and it affects how she acts towards me.	0	1	2	3	66

GOOD JOB!
YOU MADE IT ALL THE WAY THROUGH @@@@@@



CHILD SCHOOL PROGRESS
TEACHER SURVEY

STUDENT'S NAME:

CASE NO.:

PARENT'S NAME:

SCHOOL:

TEACHER'S NAME:

Dear Teacher:

The student whose name appears above is participating in a national study of parents and children. We would greatly appreciate your completing this questionnaire about this student. You are in a unique position to observe and interact with this child, and your perspective will contribute greatly to an understanding of his or her developmental progress. The questionnaire should take about a half hour.

This student's parent has provided written authorization for the child's school and teacher to provide information to the Manpower Demonstration Research Corporation (MDRC) about the child's school experiences. This authorization meets federal and state requirements and allows you and the school to release information about this student.

MDRC is conducting this research for the Departments of Education and Health and Human Services. The names of children, parents, teachers, or schools will never appear in any reports. Unless required by law, all information will be kept confidential and will be used only for research purposes in statistical summaries.

We would be grateful if you would return the completed questionnaire in the enclosed self-addressed, postage-paid envelope by _____. As a token of our appreciation, every teacher who participates in this study will receive a subscription to Teacher, an education journal.

If you have any questions about this study, please feel free to call (MDRC CONTACT) at our toll-free number, 1-800-xxx-xxxx. Thank you so much for your assistance.

Sincerely,

(NAME)

(TITLE)

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 20 to 40 minutes with an average of thirty minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington D.C. 20201

5. How many pupils altogether are enrolled in the same classroom with this student?
(WRITE IN A NUMBER)

(CLASS SIZE)

6. Which of the following best describes the achievement level of the students in this classroom compared with other students in the same grade in this school? This classroom consists primarily of students with: (CIRCLE ONE NUMBER)

- Higher achievement levels 1
- Average achievement levels 2
- Lower achievement levels 3
- Widely differing achievement levels 4

7. What level-of-ability group is this student in for mathematics? (CIRCLE ONE NUMBER)

- High-ability group 1
- Middle-ability group 2
- Low-ability (or remedial) group 3
- No grouping by ability, or heterogeneous grouping 4

8. What level-of-ability group is this student in for reading? (CIRCLE ONE NUMBER)

- High-ability group 1
- Middle-ability group 2
- Low-ability (or remedial) group 3
- No grouping by ability, or heterogeneous grouping 4

IN ANSWERING QUESTIONS 9 THROUGH 14, WE WOULD APPRECIATE YOUR REFERRING TO YOUR RECORDS IF IN DOUBT ABOUT THE ANSWER. IF THIS IS NOT POSSIBLE, PLEASE PROVIDE YOUR BEST ESTIMATE.

9. For how many school years--including this year--has this student attended this school?
(CIRCLE ONE NUMBER)

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six or more 6
- Not sure,
information unavailable 7

10. Is this student currently performing above grade level, below grade level, or right around grade level in reading and math?

(CIRCLE ONE NUMBER ON EACH LINE)

		<u>ABOVE GRADE LEVEL</u>	<u>BELOW GRADE LEVEL</u>	<u>AROUND GRADE LEVEL</u>
a.	Reading	1	2	3
b.	Math	1	2	3

11. How does this student compare with the rest of the students in your classroom in terms of the grades he/she is currently earning in reading, math, and other academic subjects?

(CIRCLE ONE NUMBER ON EACH LINE)

		<u>ONE OF THE BEST STUDENTS IN THE CLASS</u>	<u>ABOVE THE MIDDLE OF THE CLASS</u>	<u>IN THE MIDDLE OF THE CLASS</u>	<u>BELOW THE MIDDLE OF THE CLASS</u>	<u>NEAR THE BOTTOM OF THE CLASS</u>
a.	Reading	1	2	3	4	5
b.	Math	1	2	3	4	5
c.	Other academic subjects	1	2	3	4	5

12. Compared to other students in your classroom, how would you describe this student's ability to express himself/herself in oral communication? (CIRCLE ONE NUMBER)

- Well above average 1
- Somewhat above average 2
- Around average 3
- Somewhat below average 4
- Well below average 5

13. Has this student skipped any grades? (CIRCLE ONE NUMBER)

- Yes 1
- No 2
- Not sure (information unavailable) 3

14. Not counting kindergarten, has this student repeated any grades or been retained in grade for any reason? (CIRCLE ONE NUMBER)

- Yes 1
- No 2
- Not sure (information unavailable) 3

15. Is this student at any risk of being retained in grade this year because of poor academic performance? (CIRCLE ONE NUMBER)

- Yes 1
- No 2
- Possibly 3

16. How true are the following statements about this student?

(CIRCLE ONE NUMBER ON EACH LINE)

This student:	<u>VERY TRUE</u>	SORT OF <u>TRUE</u>	NOT VERY <u>TRUE</u>	NOT AT ALL <u>TRUE</u>
a. Comes to class unprepared	1	2	3	4
b. Pays attention	1	2	3	4
c. Works as hard as s/he can	1	2	3	4
d. Does more than is required	1	2	3	4
e. Is interested in schoolwork outside of the classroom	1	2	3	4
f. Thinks about other things in class	1	2	3	4

17. How true are the following statements about this student?

(CIRCLE ONE NUMBER ON EACH LINE)

In my class, this student seems:	<u>VERY TRUE</u>	SORT OF <u>TRUE</u>	NOT VERY <u>TRUE</u>	NOT AT ALL <u>TRUE</u>
a. A million miles away . .	1	2	3	4
b. Interested	1	2	3	4
c. Tuned in	1	2	3	4
d. Sleepy	1	2	3	4
e. Angry	1	2	3	4

18. So far this school year, about what percentage of the days that this student has been enrolled in your classroom has he/she been absent or tardy for any reason including sickness?

(INCLUDE BOTH EXCUSED AND UNEXCUSED ABSENCES.)

IF NECESSARY, PLEASE REFER TO YOUR RECORDS FOR THIS INFORMATION)

(WRITE IN A NUMBER ON EACH LINE)

- a. Approximate percentage of days absent this year for any reason: _____ %
- b. Approximate percentage of days tardy this year for any reason: _____ %

19. For each of the following special resources or services, circle a number to indicate whether the student (1) does not need the resource/service, (2) needs and receives it, or (3) needs it but does not receive it.

(CIRCLE ONE NUMBER ON EACH LINE)

Does this student need:	<u>NO</u>	YES AND RECEIVES <u>THIS</u>	YES, BUT DOES NOT RECEIVE <u>THIS</u>
a. Title I services? (IF THIS IS A SCHOOL-WIDE TITLE I SCHOOL, ANSWER "YES" <u>ONLY IF THIS STUDENT'S</u> <u>ACHIEVEMENT LEVEL IS LOW & HE/SHE NEEDS</u> <u>COMPENSATORY SERVICES</u>)	1	2	3
b. English as a second language (ESL) or bilingual instruction?	1	2	3
c. Remedial reading instruction?	1	2	3
d. Other remedial instruction? (WRITE IN SUBJECT:)	1	2	3
<hr/>			
e. A resource for students with learning disabilities	1	2	3
f. Speech therapy?	1	2	3
g. Physical or occupational therapy?	1	2	3
h. A resource for the gifted?	1	2	3
i. A resource for the mentally retarded?	1	2	3
j. A resource for the slow learner, not classified as mentally retarded?	1	2	3
k. A resource for emotional, psychological, or behavioral problems?	1	2	3
l. Another special resource? (WRITE IN):	1	2	3

20. In the last month or two, how often has this student exhibited each of the following behaviors?

(CIRCLE ONE NUMBER ON EACH LINE)

This student:		N/A: NO CHANCE TO OBSERVE <u>THIS</u>	<u>NEVER</u>	<u>SOMETIMES</u> (OR <u>OCCASIONALLY</u>)	<u>OFTEN</u> (REGULARLY BUT NOT ALL THE <u>TIME</u>)	<u>VERY</u> <u>OFTEN</u> (MOST OF THE <u>TIME</u>)
a.	Controls temper in conflict situations with peers	0	1	2	3	4
b.	Compromises in conflict situations by changing own ideas to reach agreement	0	1	2	3	4
c.	Firmly and persistently says "No," to peer pressure to misbehave	0	1	2	3	4
d.	Expresses own feelings, opinions, and ideas without putting down those of others	0	1	2	3	4
e.	Ignores teasing by peers	0	1	2	3	4
f.	Receives criticism well	0	1	2	3	4
g.	Accepts peers' ideas for group activities	0	1	2	3	4
h.	Firmly tells an aggressive peer to stop hurtful acts (e.g., "Stop hitting," or "No pushing")	0	1	2	3	4
i.	Easily adapts to changes in routine	0	1	2	3	4
j.	Gets along with people who are different	0	1	2	3	4
k.	Shows willingness to approach new situations	0	1	2	3	4
l.	Is sensitive to the feelings of others	0	1	2	3	4
m.	Resolves peer problems on his/her own	0	1	2	3	4
n.	Observes before entering new activities	0	1	2	3	4

21. In the last month or two, how often have you taken any disciplinary action regarding this student?
(CIRCLE ONE NUMBER)

- Several times a week 1
- About once a week 2
- One to three times a month 3
- Once in awhile, less than once a month 4
- Never 5

22. So far this school year, has this student had any behavior or discipline problem at school that resulted in his/her parent(s) or guardian(s) being sent a note or being asked to come in to meet with you or the principal? (CIRCLE ONE NUMBER)

- No, never 1
- Yes, once 2
- Yes, more than once 3

23. In the last month or two, how often has this student exhibited each of the following behaviors?
(CIRCLE ONE NUMBER ON EACH LINE)

This student:	<u>NEVER</u>	<u>SOMETIMES (OR OCCASIONALLY)</u>	<u>OFTEN (REGULARLY BUT NOT ALL THE TIME)</u>	<u>VERY OFTEN (MOST OF THE TIME)</u>
a. Easily joins others in ongoing play	1	2	3	4
b. Uses free time in a constructive way	1	2	3	4
c. Makes friends easily	1	2	3	4
d. Fights with others	1	2	3	4
e. Threatens or bullies others	1	2	3	4
f. Forms and maintains friendships	1	2	3	4
g. Initiates conversations with peers	1	2	3	4
h. Appears lonely	1	2	3	4
i. Produces correct schoolwork	1	2	3	4
j. Appropriately uses nonverbal communication (e.g, facial expressions, nods, waving)	1	2	3	4
k. Gives compliments to peers	1	2	3	4

23. (continued)

This student:		NEVER	SOMETIMES (OR OCCASIONALLY)	OFTEN (REGULARLY BUT NOT ALL THE TIME)	VERY OFTEN (MOST OF THE TIME)
l.	Disturbs ongoing activities	1	2	3	4
m.	Shows anxiety about being with a group of children	1	2	3	4
n.	Has low self-esteem	1	2	3	4
o.	Respects the property rights of others	1	2	3	4
p.	Has temper tantrums	1	2	3	4
q.	Works well and cooperates with others	1	2	3	4
r.	Comforts or helps other children	1	2	3	4
s.	Argues with others	1	2	3	4
t.	Works slowly and carefully	1	2	3	4
u.	Ignores distractions	1	2	3	4
v.	Keeps belongings organized	1	2	3	4
w.	Gets angry easily	1	2	3	4
x.	Acts sad or depressed	1	2	3	4
y.	Pays attention well	1	2	3	4
z.	Easily makes transition from one activity to another	1	2	3	4
aa.	Shows enjoyment of learning	1	2	3	4
bb.	Acts impulsively	1	2	3	4
cc.	Shows eagerness to learn new things	1	2	3	4
dd.	Works independently	1	2	3	4
ee.	Is aggressive	1	2	3	4
ff.	Persists in completing tasks	1	2	3	4
gg.	Shows creativity in work and play	1	2	3	4
hh.	Worries about things for a long time	1	2	3	4
ii.	Seeks reassurance that he or she is doing okay	1	2	3	4
jj.	Follows planned projects to completion	1	2	3	4

24. Have you met or spoken with the student's mother (or a mother substitute) this year:

(CIRCLE ONE NUMBER ON EACH LINE)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
a.	For a general discussion of the student's school work and conduct?	1	2	3
b.	To discuss an academic problem?	1	2	3
c.	To discuss a behavior or discipline problem?	1	2	3
d.	During an open house or back-to-school night?	1	2	3

25. How many times altogether would you estimate you've met or talked with this student's mother (or mother substitute) for any reason this year? (CIRCLE ONE)

- Never 1
- 1 or 2 times 2
- 3 to 5 times 3
- More than 5 times 4

26. How many times altogether would you estimate you've met or talked with this student's student's father (or a father substitute) for any reason this year? (CIRCLE ONE)

- Never 1
- 1 or 2 times 2
- 3 to 5 times 3
- More than 5 times 4

Now just a few questions about you and this school . . .

27. How do you classify your main assignment at this school--that is, the activity at which you spend most of your time--during this school year? (CIRCLE ONE NUMBER)

- Regular full-time teacher 1
- Regular part-time teacher 2
- Substitute teacher 3

28. What is the highest level of education you have completed? (CIRCLE ONE NUMBER)

- Bachelor's degree 1
- Some coursework beyond the bachelor's 2
- Master's degree 3
- Some coursework beyond the master's 4
- Doctorate 5

29. Including this year, for how many years have you been teaching on a full-time basis? (CIRCLE ONE NUMBER OR WRITE IN THE NUMBER OF YEARS)

- I have never taught full time 1
- This is my first year teaching full time 2
- I have been teaching full time for _____ years including this year

(CIRCLE ONE NUMBER ON EACH LINE)

30. To what extent is each of the following a problem in this school?	<u>SERIOUS PROBLEM</u>	<u>MODERATE PROBLEM</u>	<u>MINOR PROBLEM</u>	<u>NOT A PROBLEM</u>
a. Student tardiness	1	2	3	4
b. Student absenteeism	1	2	3	4
c. Teacher absenteeism	1	2	3	4
d. Physical fights among students	1	2	3	4
e. Student disrespect for teachers	1	2	3	4
f. Student apathy	1	2	3	4
g. Lack of academic challenge	1	2	3	4
h. Lack of parental involvement	1	2	3	4
i. Poverty	1	2	3	4
j. Safety of students	1	2	3	4
k. Lack of up-to-date reference materials and textbooks	1	2	3	4
l. Lack of high-tech equipment for students, such as computers	1	2	3	4
m. School is dirty and in disrepair	1	2	3	4

