# ADULT MAIN INTERVIEW QUESTIONNAIRE

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INTRODUCTION TO PRIMARY CAREGIVER MAIN INTERVIEW

>P_MA1<

Before we start, I would like to go over a few things about the Child and Family Well-Being Study. This study is being run by the University of Chicago, University of Texas, Harvard University, and The Johns Hopkins University.

>P_MA2<

We are asking questions to find out how American families are doing and what kind of help they need. We cannot talk to everyone, that would cost too much and take too long. So, we scientifically picked a "sample" of households in Chicago, Boston, and San Antonio for this study. Your participation is completely voluntary, but it is very important because once a household has been picked, another household cannot take its place. There are no risks or benefits to your participation.

>P_MA3<

In order for the survey results to be useful, it is crucial that everyone gives us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question.

If you have any questions, please let me know.

READ IF NECESSARY:

(If you have questions, you may call RTI at 1-800-647-9670. If you have questions related to your rights as a survey respondent, you may call Steve Garfinkel, the chair of the RTI Human Subjects Committee, at 1-800-334-8571.)

HAVE R READ ADULT CONSENT FORM.

>P_MA4<

I also need to obtain consent from you regarding [CHILD]'s participation in the study. For younger children, we would like to observe and assess some activities. For older children, we would also like to ask them some questions.
>P_MA5<

GIVE RESPONDENT PARENTAL PERMISSION CONSENT FORM.

Please read this consent form and sign and date it at the bottom.

OBTAIN WRITTEN PARENTAL CONSENT.

End of Introduction to Primary Caregiver Main Interview
INITIAL CALENDAR PROCEDURE

>P_LM1<

In different parts of this survey, I'll be asking you about when things happened, such as marriages, childbirths, different living arrangements, and jobs. Many people we have talked to have found that having a calendar to look at helped them to remember when something happened to them. Here's an example of a calendar with some events marked on it.

SHOW EXAMPLE CALENDAR TO R AND EXPLAIN HOW IT IS COMPLETED.

>P_LM2<

Now, we will set a calendar up for you. Let's start with your date of birth.

RECORD R'S DATE OF BIRTH ON CALENDAR.

Starting with the box directly under the one marked with your birthdate, I will mark your age, each year, to the present year. This will help you during the interview when I ask you to recall the date of an event. It may be easier for you to remember how old you were when the event occurred and then look at the calendar to determine the date.

RECORD R'S AGE EACH YEAR.

>P_LM3<

Now, we need to record on the calendar some of the important events in your life. Please think of four or five important things that happened in your life that really stand out in your memory. These can be anything for which you easily remember the month and year it happened such as leaving school, starting your first job, a wedding, a death, a birth, or anything that comes to mind. Please write these events on the calendar at the month and year they happened.

>P_LM4<

When I ask you about dates during the interview, please refer to the calendar whenever you have trouble remembering when something happened. The events you have already written on the calendar should act as reminders to help you remember other dates. You may find it helps to write other important events on the calendar as we go along. Please feel free to do that. Now, let's continue with the interview.

End of Initial Calendar Procedure section
DEMOGRAPHICS

>P_DE1<

Now, I'd like to ask some questions about you, [CHILD] and your household.

>P_DE1A<

RESPONDENT'S NAME:

>P_DE1B<

FOCAL CHILD'S NAME:

>P_DE2<

Besides yourself and [CHILD], please tell me the first names of all other people who stay in this household at least 2 nights a week. Let's start with the oldest person.

FIRST NAMES OF HOUSEHOLD MEMBERS

>P_DE3A<

What is your date of birth?

    MONTH _____        DAY _____        YEAR _____

>P_DE3B<

So that would make you [AGE] years old. Is that correct?

    1 = YES -> go to DE3D

    2 = NO

>P_DE3C<

I have your date of birth as [date of birth]. Is that correct?

    1 = DATE OF BIRTH IS CORRECT (NO CHANGE NECESSARY)

    2 = NEED TO CORRECT THE DATE OF BIRTH -> go back to DE3A
Using Card DE-1, what is your relationship to [CHILD]?

11 = NATURAL PARENT          35 = BROTHER/SISTER IN LAW
12 = ADOPTIVE PARENT         51 = MATERNAL GRANDPARENT
13 = STEP-PARENT             52 = PATERNAL GRANDPARENT
14 = FOSTER PARENT          65 = AUNT/UNCLE
31 = NATURAL SIBLING         66 = NIECE/NEPHEW
32 = ADOPTIVE SIBLING       67 = COUSIN
33 = STEP-SIBLING            85 = OTHER BLOOD RELATIVE
34 = FOSTER SIBLING         86 = OTHER NON-RELATIVE

PERSON IN QUESTION (FOCAL CHILD): [fill name]

IS [CHILD] MALE OR FEMALE?

1 = MALE
2 = FEMALE

What is [CHILD]'s date of birth?

MONTH _____        DAY _____        YEAR _____

So that would make [CHILD] [AGE] years old. Is that correct?

1 = YES \(
2 = NO

I have [CHILD]'s date of birth as [date of birth].
Is that correct?

1 = DATE OF BIRTH IS CORRECT (NO CHANGE NECESSARY)
2 = NEED TO CORRECT THE DATE OF BIRTH \(

What is [CHILD]'s relationship to you? (USE SHOWCARD DE-1)

21 = NATURAL CHILD    51 = MATERNAL GRANDPARENT
22 = ADOPTED CHILD     52 = PATERNAL GRANDPARENT
23 = STEP-CHILD        55 = GRANDCHILD
24 = FOSTER CHILD       65 = AUNT/UNCLE
31 = NATURAL SIBLING    66 = NIECE/NEPHEW
32 = ADOPTIVE SIBLING   67 = COUSIN
33 = STEP-SIBLING      85 = OTHER BLOOD RELATIVE
34 = FOSTER SIBLING     86 = OTHER NON-RELATIVE
35 = BROTHER/SISTER IN LAW

NOTE: ITEMS DE5 THROUGH DE5C ARE IN A LOOP THAT IS REPEATED FOR EACH PERSON LISTED ON THE HOUSEHOLD ROSTER AFTER THE RESPONDENT AND THE FOCAL CHILD.

PERSON IN QUESTION: [fill name]

IS [NAME] MALE OR FEMALE?

1 = MALE
2 = FEMALE

How old was [NAME] on [his/her] last birthday?

AGE:
What is [NAME]'s relationship to you? (USE SHOWCARD DE-1)

1 = SPOUSE                  33 = STEP-SIBLING
2 = LIVE-IN PARTNER         34 = FOSTER SIBLING
11 = NATURAL PARENT         35 = BROTHER/SISTERS IN LAW
12 = ADOPTIVE PARENT        51 = MATERNAL GRANDPARENT
13 = STEP-PARENT            52 = PATERNAL GRANDPARENT
14 = FOSTER PARENT          55 = GRANDCHILD
21 = NATURAL CHILD          65 = AUNT/UNCLE
22 = ADOPTIVE CHILD         66 = NIECE/NEPHEW
23 = STEP-CHILD             67 = COUSIN
24 = FOSTER CHILD           85 = OTHER BLOOD RELATIVE
31 = NATURAL SIBLING        86 = OTHER NON-RELATIVE
32 = ADOPTIVE SIBLING

What is [NAME]'s relationship to [CHILD]? (USE SHOWCARD DE-1)

1 = SPOUSE                  35 = BROTHER/SISTERS IN LAW
2 = LIVE-IN PARTNER         51 = MATERNAL GRANDPARENT
11 = NATURAL PARENT         52 = PATERNAL GRANDPARENT
12 = ADOPTIVE PARENT        55 = GRANDCHILD
13 = STEP-PARENT            65 = AUNT/UNCLE
14 = FOSTER PARENT          66 = NIECE/NEPHEW
21 = NATURAL CHILD          67 = COUSIN
22 = ADOPTED CHILD          85 = OTHER BLOOD RELATIVE
23 = STEP-CHILD             86 = OTHER NON-RELATIVE
24 = FOSTER CHILD
31 = NATURAL SIBLING
32 = ADOPTIVE SIBLING
33 = STEP-SIBLING
34 = FOSTER SIBLING

INTERVIEWER VERIFY INFORMATION BY SAYING: I have the following people listed
who stay in this household (READ NAMES ON ROSTER). Is this correct?

1 = INFORMATION VERIFIED
2 = MAKE CHANGES --> go back to DE2
IF R IS FOCAL CHILD’S NATURAL PARENT, GO TO DE7

You indicated that you are not [CHILD]'s biological mother. Why does [he/she] not live with [his/her] biological mother? CODE ALL THAT APPLY

1 = MOTHER DECEASED
2 = CHILD PLACED IN FOSTER CARE
3 = MOTHER IN JAIL
4 = MOTHER HAS DRUG/ALCOHOL ADDICTION
5 = MOTHER ILL/PHYSICALLY DISABLED
6 = MOTHER MENTALLY/EMOTIONALLY DISABLED
7 = CHILD ABUSED/NEGLECTED
8 = MOTHER COULD NOT AFFORD TO CARE FOR CHILD
9 = MOTHER LIVES IN UNSAFE/BAD NEIGHBORHOOD OR SCHOOL DISTRICT
10 = MOTHER ABANDONED CHILD
11 = OTHER (SPECIFY)
F3 = DK
F4 = RE

Do you have any natural or adopted children age 17 or younger who do not stay in this household?

1 = YES
2 = NO → go to DE9

How many?

NUMBER:

(Number DE8)

Altogther, how many children have you given birth to?

NUMBER:
>P_DE10<

Are you pregnant now?

1 = YES
2 = NO \(\rightarrow\) go to DE12A

>P_DE10A<

In what month is the baby due?

MONTH:

(No item DE11)

>P_DE12A<

Other than [CHILD], how many children in this household are you responsible for, if any?

NUMBER

(No item DE13)

>P_DE14_FC< \(\text{IF THERE IS A SPOUSE OR PARTNER PRESENT IN THE}
\text{HOUSEHOLD, SKIP TO DE17_FC}

>P_DE15<

Are you married now?

1 = YES
2 = NO \(\rightarrow\) go to DE18_FC

>P_DE16<

I've recorded that your spouse is not staying here now. In what month and year did you stop living together?

MONTH _____ YEAR _____
What is the main reason your spouse is not staying here now?

1 = JOB OR WORK-RELATED SEPARATION
2 = SCHOOL-RELATED SEPARATION
3 = SPOUSE IS IN A NURSING HOME
4 = OTHER MEDICAL CARE FACILITY
5 = PRISON OR CORRECTIONAL INSTITUTION
6 = MARITAL PROBLEMS OR CONFLICT
7 = OTHER (SPECIFY)

IF THERE IS A SPOUSE OR PARTNER PRESENT IN THE HOUSEHOLD AND IF THE SPOUSE OR PARTNER IS THE NATURAL PARENT OF THE CHILD, THEN DE18 =1 AND GO TO DE27.

IF FOCAL CHILD IS NOT NATURAL CHILD OF RESPONDENT, GO TO DE22_FC

Have you and [CHILD]'s natural father ever been married to one another?

1 = YES
2 = NO –> go to DE19

In what month and year did you marry [CHILD]'s father?

MONTH _____ YEAR _____

–> go to DE21

Have you and [CHILD]'s natural father ever lived together?

1 = YES –> go to DE21
2 = NO –> go to DE22_FC

(No item DE20)
In what month and year did you stop living with [CHILD]'s father?

MONTH _____ YEAR _____

[VERSION IF RESPONDENT AND FOCAL CHILD’S NATURAL FATHER WERE EVER MARRIED]
Were you married to [CHILD]'s father when you gave birth to [CHILD]?

[ALL OTHERS]
Were you living with [CHILD]'s father when you gave birth to [CHILD]?

1 = YES
2 = NO

IF FATHER IS IN THE HOUSEHOLD, GO TO DE27

Is [CHILD]'s natural father still alive?

1 = YES --> go to DE25
2 = NO

[If answer is “don’t know” or “refused” go to DE27]

In what month and year did [CHILD]'s natural father die?

MONTH _____ YEAR _____ --> go to DE26A

(No item DE24)

Does [CHILD]'s natural father live in your neighborhood or someplace else?

1 = IN THE NEIGHBORHOOD
2 = IN THE SAME CITY
3 = OUTSIDE OF THE CITY
4 = IN JAIL
5 = IN INSTITUTION OTHER THAN JAIL
I'd like to ask some background questions about [CHILD]'s natural father.

[IF CHILD’S NATURAL FATHER IS STILL ALIVE]
Is he Spanish, Hispanic or Latino?

1 = YES
2 = NO \(\rightarrow\) go to DE26C

[ALL OTHERS]
Was he Spanish, Hispanic or Latino?

1 = YES
2 = NO \(\rightarrow\) go to DE26C

Which of these following groups would best describe [CHILD]'s natural father?
Would you say...

1 = Cuban,
2 = Dominican,
3 = Mexican,
4 = Puerto Rican, or
5 = some other group? (Specify)

Which of these following groups would best describe [CHILD]'s natural father?

1 = Asian or Pacific Islander,
2 = Black or African American,
3 = White,
4 = American Indian or Alaskan Native, or
5 = Other? (Specify)

Now, I'd like to ask some other background questions.

Are you Spanish, Hispanic or Latino?

1 = YES
2 = NO \(\rightarrow\) go to DE28_FC
Which of the following groups best describes you? Are you...

1 = Cuban,
2 = Dominican,
3 = Mexican,
4 = Puerto Rican, or
5 = some other group? (SPECIFY)

IF THERE IS NO SPOUSE OR PARTNER IN THE HOUSEHOLD, GO TO DE31

What about [spouse/partner]? Is he Spanish, Hispanic or Latino?

1 = YES
2 = NO -> go to DE31

Is he...

1 = Cuban,
2 = Dominican,
3 = Mexican,
4 = Puerto Rican, or
5 = some other group? (SPECIFY)

(No item DE30)

What about [CHILD]? Is [he/she] Spanish, Hispanic or Latino?

1 = YES
2 = NO -> go to DE33
>P_DE31A<

Is [CHILD]...

1 = Cuban,
2 = Dominican,
3 = Mexican,
4 = Puerto Rican, or
5 = some other group? (SPECIFY)

(No item DE32)

>P_DE33<

Which of the following groups best describes you?

1 = Asian or Pacific Islander,
2 = Black or African American,
3 = White,
4 = American Indian or Alaskan Native, or
5 = Other (SPECIFY)

>P_DE33_FC< IF THERE IS NO SPOUSE OR PARTNER IN THE HOUSEHOLD, GO TO DE35

>P_DE34<

What about [spouse/partner]?

(Would you say Asian or Pacific Islander, Black or African American, White, American Indian or Alaskan Native, or Other?)

1 = ASIAN OR PACIFIC ISLANDER,
2 = BLACK OR AFRICAN AMERICAN,
3 = WHITE,
4 = AMERICAN INDIAN OR ALASKAN NATIVE, OR
5 = OTHER (SPECIFY)
What about [CHILD]?

(Would you say Asian or Pacific Islander, Black or African American, White, American Indian or Alaskan Native, or Other?)

1 = ASIAN OR PACIFIC ISLANDER,
2 = BLACK OR AFRICAN AMERICAN,
3 = WHITE,
4 = AMERICAN INDIAN OR ALASKAN NATIVE, OR
5 = OTHER (SPECIFY)

Where were you born? (In what city, state or country was it?)

NOTE: IF BORN IN ANOTHER COUNTRY ENTER CITY AND FC (FOREIGN COUNTRY) FOR STATE. IF BORN IN PUERTO RICO OR US TERRITORIES, ENTER APPROPRIATE CODE.

CITY:
STATE:
COUNTRY:

[if STATE = FC (Foreign Country), GUAM, PUERTO RICO, AMERICAN SAMOA, AMERICAN VIRGIN ISLANDS, or OTHER US TERRITORY, THEN GO TO DE37, OTHERWISE GO TO DE42_FC]

When did you first move to the U.S. mainland to stay for six months or more?

MONTH _____ YEAR _____

[IF BORN IN U.S. TERRITORY, GO TO DE38]

Are you a citizen of the United States?

1 = YES
2 = NO
When you came to the United States mainland to stay, did you come alone or with members of your family?

1 = ALONE -> go to DE40
2 = WITH FAMILY MEMBERS

Who came with you? CODE ALL THAT APPLY.

1 = HUSBAND
2 = CHILD(REN)
3 = PARENTS
4 = BROTHERS/SISTERS
5 = GRANDPARENTS
6 = AUNTS OR UNCLEs
7 = OTHER BLOOD RELATIVE
F3 = DK
F4 = RE

Do you have any family members who still live in [COUNTRY WHERE YOU WERE BORN (DE36)]?

1 = YES
2 = NO -> go to DE42_FC

What family members still live in [COUNTRY WHERE YOU WERE BORN (DE36)]?
CODE ALL THAT APPLY

1 = HUSBAND
2 = CHILD(REN)
3 = PARENTS
4 = BROTHERS/SISTERS
5 = GRANDPARENTS
6 = AUNTS OR UNCLEs
7 = OTHER BLOOD RELATIVE
F3 = DK
F4 = RE
Have you or [CHILD/your children] visited family members in [COUNTRY WHERE YOU WERE BORN (DE36)] in the last five years?

1 = YES
2 = NO

Have any of your family members come from [COUNTRY WHERE YOU WERE BORN (DE36)] to visit you during the last five years?

1 = YES
2 = NO

IF THERE IS NO SPOUSE OR PARTNER IN THE HOUSEHOLD, GO TO DE45

Where was [spouse/partner] born? (In what city, state or country was it?)

NOTE: IF BORN IN ANOTHER COUNTRY ENTER CITY AND FC (FOREIGN COUNTRY) FOR STATE AND IF BORN IN PUERTO RICO OR US TERRITORIES, ENTER APPROPRIATE CODE.

CITY:
STATE:
COUNTRY:

[IF DE43 = FOREIGN COUNTRY (FC), GUAM, PUERTO RICO, AMERICAN SAMOA, AMERICAN VIRGIN ISLANDS, OR OTHER US TERRITORY, THEN GO TO DE44, OTHERWISE GO TO DE45]

When did [spouse/partner] first move to the U.S. mainland to stay for six months or more?

MONTH _____ YEAR _____

[IF BORN IN U.S. TERRITORY, GO TO DE45]
>P_DE44A<

Is [spouse/partner] a citizen of the United States?

1 = YES
2 = NO

>P_DE45<

Where was [CHILD] born? (In what city, state or country was it?)

NOTE: IF BORN IN ANOTHER COUNTRY ENTER CITY AND FC (FOREIGN COUNTRY) FOR STATE AND IF BORN IN PUERTO RICO OR US TERRITORIES, ENTER APPROPRIATE CODE.

CITY:
STATE:
COUNTRY:

[IF DE45 = FOREIGN COUNTRY (FC), GUAM, PUERTO RICO, AMERICAN SAMOA, AMERICAN VIRGIN ISLANDS, OR OTHER US TERRITORY, THEN GO TO DE46, OTHERWISE, GO TO DE46_FC]

>P_DE46<

When did [CHILD] first move to the U.S. mainland to stay for six months or more?

MONTH _____ YEAR _____

[IF BORN IN U.S. TERRITORY, GO TO DE50]

>P_DE46A<

Is [CHILD] a citizen of the United States?

1 = YES
2 = NO

(No items DE47-49)

>P_DE50<

Is English your first language?

1 = YES –> go to DE52
2 = NO
How well do you **speak** English? Would you say...

1 = not at all,  
2 = not very well,  
3 = pretty well, or  
4 = very well?

How well do you **read** English? (Would you say...)

1 = not at all,  
2 = not very well,  
3 = pretty well, or  
4 = very well?

How well do you **write** English? (Would you say...)

1 = not at all,  
2 = not very well,  
3 = pretty well, or  
4 = very well?

Using card DE-2, please tell me which religion, if any, you most identify with?

1 = PROTESTANT  
2 = CATHOLIC  
3 = JEWISH  
4 = MOSLEM  
5 = OTHER (specify)  
6 = NONE
**P_DE53**

In the past 12 months, how often did you attend religious services? Would you say...

1 = never,
2 = a few times in the past year,
3 = 1 to 2 times per month,
4 = about every week, or,
5 = more than once per week?

End of Demographics section
EDUCATION AND TRAINING

>P_ET1<

Now I have a few questions about your education. What is the highest degree or certificate you hold?

1 = NONE –> ask ET2, then go to ET4FC
2 = HIGH SCHOOL EQUIVALENCY (e.g., GED)
3 = H.S. DIPLOMA
4 = VOCATIONAL TECH DIPLOMA –> go to ET4A
5 = ASSOCIATE DEGREE –> go to ET4FC
6 = RN DIPLOMA –> go to ET4A
7 = BACHELOR'S DEGREE — — —| 
8 = MASTERS DEGREE ——— | - go to ET4FC
9 = M.D., PH.D., LAW, DENTAL — ——| 
10 = OTHER (SPECIFY)

>P_ET2<

What is the highest grade in school you have completed?

55 = KINDERGARTEN 09 = NINTH GRADE
01 = FIRST GRADE 10 = TENTH GRADE
02 = SECOND GRADE 11 = ELEVENTH GRADE
03 = THIRD GRADE 12 = TWELFTH GRADE
04 = FOURTH GRADE 13 = VOCATIONAL/TECHNICAL
05 = FIFTH GRADE 14 = ANY YEAR OF COLLEGE –> go to ET4B
06 = SIXTH GRADE 17 = UNGRADED PLACEMENT
07 = SEVENTH GRADE 44 = PRESCHOOL/HEAD START
08 = EIGHTH GRADE

>P_ET3< FOR Rs WHOSE HIGHEST DEGREE IS A GED (ET1=2)

How old were you when you received your high school equivalency, or GED?

YEARS _____

>P_ET4A<

Have you ever attended college?

1 = YES 
2 = NO –> go to ET4FC
How many years of college did you complete?

YEARS _____ (IF LESS THAN 1 YEAR, ENTER 0)

If R’s HIGHEST DEGREE IS A VOCATIONAL/TECH DIPLOMA (ET1=4), GO TO ET7.

If R’s HIGHEST GRADE COMPLETED IS VOCATIONAL/TECH (ET2=13), GO TO ET6.

Have you ever attended a vocational or technical school?

1 = YES
2 = NO –> go to ET7

How many years of vocational or technical school did you complete? If you attended more than one of this type of school, tell me about the first one.

YEARS _____ (IF LESS THAN 1 YEAR, ENTER 0)

Did you receive a degree or certificate from a vocational or technical school?

1 = YES
2 = NO

Are you currently enrolled in school?

1 = YES
2 = NO –> go to ET8a_FC

Are you enrolled full time or part time?

1 = FULL TIME
2 = PART TIME

IF ENGLISH IS R’s FIRST LANGUAGE (DE50 = 1), GO TO ET10
Have you ever taken an English as a Second Language, or ESL, class?

ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES ARE CLASSES THAT HELP PEOPLE WHO USUALLY DON'T SPEAK ENGLISH TO LEARN THE LANGUAGE

1 = YES
2 = NO

Now I'm going to ask you about any programs or classes that you may have participated in to help you look for a job or to train you for a particular kind of job or career.

In the past 30 days, have you been involved in any training classes that help teach people how to look for a job, prepare a resume, and how to go on interviews and talk to employers?

1 = YES
2 = NO

In the past 30 days, have you taken any workshops that help people decide what their skills are and what kinds of jobs are best for them?

1 = YES
2 = NO

In the past 30 days, have you been involved in any classroom training that teaches skills for a job, such as typing, computers, and other office work?

1 = YES
2 = NO
>P_ET14<

In the past 30 days, have you been involved in job training that actually requires you to do work at a job while you are being trained?

1 = YES
2 = NO

>P_ET15<

In the past 30 days, have you taken any correspondence courses for which you study at home with materials you get in the mail?

1 = YES
2 = NO

>P_ET16<

In the past 30 days, have you been involved in training programs offered by a company to their employees to give them new skills?

1 = YES
2 = NO

>P_ET17<

In the past 30 days, have you had an apprenticeship?

1 = YES
2 = NO

>P_ET18<

In the past 30 days, have you taken training classes through a vocational or technical institute without being enrolled as a student in the school?

1 = YES
2 = NO

>P_ET18FC<  IF R SAID ‘NO’ TO ALL THE TYPES OF TRAINING (ET11-ET18), GO TO ET23FC

(No item ET19)
So, in the past 30 days, you've participated in

(if ET11 = YES) * a job club, job search, or job readiness program
(if ET12 = YES) * a career or job skills workshop
(if ET13 = YES) * a classroom training to teach skills for a job
(if ET14 = YES) * on the job training
(if ET15 = YES) * correspondence courses
(if ET16 = YES) * a company training program
(if ET17 = YES) * an apprenticeship program
(if ET18 = YES) * classes through a vocational or technical institute.

Did the welfare department sponsor any of the training programs you took in the past 30 days?

1 = YES
2 = NO --> go to ET23

Which welfare offices sponsored these training programs you took in the past 30 days? CODE ALL THAT APPLY.

1 = AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN)
2 = TANF (TEMPORARY AID TO NEEDY FAMILIES)
3 = FOOD STAMPS
4 = PUBLIC HOUSING
5 = GENERAL ASSISTANCE
6 = OTHER (SPECIFY)
F3 = DK
F4 = RE

In the past 30 days, were you required to participate in any of these training programs in order to receive welfare benefits?

1 = YES
2 = NO
Were any of the training classes you took in the past 30 days sponsored by "JTPA" or another government program?

INTERVIEWER: "JTPA" STANDS FOR JOB TRAINING PARTNERSHIP ACT

1 = YES
2 = NO

IF R HAS NO SPOUSE OR PARTNER IN THE HOUSEHOLD, GO TO THE END OF THE EDUCATION AND TRAINING SECTION

Now I have a few questions about [NAME]'s education. What is the highest degree or certificate he holds?

1 = NONE
2 = HIGH SCHOOL EQUIVALENCY (e.g., GED)
3 = H.S. DIPLOMA
4 = VOCATIONAL TECH DIPLOMA
5 = ASSOCIATE DEGREE
6 = RN DIPLOMA
7 = BACHELOR'S DEGREE
8 = MASTERS DEGREE
9 = M.D., PH.D., LAW, DENTAL
10 = OTHER (SPECIFY)

What is the highest grade in school [NAME] has completed?

55 = KINDERGARTEN
01 = FIRST GRADE
02 = SECOND GRADE
03 = THIRD GRADE
04 = FOURTH GRADE
05 = FIFTH GRADE
06 = SIXTH GRADE
07 = SEVENTH GRADE
08 = EIGHTH GRADE
09 = NINTH GRADE
10 = TENTH GRADE
11 = ELEVENTH GRADE
12 = TWELFTH GRADE
13 = VOCATIONAL/TECHNICAL
14 = ANY YEAR OF COLLEGE
17 = UNGRADED PLACEMENT
44 = PRESCHOOL/HEAD START
>P_ET26<

Is [NAME] currently enrolled in school?

1 = YES
2 = NO

End of Education and Training section
LABOR FORCE, EMPLOYMENT, WORK HISTORY

INTRODUCTION TO SECTION

Now I'd like to ask you some questions about your jobs and work, both currently and over the past couple of years. Let's start with last week and take the most recent Monday-to-Sunday period.

>P_LF1<

Many people who are getting help from a government program, such as welfare, work at a job that is connected with the welfare department. These jobs include what are sometimes called "job sites", "volunteer work", and "community service work", but are also called other things. Did you work at this type of job last week?

1 = YES
2 = NO –> go to LF9

>P_LF2<

How many hours did you work at this activity last week?

HOURS:

>P_LF3<

Is that the number of hours you usually work per week at this activity?

1 = YES, USUAL –> go to LF5
2 = NO NOT USUAL

>P_LF4<

How many hours do you usually work per week at this activity?

HOURS:

>P_LF5<

Are you receiving pay for this activity?
INTERVIEWER: IF R VOLUNTEERS "WELFARE" ENTER 3.

1 = YES
2 = NO –> go to LF7
3 = WELFARE –> go to LF7
How much do you receive?

DOLLARS:

IF RESPONSE IS > 0, ASK . . .
(Is that...)

1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

Were you required to do this work to keep your welfare or other government benefits?

1 = YES
2 = NO

IF THE WELFARE DEPARTMENT DID NOT SPONSOR ANY OF THE RESPONDENT’S TRAINING TAKEN IN THE LAST 30 DAYS (ET20 O1), GO TO LF71A

We talked earlier about your having some type of training or job program sponsored by the welfare department. Is this work activity we are talking about now the same as a training or job program you told me about earlier?

1 = YES –> go to LF71A
2 = NO –> go to LF71A

Now let's talk about any work you might have done last week for pay. Include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. Did you work at a job for pay last week, even for one hour?

1 = YES –> go to LF16
2 = NO
(Don’t Know and Refused –> go to LF87FC)
Card LF-1 gives a list of some reasons people don't or can't work. Please tell me the main reason you were not working last week.

1 = TEMPORARILY AWAY FROM A JOB I HAVE → go to LF11
2 = HIRED FOR NEW JOB AND WAITING TO START → go to LF71A
3 = HAVE BEEN ACTIVELY LOOKING FOR WORK → go to LF61B
4 = ILLNESS OR DISABILITY PREVENTS ME FROM WORKING
5 = NO RELIABLE TRANSPORTATION
6 = CANNOT ARRANGE FOR CHILD CARE
7 = NO JOBS AVAILABLE
8 = WOULD LOSE WELFARE BENEFITS OR MEDICAL COVERAGE → go to LF71A
9 = WAS GOING TO SCHOOL
10 = TAKING CARE OF HOME OR FAMILY
11 = RETIRED
12 = OTHER (SPECIFY)

How long has it been since you worked at that job?

NUMBER:

1 = DAYS
2 = WEEKS
3 = MONTHS

→ If more than 60 DAYS or 2 MONTHS or 8 WEEKS, go to LF61a

Were you away from work last week because you have been laid off?

1 = YES
2 = NO → go to LF18

Do you have an expected date at which you will be recalled to start work again?

1 = YES
2 = NO → go to LF18
What is the month and year of that expected date?

MONTH: YEAR:

-> go to LF18

(No item LF15)

Last week, did you work at one job or more than one?

1 = ONLY ONE
2 = MORE THAN ONE

(No item LF17)

[FOR RESPONDENTS WHO WORKED FOR PAY LAST WEEK (LF9 = 1)
AT MORE THAN ONE JOB (LF16 = 2)]
Let's first talk about your "main" job, the one you worked at the most number of hours last week. What type of job is it? Is it a regular steady job for pay, a temporary or odd job for pay, self-employment, or something else?

[FOR RESPONDENTS WHO WORKED FOR PAY LAST WEEK (LF9 = 1)
AT ONLY ONE JOB OR DON'T KNOW OR REFUSED (LF16 = 1, -1, -2)]
Let's talk about the job you worked at last week. What type of job is it? Is it a regular steady job for pay, a temporary or odd job for pay, self-employment, or something else?

[FOR RESPONDENTS TEMPORARILY AWAY FROM JOB (LF10A = 1)]
Let's talk about that job from which you were temporarily absent. What type of job is it? Is it a regular steady job for pay, a temporary or odd job for pay, are you self-employed, or something else?

1 = REGULAR, STEADY JOB FOR PAY
2 = TEMPORARY OR ODD JOB FOR PAY
3 = SELF-EMPLOYMENT (WORK AT OWN BUSINESS)
4 = OTHER (SPECIFY)
>P_LF19<

[FOR RESPONDENTS WHO ARE SELF-EMPLOYED (LF18=3)]
What kind of business or industry is it? What does your business sell or make?

[ALL OTHERS]
What kind of business or industry is it? What does your employer sell or make?

>P_LF19_FC< IF RESPONDENT IS SELF-EMPLOYED (LF18 = 3), GO TO LF21

>P_LF20<

What kind of work do you do in this job? What is your occupation?

>P_LF21<

[FOR RESPONDENTS WHO WORKED MORE THAN 1 JOB LAST WEEK (LF16 = 2)]
How many hours per week do you usually work at your main job?

[ALL OTHERS]
How many hours per week do you usually work at your job?

IF R SAYS HOURS VARY EACH WEEK, ENTER 99

HOURS:

–> If response = 99, Don’t know, or Refused, continue; otherwise go to LF22FC

>P_LF21A<

Do you usually work 35 hours or more per week at your job?

1 = YES
2 = NO
3 = HOURS VARY

>P_LF22FC< IF RESPONDENT IS TEMPORARILY AWAY FROM JOB (LF10A=1),
GO TO LF26
Now I have some questions about the exact number of hours you worked last week, Monday through Sunday. Think carefully about whether you lost or took off any hours from work for any reason such as illness, slack work, vacation, or holiday. Think about whether you lost hours because of problems with transportation or childcare, or because there was something you had to do like a family emergency, or going to court or the welfare office. Did you lose or take off any hours from work last week?

1 = YES
2 = NO -> go to LF22C

How many hours did you take off?

HOURS:

Last week, did you work any overtime or extra hours at your job that you do not usually work?

1 = YES
2 = NO -> go to LF23

How many additional hours did you work?

HOURS:

So, for last week, how many hours did you actually work at your job?

HOURS:

-> if response is $ 30, go to LF26

Did you want to work more hours last week than you did?

1 = YES -> go to LF26
2 = NO
Why didn't you want to work more hours, or why couldn't you?

1 = TAKING CARE OF CHILDREN
2 = COULDN'T FIND ADEQUATE CHILD CARE
3 = ILLNESS OR DISABILITY
4 = GOING TO SCHOOL PART TIME
5 = TAKING CARE OF HOUSE, TOO MANY THINGS TO DO
6 = CARING FOR SOMEONE ELSE
7 = CAN'T FIND A JOB WITH MORE HOURS
8 = EMPLOYER HAS PUT R ON REDUCED HOURS
9 = R HAS ANOTHER JOB
10 = TRANSPORTATION PROBLEMS
11 = RETIRED; DON'T WANT TO WORK MORE
12 = OTHER (SPECIFY)

[FOR RESPONDENTS WHO ARE SELF-EMPLOYED (LF18=3)]

How much profit do you make at this job, usually? (IF LOSS, ENTER 0.)

[ALL OTHERS]

How much are you usually paid, or do you expect to be paid, for this job, before taxes are taken out, and excluding any tips or commissions?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

IF RESPONDENT IS SELF-EMPLOYED (LF18 = 3), GO TO LF32

Is this the kind of job where you get tips?

1 = YES
2 = NO –> go to LF29
How much are your tips on this job, usually?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

Is this the kind of job where you get a commission?

1 = YES
2 = NO → go to LF31

How much are your commissions on this job, usually?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

Are you a member of a union at this job?

1 = YES
2 = NO
Do you or [CHILD] have health insurance or coverage for medical expenses from this job?

(IF NECESSARY WHEN R SAYS YES: Who does it cover, you, [CHILD], or both?)

1 = YES, COVERS BOTH ME AND CHILD
2 = YES, COVERS ME BUT NOT CHILD
3 = YES, COVERS CHILD BUT NOT ME
4 = NO

IF RESPONDENT DID NOT WORK MORE THAN 1 JOB LAST WEEK (LF16 Õ2 ), GO TO LF69

Now let's talk about the job you worked at last week that had the second most number of hours. Is it a regular steady job for pay, a temporary or odd job for pay, were you self-employed, or something else?

1 = REGULAR, STEADY JOB FOR PAY
2 = TEMPORARY OR ODD JOB FOR PAY
3 = SELF-EMPLOYMENT (WORK AT OWN BUSINESS)
4 = OTHER (SPECIFY)

[FOR RESPONDENTS WHO ARE SELF-EMPLOYED (LF38=3)]
What kind of business or industry is it? What does your business sell or make?

[ALL OTHERS]
What kind of business or industry is it? What does your employer sell or make?

-> if respondent is self-employed (LF38 = 3 ), go to LF41

What kind of work do you do in this job? What is your occupation?
How many hours per week do you usually work at your second job?

IF R SAYS HOURS VARY EACH WEEK, ENTER 99

HOURS:

--> if response = 99, Don’t Know, or Refused, go to LF41A. Otherwise go to LF42FC

Do you usually work 35 hours or more per week at your second job?

1 = YES
2 = NO
3 = HOURS VARY

IF RESPONDENT IS TEMPORARILY AWAY FROM JOB (LF10A=1), GO TO LF46

Now I have some questions about the exact number of hours you worked at your second job last week, Monday through Sunday. Think carefully about whether you lost or took off any hours from work for any reason such as illness, slack work, vacation, or holiday. Think about whether you lost hours because of problems with transportation or childcare, or because there was something you had to do like a family emergency, or going to court or the welfare office. Did you lose or take off any hours from your second job last week?

1 = YES
2 = NO --> go to LF42C

How many hours did you take off?

HOURS:

Last week, did you work any overtime or extra hours at your second job that you do not usually work?

1 = YES
2 = NO --> go to LF43
How many additional hours did you work?

HOURS:

So, for last week, how many hours did you **actually** work at your second job?

HOURS:

(No items LF44-LF45)

[FOR RESPONDENTS WHO ARE SELF-EMPLOYED (LF38=3)]
How much profit or loss do you make at this job, usually? IF LOSS, ENTER 0.

[ALL OTHERS]
How much are you usually paid, or do you expect to be paid, for this job, before taxes are taken out, and excluding any tips or commissions?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

IF RESPONDENT IS SELF-EMPLOYED (LF38 = 3), GO TO LF52

Is this the kind of job where you get tips?

1 = YES
2 = NO → go to LF49
How much are your tips on this job, usually?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

Is this the kind of job where you get a commission?

1 = YES
2 = NO --> go to LF51

How much are your commissions on this job, usually?

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

Are you a member of a union at this job?

1 = YES
2 = NO
Does this job provide you or [CHILD] with health insurance or coverage for medical expenses?

(IF NECESSARY WHEN R SAYS YES: Who does it cover, you, your children, or both?)

1 = YES, COVERS BOTH ME AND CHILD
2 = YES, COVERS ME BUT NOT CHILD
3 = YES, COVERS CHILD BUT NOT ME
4 = NO

Did you have more than 2 jobs last week?

1 = YES
2 = NO -> go to LF69

How many jobs did you have?

NUMBER:

What is the total number of hours per week that you usually work at all your jobs combined?

NUMBER:

-> go to LF69

Have you been actively looking for work?

1 = YES
2 = NO -> go to LF71A
Has your search for a job been conducted anytime in the last four weeks?

1 = YES
2 = NO --> go to LF71A

What have you been doing to look for work? CODE ALL THAT APPLY.

1 = CHECKED W/ GOVERNMENT EMPLOYMENT AGENCY
2 = CHECKED W/ PRIVATE EMPLOYMENT AGENCY
3 = CHECKED W/ POTENTIAL EMPLOYERS
4 = CHECKED WITH FRIENDS OR RELATIVES
5 = GOT REFERRALS FROM A JOB TRAINING PROGRAM
6 = PLACED OR ANSWERED ADS
7 = LOOKED IN THE NEWSPAPER
8 = USED SCHOOL EMPLOYMENT SERVICE
9 = SEARCHED ON THE COMPUTER
10 = OTHER (SPECIFY):
11 = NOTHING
F3 = DK
F4 = RE

How long have you been looking?

NUMBER:

1 = DAYS
2 = WEEKS
3 = MONTHS
4 = YEARS

(No item LF64)
What is the minimum amount of pay you would consider taking for a job?

IF R SAYS NO MINIMUM, WILL TAKE ANYTHING, ENTER 99.

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER WEEK
3 = PER MONTH
4 = PER YEAR

(No item LF66)

Would you be willing to accept less if the job provided medical coverage for you and [CHILD]?

1 = YES
2 = NO

Have you been looking for work because you are required to do so by a government program or a welfare department?

1 = YES
2 = NO

-> go to LF71A
I'd like to ask you how you found the [IF RESPONDENT WORKED MORE THAN ONE JOB LAST WEEK (LF16 = 2), main] job you have now. What is the most important source of information you used to find this job?

1 = A FRIEND OR RELATIVE
2 = A GOVERNMENT EMPLOYMENT AGENCY — — — |
3 = A PRIVATE EMPLOYMENT AGENCY |
4 = CHECKING DIRECTLY WITH MY EMPLOYER |
5 = A REFERRAL FROM A JOB TRAINING PROGRAM | - go to LF71A
6 = THE NEWSPAPER |
7 = A SCHOOL EMPLOYMENT SERVICE |
8 = A COMPUTER SEARCH |
9 = OTHER (SPECIFY) — — — — — — — — — — — — |

I'd like to ask you a few things about the friend or relative who was the most important source of information for finding your [IF RESPONDENT WORKED MORE THAN ONE JOB LAST WEEK (LF16 = 2), main] job. What is this person's relationship to you?

1 = MOTHER/FATHER — — |
2 = SISTER/BROTHER |
3 = AUNT/UNCLE | - go to LF70C
4 = GRANDPARENT |
5 = OTHER RELATIVE — — |
6 = NEIGHBOR |
7 = FRIEND

How close a friend is this person? Would you say...

1 = not at all close,
2 = somewhat close, or
3 = very close?

Does this person live in the same neighborhood as you?

1 = YES
2 = NO
Have you ever worked with this person?

1 = YES
2 = NO

What is this person's race?

1 = Asian or Pacific Islander,
2 = Black or African American,
3 = White,
4 = American Indian or Alaskan Native, or
5 = Other (SPECIFY)

How long have you known this person?

NUMBER:

1 = DAYS
2 = WEEKS
3 = MONTHS
4 = YEARS

Is this person currently employed?

1 = YES
2 = NO --> go to LF71A

What kind of business or industry does this person work in?

What kind of job does this person have? What is his or her occupation?
Now I'd like to talk about all jobs you've had over the last two years, since [YEAR MINUS 2]. Please look at the calendar we've been using and tell me when you started and ended jobs during this time. Let's only list jobs that lasted for two months or more. If you've had more than one job at a time, just tell me about the "main" job you worked at the most hours. If there are too many, let's just do the main ones.

Let's start with your [current/most recent] job.

INTERVIEWER: IF RESPONDENT IS CURRENTLY WORKING, PROBE ABOUT THE START DATE OF THAT JOB; OTHERWISE, START BY ASKING WHEN THEY LAST WORKED AT A JOB.

IF A JOB WAS HELD WITHIN THE TWO YEARS BUT IT STARTED BEFORE TWO YEARS AGO COLLECT THE START DATE OF THAT JOB.

MARK ALL START AND END DATES ON THE CALENDAR.

1 = CALENDAR COMPLETE, CONTINUE
9 = R NOT WORKED IN LAST TWO YEARS -> go to LF87FC

NOTE: This is the beginning of a loop of questions about R’s job history for the past two years. The questions are asked for each job the respondent has had in the past two years. The first time through the loop, the fill for [current/most recent] in LF72 is “current” if the respondent worked for pay last week (LF9 = 1). For all others, the fill is “most recent”. The loop ends at LF81FC.

INTERVIEWER: ENTER START DATE OF JOB FROM CALENDAR HERE. UPON RETURN TO THIS SCREEN, ENTER START DATE OF NEXT JOB. ENTER JOBS IN BACKWARDS ORDER FROM MORE RECENT TO LESS RECENT.

[IF R’S FIRST JOB MENTIONED, ASK . . .]
Your [current/most recent] job started in...(READ START MONTH AND YEAR FROM CALENDAR)

[ALL OTHERS, ASK . . .]
Okay, let's talk about the job before that. That job started in ...(READ START MONTH AND YEAR FROM CALENDAR)

MONTH: YEAR:
And, that job ended in...(READ MONTH AND YEAR FROM CALENDAR)

INTERVIEWER: IF THIS IS A CURRENT JOB, ENTER 77 FOR MONTH.

MONTH: YEAR:

-> if current job (MONTH = 77), go to LF81FC

What type of job was that? Was it a regular steady job for pay, a temporary or odd job for pay, were you self-employed, or something else?

1=REGULAR, STEADY JOB FOR PAY
2=TEMPORARY OR ODD JOB FOR PAY
3=SELF-EMPLOYMENT (WORK AT OWN BUSINESS)
4=OTHER (SPECIFY)

[IF RESPONDENT IS/WAS NOT SELF-EMPLOYED (LF74 = 3), ASK . . .]
What kind of business or industry was it? What did your employer sell or make?

[IF RESPONDENT IS/WAS SELF-EMPLOYED (LF74 = 3), ASK . . .]
What kind of business or industry was it? What did your business sell or make?

How many hours per week did you usually work at this job?

HOURS:
[IF RESPONDENT IS/WAS NOT SELF-EMPLOYED (P_LF74 03), ASK . . .]
How much were you paid, on average, on that job, before taxes were taken out, including any tips or commissions?

[IF RESPONDENT IS/WAS SELF-EMPLOYED (LF74 = 3), ASK . . .]
How much profit or loss did you make at that job, usually? (IF LOSS, ENTER 0.)

DOLLARS:

(Is that...)
1 = PER HOUR
2 = PER DAY
3 = PER WEEK
4 = PER MONTH
5 = PER YEAR

[LF78]

Did that job provide you or [CHILD] with health insurance or coverage for medical expenses?

(IF NECESSARY WHEN R SAYS YES: Who did it cover, you, [CHILD], or both?)

1 = YES, COVERED BOTH ME AND CHILD
2 = YES, COVERED ME BUT NOT CHILD
3 = YES, COVERED CHILD BUT NOT ME
4 = NO

(No item LF79)

[LF80FC]

LF80 IS ASKED ONLY FOR THE MOST RECENT JOB LEFT, NOT FOR EVERY JOB RESPONDENT LEFT. ITEM LF80FC CHECKS TO MAKE SURE LF80 IS ASKED ONLY FOR THAT JOB AND NOT OTHERS.
What was the main reason you left that job?

1 = GOT A BETTER JOB
2 = JOB DIDN'T PAY WELL ENOUGH
3 = GOT FIRED/LET GO
4 = GOT LAID OFF
5 = TRANSPORTATION PROBLEMS/TOO FAR
6 = GOT SICK OR WAS INJURED
7 = CHILD CARE PROBLEMS
8 = GOT PREGNANT
9 = GAVE BIRTH/MATERNITY LEAVE
10 = CHILD GOT SICK
11 = WENT TO SCHOOL
12 = DIDN'T LIKE JOB
13 = JOB ENDED
14 = EMPLOYER WENT OUT OF BUSINESS
15 = OTHER (SPECIFY)

GO TO LF72 AND REPEAT LF72-LF80 SEQUENCE FOR NEXT JOB FROM CALENDAR

How old were you when you got your first "real" job that lasted at least two months and was at least 20 hours per week?

ENTER 99 IF NEVER HAD ONE

AGE:

-> If response = 99, go to LF84FC

Have we already talked about that job?

1 = YES -> go to LF84_FC
2 = NO
How long did that job last?

NUMBER (1-99):

1 = WEEKS
2 = MONTHS
3 = YEARS

What kind of business or industry were you working in? What was sold or made?

IF RESPONDENT’S AGE < 16, GOTO LF86_FC

Since you turned 16 years old, for how many years have you worked for pay at least sometime during the year?

INTERVIEWER: IF "ALL YEARS" ENTER 99

YEARS:

--> if response = 0, go to LF86FC

For how many of those years did you work most of the year, that is, more than 6 months?

INTERVIEWER: IF "ALL YEARS" ENTER 99

YEARS:

IF RESPONDENT DID NOT WORK AT JOB FROM WELFARE DEPARTMENT (LF1 Õ1) AND RESPONDENT DID NOT WORK AT ANY JOB LAST WEEK FOR PAY (LF9 Õ1) AND THE WELFARE DEPARTMENT DID NOT SPONSOR ANY TRAINING PROGRAMS TAKEN IN PAST 30 DAYS FOR THE RESPONDENT (ET20 Õ1), GO TO LF87FC
[IF RESPONDENT WORKED AT JOB LAST WEEK FOR PAY (LF9 = 1), ASK . . .]
Now I have a few questions about the transportation you usually use to get to your [IF RESPONDENT WORKED MORE THAN ONE JOB LAST WEEK (LF16 = 2), main] current job. How do you usually get there?

[IF R WORKED AT JOB FROM WELFARE DEPARTMENT (LF1 = 1), ASK . . .]
Now I have a few questions about the transportation you usually use to get to your community service work. How do you usually get there?

[IF WELFARE DEPARTMENT SPONSORED ANY TRAINING PROGRAMS TAKEN IN PAST 30 DAYS BY THIS RESPONDENT (ET20 = 1), ASK . . .]
Now I have a few questions about the transportation you usually use to get to your current job training activities. How do you usually get there?

1 = DRIVES OWN AUTOMOBILE/MOTORCYCLE
2 = DRIVES SOMEONE ELSE'S AUTOMOBILE/MOTORCYCLE
3 = WALKS, RIDES BICYCLE/MOPED
4 = GETS A RIDE (OTHER THAN PUBLIC TRANS. OR TAXI)
5 = RIDES PUBLIC TRANSPORTATION (BUS, SUBWAY)
6 = TAXICAB, OR
7 = OTHER (SPECIFY)

[IF RESPONDENT WORKED AT JOB LAST WEEK FOR PAY (LF9 = 1), ASK . . .]
How many times have you been late for your [IF RESPONDENT WORKED MORE THAN ONE JOB LAST WEEK (LF16 = 2), main] job in the past 30 days because of transportation problems?

[IF R WORKED AT JOB FROM WELFARE DEPARTMENT (LF1 = 1), ASK . . .]
How many times have you been late for your community service work in the past 30 days because of transportation problems?

[IF THE WELFARE DEPARTMENT SPONSORED ANY TRAINING PROGRAMS TAKEN IN PAST 30 DAYS BY THE RESPONDENT (ET20 = 1), ASK . . .]
How many times have you been late for your job training activities in the past 30 days, because of transportation problems?

NUMBER:
[IF RESPONDENT WORKED AT JOB LAST WEEK FOR PAY (LF9 = 1), ASK . . .]
How long does it usually take you each day to travel to and from that job round trip? Include any time for stops you usually make on the way.

[IF R WORKED AT JOB FROM WELFARE DEPARTMENT (LF1 = 1), ASK . . .]
How long does it usually take you each day to travel to and from your community service work round trip? Include any time for stops you usually make on the way.

[IF THE WELFARE DEPARTMENT SPONSORED ANY TRAINING PROGRAMS TAKEN IN PAST 30 DAYS BY THE RESPONDENT (ET20 = 1), ASK . . .]
How long does it usually take you each day to travel to and from your job training activities round trip? Include any time for stops you usually make on the way.

HOURS:    MINUTES:

[IF RESPONDENT WORKED AT JOB LAST WEEK FOR PAY (LF9 = 1), ASK . . .]
Altogether for last week, how much did it cost you for gas, oil, bus or subway fares, tolls, and parking costs to get to and from your job round trip?

[IF R WORKED AT JOB FROM WELFARE DEPARTMENT (LF1 = 1), ASK . . .]
Altogether for last week, how much did it cost you for gas, oil, bus or subway fares, tolls, and parking costs to get to and from your community service work round trip?

[IF THE WELFARE DEPARTMENT SPONSORED ANY TRAINING PROGRAMS TAKEN IN PAST 30 DAYS BY THE RESPONDENT (ET20 = 1), ASK . . .]
Altogether for last week, how much did it cost you for gas, oil, bus or subway fares, tolls, and parking costs to get to and from your job training activities round trip?

Please take a moment to add this up.

DOLLARS:

IF THERE IS NO SPOUSE OR PARTNER IN THE HOUSEHOLD, GO TO THE END OF THIS SECTION.
Now, I'd like to ask you some questions about [spouse/partner]'s jobs and work.

Many people who are getting help from a government program, such as welfare, work at a job that is connected with the welfare department. These jobs include what are sometimes called "job sites", "volunteer work", and "community service work", but are also called other things. Did [spouse/partner] work at this type of job last week?

1 = YES
2 = NO –> go to LF91

How many hours did he work at this activity last week?

HOURS:

Is he receiving pay for this activity?

1 = YES
2 = NO

Was [spouse/partner] required to do this work to keep welfare or other government benefits?

1 = YES
2 = NO

Was this job supposed to involve any kind of training for a new skill or job?

1 = YES
2 = NO
Now I would like to ask if [spouse/partner] did any work last week for pay. Include odd jobs like pickup work, and temporary jobs, as well as regular, steady jobs. Did he work at a job for pay last week, even for one hour?

1 = YES
2 = NO –> go to LF97B

Last week, did he work at one job or more than one?

1 = ONLY ONE
2 = MORE THAN ONE

[IF (SPOUSE/PARTNER) WORKS MORE THAN 1 JOB (LF92 = 2), ASK . . .]
Let's talk about [spouse/partner]'s "main" job, the one he worked at the most number of hours last week. What type of job is it? Is it a regular steady job for pay, a temporary or odd job for pay, self-employment, or something else?

[ALL OTHERS, ASK . . .]
What type of job is it? Is it a regular steady job for pay, a temporary or odd job for pay, self-employment, or something else?

1 = REGULAR, STEADY JOB FOR PAY
2 = TEMPORARY OR ODD JOB FOR PAY
3 = SELF-EMPLOYMENT (WORK AT OWN BUSINESS)
4 = OTHER (SPECIFY)

[IF (SPOUSE/PARTNER) IS SELF-EMPLOYED (LF93 = 3), ASK . . .]
What kind of business or industry is it? What does his business sell or make?

[ALL OTHERS]
What kind of business or industry is it? What does his employer sell or make?

IF SPOUSE/PARTNER IS SELF-EMPLOYED (LF93 = 3), GO TO LF95

What kind of work does [spouse/partner] do in this job? What is his occupation?
How many hours did he work at this job last week?

HOURS:

IF SPOUSE/PARTNER WORKED AT ONLY 1 JOB LAST WEEK (LF92 = 1), GO TO LF97B

How many jobs did [spouse/partner] have last week, in total?

NUMBER:

What is the total number of hours per week that [spouse/partner] usually works at all jobs?

HOURS:

(No item LF97A)

In the last two years, how much of the time has [spouse/partner] worked? If you haven’t been living together for two years, how much of the time has [spouse/partner] worked since you have been living together?

1 = None of the time, → go to end of the section
2 = very little of the time,
3 = some of the time,
4 = most of the time, or
5 = all or nearly all of the time?

When [spouse/partner] has worked, has he usually worked part time or full time?

1 = PART TIME
2 = FULL TIME

End of Labor Force, Employment, Work History section
FAMILY BACKGROUND

>P_BA1<

Now I have some questions about your biological parents.

(No items BA2-6)

>P_BA7<

What is the highest grade of schooling that your mother completed?

99 = NONE  09 = NINTH GRADE
55 = KINDERGARTEN  10 = TENTH GRADE
01 = FIRST GRADE  11 = ELEVENTH GRADE
02 = SECOND GRADE  12 = TWELFTH GRADE
03 = THIRD GRADE  13 = SOME COLLEGE
04 = FOURTH GRADE  14 = GRADUATED FROM COLLEGE
05 = FIFTH GRADE  15 = POST-COLLEGE
06 = SIXTH GRADE
07 = SEVENTH GRADE
08 = EIGHTH GRADE

(No items BA8-13)

>P_BA14<

What is the highest grade of schooling that your father completed?

99 = NONE  09 = NINTH GRADE
55 = KINDERGARTEN  10 = TENTH GRADE
01 = FIRST GRADE  11 = ELEVENTH GRADE
02 = SECOND GRADE  12 = TWELFTH GRADE
03 = THIRD GRADE  13 = SOME COLLEGE
04 = FOURTH GRADE  14 = GRADUATED FROM COLLEGE
05 = FIFTH GRADE  15 = POST-COLLEGE
06 = SIXTH GRADE
07 = SEVENTH GRADE
08 = EIGHTH GRADE
From your birth to age 16, did your family ever receive public assistance such as welfare, public aid, Food Stamps, WIC (Women, Infants and Children Nutrition program) or SSI (Supplemental Security Income)?

1 = YES
2 = NO -> go to end of this section

About how much of the time was your family receiving public assistance of some kind? Was it...

1 = a few years,
2 = most of the time, or
3 = all of the time?

End of Family Background Section
SELF-ESTEEM/SELF-CONCEPT MODULE

>P_SSIN<

Following are some questions about how you feel about yourself. Look at Card SS-1. For each question, choose the one answer that best describes how YOU feel about yourself. There are no right or wrong answers -- just give your HONEST opinion.

>P_SS1<

I take a positive attitude toward myself. Would you say you...

1 = strongly disagree,
2 = slightly disagree,
3 = slightly agree, or
4 = strongly agree?

>P_SS2<

All in all, I am inclined to feel that I am a failure. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?

>P_SS3<

On the whole, I am satisfied with myself. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?

>P_SS4<

I feel I don't have much to be proud of. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?
>P_SS5<

I'm a person of worth, at least on an equal basis with others. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?

>P_SS6<

At times, I feel that I am no good at all. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?

>P_SS7<

I wish I could have more respect for myself. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?

(No item SS8)

>P_SS9<

I feel I am able to do things as well as most other people. (Would you say you...)

1 = STRONGLY DISAGREE,
2 = SLIGHTLY DISAGREE,
3 = SLIGHTLY AGREE, OR
4 = STRONGLY AGREE?
I feel that I can't do anything right. (Would you say you...)  
1 = STRONGLY DISAGREE,  
2 = SLIGHTLY DISAGREE,  
3 = SLIGHTLY AGREE, OR  
4 = STRONGLY AGREE?  

I am a useful person to have around. (Would you say you...)  
1 = STRONGLY DISAGREE,  
2 = SLIGHTLY DISAGREE,  
3 = SLIGHTLY AGREE, OR  
4 = STRONGLY AGREE?  

End of the Self-Esteem/Self-Concept Section
NETWORKS

>P_NE1a<

Sometimes a person needs the support of people around them. When you need someone to listen to your problems when you’re feeling low, are there...

1 = enough people you can count on,
2 = too few people, or
3 = no one you can count on?

>P_NE1b<

When you need someone to take care of your child(ren) when you aren’t around, are there...

1 = enough people you can count on,
2 = too few people, or
3 = no one you can count on?

>P_NE1c<

When you need help with small favors, are there...

1 = enough people you can count on,
2 = too few people, or
3 = no one you can count on?

>P_NE1d<

When you need someone to loan you money in an emergency, are there...

1 = enough people you can count on,
2 = too few people, or
3 = no one you can count on?

>P_NE2a<

How about people who ask you for help. Is the number of people who need you to listen to their problems when they’re feeling down...

1 = as many as you can handle,
2 = too many,
3 = only a few, or
4 = no one?
>P_NE2b<

Is the number of people who need you to take care of their children when they’re not around...

1 = as many as you can handle,
2 = too many,
3 = only a few, or
4 = no one?

>P_NE2c<

Is the number of people who need you to help them with small favors...

1 = as many as you can handle,
2 = too many,
3 = only a few, or
4 = no one?

>P_NE2d<

Is the number of people who need you to loan them money in an emergency...

1 = as many as you can handle,
2 = too many,
3 = only a few, or
4 = no one?

End of the Networks Section
HOUSING

>P_HT1<

INTERVIEWER OBSERVATION: WHERE DOES FAMILY RESIDE?

1 = TRAILER
2 = DETACHED SINGLE FAMILY HOUSE
3 = DUPLEX/TWO FAMILY HOUSE
4 = HOUSE CONVERTED TO APARTMENTS
5 = ROW HOUSE OR TOWNHOUSE (3 OR MORE CONNECTED HOUSES, 3 STORIES OR LESS)
6 = APARTMENT BUILDING (5 OR MORE UNITS, 3 STORIES OR LESS)
7 = APARTMENT BUILDING (5 OR MORE UNITS, 4 STORIES OR MORE)
8 = APARTMENT IN A PARTLY COMMERCIAL STRUCTURE
9 = OTHER (SPECIFY)

NOTE: THE FILL USED IN A FEW OF THE ITEMS IN THIS SECTION IS BASED ON THE ANSWER TO HT1. IF THE ANSWER TO HT1 IS 1, 2, 3, or 5, THE FILL IS “house”. IF THE ANSWER IS 4, 6, 7, or 8, THE FILL IS “apartment”. IF THE ANSWER IS 9, THE FILL IS “residence”.

>P_HT2<

Now I have some questions about the [house/apartment/residence] where you live now. Does your family rent or own this place?

1 = RENT
2 = OWN
3 = OTHER

>P_HT3<

Do you have a working telephone at home which you can use?

1 = YES
2 = NO

>P_HT4<

Not including bathrooms and hallways, how many rooms are there in your [house/apartment/residence]?

1 = ONE
2 = TWO
3 = THREE
4 = FOUR OR MORE
How long have you been living in the [house/apartment/residence] where you live now?

YEARS: MONTHS:

During the past 2 years, did anyone move into your house/apartment/residence] because they could not afford their own place to live?

1 = YES
2 = NO

IF RESP. HAS LIVED IN THIS HOUSE/APARTMENT/RESIDENCE FOR 2 YEARS OR MORE (REPORTED AT HT5), GO TO ITEM HT8.

In the past 2 years, were you forced to move from a residence or home because you could not afford the rent or mortgage?

1 = YES -> go to HT9
2 = NO

Was there any time in the past 2 years when you thought you would have to move because you could not afford the rent or mortgage?

1 = YES
2 = NO

Do you live in a public housing project -- that is, housing owned or operated by a local housing authority or other government agency? Please do not include Section 8 housing.

1 = YES -> go to HE11A
2 = NO

IF RESPONDENT OWNS THE HOUSE/APARTMENT/RESIDENCE (REPORTED AT ITEM HT2), GO TO HT11A
Does your household pay less rent because the government pays for part of it, such as in Section 8 housing?

1 = YES
2 = NO

Now I am going to name some housing conditions that sometimes cause people difficulty. Are any of the following conditions present in the place where you now live...

A leaky roof or ceiling?

1 = YES
2 = NO

A toilet, hot water heater, or other plumbing that doesn't work?

(Is there a toilet, hot water heater, or other plumbing that doesn't work where you now live?)

1 = YES
2 = NO

Broken windows?

(Are there broken windows where you now live?)

1 = YES
2 = NO

Exposed electrical wires or other electrical problems?

(Are there exposed electrical wires or other electrical problems where you now live?)

1 = YES
2 = NO
Rats, mice, cockroaches, or other pests?

(Are there rats, mice, cockroaches, or other pests where you now live?)

1 = YES
2 = NO

A furnace or heater that works poorly or doesn't work at all?

(Is there a furnace or heater that works poorly or doesn't work at all where you now live?)

1 = YES
2 = NO

A stove or refrigerator that doesn't work?

(Is there a stove or refrigerator that doesn't work where you now live?)

1 = YES
2 = NO

Peeling paint?

(Is there peeling paint where you now live?)

1 = YES
2 = NO
[FOR Rs WHO RENT]
What did your family living in this household spend on rent last month?

[FOR Rs WHO OWN]
Including your monthly mortgage payment, any home insurance, and property taxes, what did your family living in this household spend on housing last month?

[FOR Rs WHO NEITHER RENT NOR OWN (HT2 = ‘OTHER’, ‘DON’T KNOW’ or ‘REFUSED’)]
What did your family living in this household spend on housing last month?

DOLLARS:

Did that housing expense include all utilities, like gas, heat, or electricity?

1 = YES \(\rightarrow\) go to HT15
2 = NO

Did that housing expense include all utilities, like gas, heat, or electricity?

1 = YES \(\rightarrow\) go to HT15
2 = NO

In the last month, how much did your family in this household spend on utilities, including heating, gas, and electricity? Please don't count your telephone bill.

DOLLARS:

How difficult would it be for you financially if you decided you wanted to move from this [house/apartment/residence]? Would you say...

1 = No problem,
2 = somewhat of a problem, or
3 = a big problem?

End of the Housing Section
NEIGHBORHOODS
(No items NG1-16)

>P_NG17<

Now please use Card NG-1 to answer the next set of questions about your neighborhood.

How likely is it that you would move out of your neighborhood if you could? Would you say...

1 = very unlikely,
2 = somewhat unlikely,
3 = a 50-50 chance,
4 = somewhat likely, or
5 = very likely?

>P_NG18<

How likely is it that your neighbors would do something about children who were skipping school and hanging out on a street corner? Would you say...

1 = very unlikely,
2 = somewhat unlikely,
3 = a 50-50 chance,
4 = somewhat likely, or
5 = very likely?

>P_NG19<

How likely is it that your neighbors would do something about children who were spray-painting graffiti on a local building? (Would you say…)

1 = VERY UNLIKELY,
2 = SOMewhat UNlikely,
3 = A 50-50 CHANCE,
4 = SOMewhat LIkely, or
5 = VERY LIkely?
How likely is it that your neighbors would do something about children who were showing disrespect to an adult? (Would you say...)

1 = VERY UNLIKELY,
2 = SOMEWHAT UNLIKELY,
3 = A 50-50 CHANCE,
4 = SOMEWHAT LIKELY, OR
5 = VERY LIKELY?

How likely is it that your neighbors would do something about a fight that broke out in front of their house? (Would you say...)

1 = VERY UNLIKELY,
2 = SOMEWHAT UNLIKELY,
3 = A 50-50 CHANCE,
4 = SOMEWHAT LIKELY, OR
5 = VERY LIKELY?

How likely is it that your neighbors would do something if the fire station closest to their home was threatened with budget cuts? (Would you say...)

1 = VERY UNLIKELY,
2 = SOMEWHAT UNLIKELY,
3 = A 50-50 CHANCE,
4 = SOMEWHAT LIKELY, OR
5 = VERY LIKELY?

Please use Card NG-2 to tell me how much you agree or disagree with each of the following statements. The first statement is:

This neighborhood is a good place to raise kids. Do you...

1 = strongly disagree,
2 = disagree,
3 = agree, or
4 = strongly agree?
>P_NG24<

People around here are willing to help neighbors? Do you...

1 = strongly disagree,
2 = disagree,
3 = agree, or
4 = strongly agree?

>P_NG25<

This is a close-knit neighborhood.

(How much do you agree or disagree that this a close-knit neighborhood? Do you...)

1 = strongly disagree,
2 = disagree,
3 = agree, or
4 = strongly agree?

>P_NG26<

People in this neighborhood can be trusted.

(How much do you agree or disagree that people in this neighborhood can be trusted? Do you...)

1 = strongly disagree,
2 = disagree,
3 = agree, or
4 = strongly agree?

(No items NG27-28)

>P_NG29<

Altogether, how long have you lived in this neighborhood?

YEARS: MONTHS: DAYS:
For the next questions, please tell me how much of a problem each of the following is in your neighborhood.

High unemployment? Would you say...

1 = not a problem,
2 = somewhat of a problem, or
3 = a big problem?

(No item NG31)

Abandoned houses?

(How much of a problem are abandoned houses in your neighborhood? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Burglaries and thefts?

(How much of a problem are burglaries and thefts in your neighborhood? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Assaults and muggings?

(How much of a problem are assaults and muggings in your neighborhood? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?
Gangs?
(How much of a problem are gangs in your neighborhood? Would you say...)
1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Drug dealing in the open?
(In your neighborhood, how much of a problem is drug dealing in the open? Would you say...)
1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Unsupervised children?
(How much of a problem are unsupervised children in your neighborhood? Would you say...)
1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Teenage pregnancy?
(How much of a problem is teenage pregnancy in your neighborhood? Would you say...)
1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

(No item NG39)
Unsafe streets during the day?

(In your neighborhood, how much of a problem are unsafe streets during the day? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Police not being available?

(How much of a problem is police not being available in your neighborhood? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

Children that you don’t want your [child/children] to associate with?

(How much of a problem are children in the neighborhood that you don’t want your [child/children] to associate with? Would you say...)

1 = NOT A PROBLEM,
2 = SOMEWHAT OF A PROBLEM, OR
3 = A BIG PROBLEM?

IF RESPONDENT HAS LIVED IN THIS NEIGHBORHOOD FOR LESS THAN 2 YEARS (NG29) GO TO NG43_FC.

Overall, would you say that conditions in your neighborhood have gotten worse, remained the same, or gotten better over the past 2 years?

1 = GOTTEN WORSE
2 = REMAINED THE SAME
3 = GOTTEN BETTER

IF THE AGE OF THE FOCAL CHILD IS LESS THAN 6, GO TO THE END OF THIS SECTION. OTHERWISE, CONTINUE WITH NG47.
How much of a problem are students who don’t care about studies and learning at [CHILD]’s school? Would you say...

1 = not a problem,
2 = somewhat of a problem, or
3 = a big problem

Thinking about the school [CHILD] goes to, please tell me how much you would agree or disagree with each of the following. Please use Card NG-2 again to answer.

The school is preparing students well for further education. Do you...

1 = strongly disagree,
2 = disagree,
3 = agree, or
4 = strongly agree?

The school is a safe place.

(How much do you agree or disagree that [CHILD]’s school is a safe place? Do you...)

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = AGREE
4 = STRONGLY AGREE
The last time [CHILD] got a report card, what were [his/her] grades?

1 = MOSTLY A’s
2 = MOSTLY A’s AND B’s
3 = MOSTLY B’s
4 = MOSTLY B’s AND C’s  → go to
5 = MOSTLY C’s
6 = MOSTLY C’s AND D’s
7 = MOSTLY D’s
8 = MOSTLY FAILING
9 = SCHOOL DOES NOT GIVE LETTER GRADES

Overall, how would you say [CHILD] is doing in school? Would you say ...

1 = Very well,
2 = well,
3 = average,
4 = below average, or
5 = not well at all?

(No items NG57-59)

Please use Card NG-3 and tell me how likely or unlikely you think each of the following situations are.

How likely do you think it is that [CHILD] will get involved in drugs? (Would you say...)”

1 = VERY UNLIKELY,
2 = SOMEWHAT UNLIKELY,
3 = A 50-50 CHANCE,
4 = SOMEWHAT LIKELY,
5 = VERY LIKELY, OR
6 = ALREADY HAPPENED?
>P_NG61<

How likely do you think it is that [CHILD] will need to go on welfare? (Would you say...)

1 = VERY UNLIKELY,  
2 = SOMewhat UNLIKELY,  
3 = A 50-50 CHANCE,  
4 = SOMEWHAT LIKELY,  
5 = VERY LIKELY, OR  
6 = ALREADY HAPPENED?

>P_NG62<

How likely do you think it is that [CHILD] will be a victim of a serious crime? (Would you say...)

1 = VERY UNLIKELY,  
2 = SOMEWHAT UNLIKELY,  
3 = A 50-50 CHANCE,  
4 = SOMEWHAT LIKELY,  
5 = VERY LIKELY, OR  
6 = ALREADY HAPPENED?

>P_NG63<

How likely do you think it is that [CHILD] will get involved in gang activity? (Would you say...)

1 = VERY UNLIKELY,  
2 = SOMEWHAT UNLIKELY,  
3 = A 50-50 CHANCE,  
4 = SOMEWHAT LIKELY,  
5 = VERY LIKELY, OR  
6 = ALREADY HAPPENED?

>P_NG64<

How likely do you think it is that [CHILD] will spend some time in jail? (Would you say...)

1 = VERY UNLIKELY,  
2 = SOMEWHAT UNLIKELY,  
3 = A 50-50 CHANCE,  
4 = SOMEWHAT LIKELY,  
5 = VERY LIKELY, OR  
6 = ALREADY HAPPENED?
How likely do you think it is that [CHILD] will become a teenage parent? (Would you say...)

1 = VERY UNLIKELY,
2 = SOMEWHAT UNLIKELY,
3 = A 50-50 CHANCE,
4 = SOMEWHAT LIKELY,
5 = VERY LIKELY, OR
6 = ALREADY HAPPENED?

End of the Neighborhoods Section
FAMILY Routines INVENTORY

>P_RIIN<

Families have different practices and activities that they do regularly in their household. I would like you to tell me how much each of these things is a routine in your family, that is, something that you do regularly.

Use card RI-1 to give me your answers.

(No item RI1)

>P_RI2<

The first statement is: Your family has a time during the day or evening when everyone talks or plays quietly. Is this a routine your family does...

1 = almost never
2 = sometimes
3 = usually, or
4 = always?
F5 = DOES NOT APPLY

>P_RI3<

[FOR CHILD AGE 10+]
When in school, children do their homework at the same time of day or night. (Is this a routine your family does...)

[FOR CHILD LESS THAN AGE 6]
Children have special things they do or ask for at bedtime, such as a story, a good-night kiss, or a drink of water. Is this a routine your family does...

1 = ALMOST NEVER
2 = SOMETIMES
3 = USUALLY
4 = ALWAYS
F5 = DOES NOT APPLY
>P_RI4<

Children go to bed at the same time at night.
(Is this a routine your family does...)

1 = ALMOST NEVER
2 = SOMETIMES
3 = USUALLY
4 = ALWAYS
F5 = DOES NOT APPLY

>P_RI5<

Family eats dinner/supper at the same time each night.
(Is this a routine your family does...)

1 = ALMOST NEVER
2 = SOMETIMES
3 = USUALLY
4 = ALWAYS
F5 = DOES NOT APPLY

>P_RI6<

At least some of the family eats breakfast together in the morning.
(Is this a routine your family does...)

1 = ALMOST NEVER
2 = SOMETIMES
3 = USUALLY
4 = ALWAYS
F5 = DOES NOT APPLY

End of the Family Routines Section
HOME ENVIRONMENT

NOTE: THE QUESTIONS IN THIS SECTION ARE DIVIDED INTO THREE GROUPS, DEPENDING ON THE AGE OF THE FOCAL CHILD:

C Children less than or equal to age 2 are asked HO1 through HO7B
C Children ages 3-5 are asked items HO8 through HO13B
C Children ages 10+ are asked items HO14 through HO23

>P_HO1<

These next few questions are about [CHILD]'s home environment. About how often does [CHILD] get out of the house, with you or other family members?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

>P_HO2<

How often do you read stories to [CHILD]?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

>P_HO3<

About how many children's books does [CHILD] have?

INTERVIEWER, IF ASKED, EXPLAIN: They can be shared with siblings or borrowed from the library.

(No item HO3a)

>P_HO3b<

In all, about how many books do you have in your home?

NUMBER
>P_HO4<

About how often do you or another family member get a chance to take [CHILD] on an outing, such as shopping, the park, or a picnic?

1 = Never,  
2 = A few times a year,  
3 = About once a month,  
4 = A few times a month,  
5 = About once a week,  
6 = A few times a week, or  
7 = Every day?

>P_HO5<

About how many, if any, cuddly, soft or role-playing toys, such as a doll or an animal, does [CHILD] have?

INTERVIEWER, IF ASKED, EXPLAIN: These toys may be shared with a sister or brother.

NUMBER:

>P_HO6<

About how many, if any, push or pull toys does [CHILD] have?

INTERVIEWER, IF ASKED, EXPLAIN: These toys may be shared with a sister or brother.

NUMBER:

>P_HO7<

Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which of the following best describes your attitude?

1 = Parents should always spend time teaching their children  
2 = Parents should usually spend time teaching their children  
3 = Parents should usually allow their children to learn on their own  
4 = Parents should always allow their children to learn on their own
On average, how many hours per day does [CHILD] watch TV?

HOURS:

Is there a computer in your home that [CHILD] has access to?

1 = YES
2 = NO

END OF QUESTIONS FOR THE YOUNGEST KIDS, LESS THAN OR EQUAL TO AGE 2.
BEGINNING OF QUESTIONS FOR FOCAL CHILDREN AGE 3-5.

These next few questions are about [CHILD]'s home environment.
How often do you read stories to [CHILD]?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

About how many children's books does [CHILD] have?

INTERVIEWER, IF ASKED, EXPLAIN: They can be shared with siblings or borrowed from the library.

NUMBER:

In all, about how many books do you have in your home?

NUMBER:
About how many newspaper or magazine subscriptions does your household get regularly?

NUMBER:

Does [CHILDP] have the use of a record player, tape deck, CD player, or tape recorder at home?

1 = YES
2 = NO –> go to P_HO11

About how many, if any, children's records or tapes or CDs does [CHILDP] have?

INTERVIEWER, IF ASKED, EXPLAIN: These may be shared with a sister or brother.

NUMBER:

Have you or another family member helped [CHILDP] to learn any of the following:

numbers?

1 = YES
2 = NO

(Have you or another family member helped [CHILDP] to learn)

the alphabet?

1 = YES
2 = NO
>P_HO11B<

(Have you or another family member helped [CHILD] to learn)

Colors?

1 = YES
2 = NO

>P_HO11C<

(Have you or another family member helped [CHILD] to learn)

Shapes and sizes?

1 = YES
2 = NO

>P_HO12<

About how often do you or another family member get a chance to take [CHILD] on an outing, such as shopping, the park, or a picnic.

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

>P_HO13<

How often do you or another family member take [CHILD] to any type of museum -- children's, scientific, art or historical?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?
On average, how many hours per day does [CHILD] watch TV?

HOURS:

Is there a computer in your home that [CHILD] has access to?

1 = YES
2 = NO

END OF QUESTIONS FOR THE KIDS AGE 3-5.
BEGINNING OF QUESTIONS FOR FOCAL CHILDREN AGE 10+.

These next few questions are about [CHILD]'s home environment.

About how many books does [CHILD] have?

INTERVIEWER, IF ASKED, EXPLAIN: They can be shared with siblings or borrowed from the library.

NUMBER:

Is there a musical instrument, for example, a piano, drum, or guitar, that [CHILD] can use at home?

1 = YES
2 = NO

(No item HO16)
About how often does [CHILD] read for enjoyment?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

In all, about how many books do you have in your home?

NUMBER:

About how many newspaper or magazine subscriptions does your household get regularly?

NUMBER:

Does your family encourage [CHILD] to start and keep doing hobbies?

1 = YES
2 = NO

Does [CHILD] get special lessons, such as music or dance, or belong to any organization that encourages activities such as sports, art, or drama?

1 = YES
2 = NO
How often do you or another family member take [CHILD] to any type of museum -- children's, scientific, art or historical?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

How often do you or another family member take [CHILD] to any type of live musical or theatrical performance?

1 = Never,
2 = A few times a year,
3 = About once a month,
4 = A few times a month,
5 = About once a week,
6 = A few times a week, or
7 = Every day?

On average, how many hours per day does [CHILD] watch TV?

HOURS PER DAY: -> if hours = 0, go to HO23

When your family watches TV together, do you or another adult discuss the TV programs with [CHILD]?

1 = YES
2 = NO
F5 = NA/DOESN'T WATCH TV
>P_HO23<

Is there a computer in your home that [CHILD] has access to?

1 = YES
2 = NO

End of Home Environment Section
POSITIVE BEHAVIORS SCALE

>BH0_FC< IF CHILD’S AGE IS LESS THAN 2, SKIP THIS SECTION.

>P_BHIN<

Now I'd like you to rate how much each of the following statements describes [CHILD]. Please look at card BH-1.

>P_BH1<

[CHILD] is usually in a good mood. Would you say this is...

1 = not at all like this child
2 = a little like this child
3 = somewhat like this child
4 = a lot like this child, or
5 = completely like this child

>P_BH2<

[CHILD] is admired and well-liked by other children. Would you say this is...

1 = not at all like this child
2 = a little like this child
3 = somewhat like this child
4 = a lot like this child, or
5 = completely like this child

>P_BH3<

[CHILD] shows concern for other people's feelings. (Would you say this is...)

1 = NOT AT ALL LIKE THIS CHILD
2 = A LITTLE LIKE THIS CHILD
3 = SOMEWHAT LIKE THIS CHILD
4 = A LOT LIKE THIS CHILD
5 = COMPLETELY LIKE THIS CHILD
>P_BH4<

[CHILD] shows pride when [he/she] does something well or learns something new. (Would you say this is...)

1 = NOT AT ALL LIKE THIS CHILD
2 = A LITTLE LIKE THIS CHILD
3 = SOMEWHAT LIKE THIS CHILD
4 = A LOT LIKE THIS CHILD
5 = COMPLETELY LIKE THIS CHILD

>P_BH5<

[CHILD] easily calms down after being angry or upset. (Would you say this is...)

1 = NOT AT ALL LIKE THIS CHILD
2 = A LITTLE LIKE THIS CHILD
3 = SOMEWHAT LIKE THIS CHILD
4 = A LOT LIKE THIS CHILD
5 = COMPLETELY LIKE THIS CHILD

>P_BH6<

[CHILD] is helpful and cooperative. (Would you say this is...)

1 = NOT AT ALL LIKE THIS CHILD
2 = A LITTLE LIKE THIS CHILD
3 = SOMEWHAT LIKE THIS CHILD
4 = A LOT LIKE THIS CHILD
5 = COMPLETELY LIKE THIS CHILD

End of The Positive Behaviors Scale
CHILD BEHAVIOR CHECKLIST FOR AGES 2-3
CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

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THE CBCL/2-3, FOR CHILDREN AGES 2-3, OBTAINS PARENTS’ RATINGS OF 100 PROBLEM ITEMS.

THE CBCL/4-18, FOR CHILDREN AGES 4-18, OBTAINS PARENTS’ RATINGS OF 113 PROBLEM ITEMS.
CHALLENGES TO PARENTING

>P_HP1<

These next statements are about how you feel about being a parent. Using this card (SHOWCARD HP-1), please tell me whether you strongly disagree, disagree, neither disagree or agree, agree or strongly agree with each statement.

I get more satisfaction out of being a parent than I thought I would. Would you say you...

1 = strongly disagree,
2 = disagree,
3 = neither disagree or agree,
4 = agree, or
5 = strongly agree?

>P_HP2<

[THE FILL IS BASED ON WHETHER RESPONDENT IS RESPONSIBLE FOR ONE OR MORE THAN ONE CHILD IN THE HOUSEHOLD, FROM ITEM DE12a IN THE DEMOGRAPHICS SECTION.]

Sometimes [CHILD/my children] really bothers or annoys me.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

>P_HP3<

Parenting is such a big job, it cuts me off from other people.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE
Being a parent is one of the best parts of my life.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

I don't have as much patience with [CHILD/my children] as I should.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

Being a parent is harder than I thought it would be.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

I put so much into parenting, I don't have time for myself.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE
>P_HP8<

I feel overwhelmed by my responsibilities as a parent.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

>P_HP9<

I often feel angry with [CHILD/my children].

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

>P_HP10<

I have more fun with [CHILD my children/] than with anyone else.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

>P_HP11<

If anyone can find the answer to what is troubling [CHILD/my children], I can.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE
I honestly believe I have all the skills necessary to be a good mother.

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = NEITHER DISAGREE OR AGREE
4 = AGREE
5 = STRONGLY AGREE

End of the Challenges to Parenting Section
PARENTING STYLE

NOTE: THE UNIVERSE FOR EACH ITEM DEPENDS ON THE AGE OF THE FOCAL CHILD. SOME ITEMS ARE ASKED OF CHILDREN OF ALL AGES, SOME OF JUST THE OLDER CHILDREN, AND SOME OF JUST THE YOUNGER CHILDREN.

(No item SY1)

>P_SY2< [OLDER KIDS ONLY, AGE 10+]

These questions are about raising [CHILD]. Using card SY-1, please tell me whether each statement is definitely true, sort of true, sort of false or definitely false in regards to you and [CHILD].

I say something positive to [CHILD] when [he/she] does something I like.

1 = definitely true,
2 = sort of true,
3 = sort of false, or
4 = definitely false?

>P_SY3< [YOUNGER KIDS ONLY, LESS THAN AGE 6]

These questions are about raising [CHILD]. Using card SY-1, please tell me whether each statement is definitely true, sort of true, sort of false or definitely false in regards to you and [CHILD].

I give [CHILD] a chance to explain [his/her] side before punishing [him/her]. Would you say this is...

1 = definitely true,
2 = sort of true,
3 = sort of false, or
4 = definitely false?

>P_SY4< [ALL KIDS]

I try to make rules which take [CHILD]'s individual needs into consideration. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?
>P_SY5< [ALL KIDS]

I make sure I am strict with [CHILD] when it comes to punishment. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY6< [ALL KIDS]

I let [CHILD] decide what [his/her] daily schedule will be. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY7< [ALL KIDS]

I let [CHILD] eat whatever [he/she] feels like eating. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY8< [YOUNGER KIDS ONLY, LESS THAN AGE 6]

I allow [CHILD] to express any angry feelings [he/she] has toward me freely. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_S9Y< [OLDER KIDS ONLY, AGE 10+]

I avoid giving [CHILD] chores to do. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?
>P_SY10< [ALL KIDS]

I think that a good spanking is sometimes needed to make [CHILD] understand. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

(No item SY11)

>P_SY12< [YOUNGER KIDS ONLY, LESS THAN AGE 6]

I let [CHILD] go to bed whenever [he/she] feels like it. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

(No item SY13)

>P_SY14< [ALL KIDS]

I avoid having rules that [CHILD] must follow. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY15< [OLDER KIDS ONLY, AGE 10+]

I think that spoiling [CHILD] would be one of the worst things I could do as a parent. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?
I let [CHILD] watch whatever TV shows [he/she] wants to watch. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

I try to show that I understand [CHILD]’s feelings when I punish [him/her] for misbehaving. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

I drop a rule if [CHILD] objects to it. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

I expect [CHILD] to be quiet and respectful when adults are around. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

I try to explain the reasons for the rules I make. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?
>P_SY21<  [ALL KIDS]

I spank [CHILD] when [he/she] has done something really wrong.  (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY22<  [YOUNGER KIDS ONLY, LESS THAN AGE 6]

I expect [CHILD] to obey me without any questions asked.  (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY23<  [YOUNGER KIDS ONLY, LESS THAN AGE 6]

I make sure [CHILD] shows me respect.  (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY24<  [YOUNGER KIDS ONLY, LESS THAN AGE 6]

I think [CHILD] will grow up just fine if I usually let [him/her] have [his/her] way.  (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

(No items SY25 or SY26)
>P_SY27<  [ALL KIDS]

I avoid dealing with [CHILD]. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

> P_SY28<  [OLDER KIDS ONLY, AGE 10+]

I don't think I can change [CHILD]. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

> P_SY29<  [ALL KIDS]

I have so much on my mind, I don't have much time for [CHILD]. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

> P_SY30<  [OLDER KIDS ONLY, AGE 10+]

I generally know what [CHILD] is doing even when I'm not there. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

> P_SY31<  [OLDER KIDS ONLY, AGE 10+]

I know most of [CHILD]’s friends and playmates. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?
>P_SY32<  [OLDER KIDS ONLY, AGE 10+]

I don't talk with [CHILD] very much. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

>P_SY33<  [OLDER KIDS ONLY, AGE 10+]

I feel very involved in [CHILD]'s life. (Would you say this is...)

1 = DEFINITELY TRUE,
2 = SORT OF TRUE,
3 = SORT OF FALSE, OR
4 = DEFINITELY FALSE?

End of the Parenting Style Section
TIME USE SECTION

>P_US1<

Now, please consider the 24-hour period, yesterday, [DAY], starting at 1:00 a.m. until this morning, [DAY] at 1:00 a.m. Were there any times during this period when you and [CHILD] were apart for one hour or more?

1 = YES
2 = NO → go to US10_FC

>P_US2<

Rounding to the nearest hour, please tell me the (first/next) period of one hour or more when you and [CHILD] were apart yesterday.

Start hour for the period apart ______ AM/PM
End hour for the period apart ______ AM/PM

>P_US3<

Using this card (SHOW CARD US-1), and thinking about this list of places you might have been, please tell me which codes describe where you were when you were apart from [CHILD] from [START TIME] to [END TIME] yesterday. (CODE ALL THAT APPLY)

1 = AT WORK → ASK US3A
2 = AT HOME → go to US3B
3 = AT SCHOOL → go to US3B
4 = AT A TRAINING PROGRAM → go to US3B
5 = AT THE WELFARE/SOCIAL SERVICE OFFICE → go to US3B
6 = SHOPPING/DOING ERRANDS/APPOINTMENTS/VISITING → go to US3B
7 = SOME OTHER ACTIVITY → go to US3B
F3 = DK → go to US3B
F4 = RE → go to US3B

>P_US3A<

Were you working at a job sponsored by the welfare or social service office?

1 = YES
2 = NO
And where was [CHILD] during most of that time...
(READ ANSWER CHOICES) (CODE ALL THAT APPLY)

1 = At school → go to US4
2 = At home → go to US4
3 = At a child care center or sitter's → go to US4
4 = At some organized activity like sport's clubs, or lessons, or → go to US4
5 = Someplace else → ASK US3C
F3 = DK → go to US4
F4 = RE → go to US4

Where was that?

Was there another period of one hour or more when you and [CHILD] were apart yesterday?

1 = YES → REPEAT ITEMS US2 THROUGH US3C_1 FOR EACH PERIOD OF SEPARATION; WE COLLECT UP TO 5 PERIODS OF SEPARATION
2 = NO → go to US10_FC

(No items US5 through US9)

IF AGE OF FOCAL CHILD IS GREATER THAN 5, GO TO P_US11.

What would you say was the type of arrangement that you used most often to care for [CHILD] when [he/she] was not with you in the past week?

1 = CHILD ALWAYS WITH R → go to US13
2 = IN R'S HOME WITH FATHER OR R'S PARTNER → go to US12
3 = IN R'S HOME WITH SIBLING(S) → ASK P_US10a
4 = IN R'S HOME WITH RELATIVE → go to US12
5 = IN R'S HOME WITH NON-RELATIVE → go to US12
6 = IN DAYCARE CENTER OR PRESCHOOL → ASK US10b
7 = OUTSIDE OF HOME WITH RELATIVE → go to US12
8 = OUTSIDE OF HOME WITH NON-RELATIVE → go to US12
9 = HOME ALONE → go to US13
10 = OTHER (SPECIFY) → go to US12
>P_US10a<

How old was the oldest sibling [CHILD] was home with?

_______ \(\rightarrow\) go to US12

>P_US10b<

Is that at a headstart program or at your place of work or someplace else?

1 = HEADSTART PROGRAM \(\rightarrow\) US12
2 = R'S WORK \(\rightarrow\) US12
3 = SOMEPLACE ELSE (SPECIFY) \(\rightarrow\) US12

>P_US11< [FOR OLDER KIDS, AGE 6+]

Aside from school, where would you say [CHILD] spent most of [his/her] time when [he/she] was not with you last week?

1 = CHILD ALWAYS WITH R \(\rightarrow\) US13
2 = IN R'S HOME WITH FATHER OR R'S PARTNER \(\rightarrow\) US12
3 = IN R'S HOME WITH SIBLING(S) \(\rightarrow\) ASK US11a
4 = IN R'S HOME WITH RELATIVE \(\rightarrow\) US12
5 = IN R'S HOME WITH NON-RELATIVE \(\rightarrow\) US12
6 = FORMAL DAYCARE CENTER \(\rightarrow\) US12
7 = ORGANIZED/SUPERVISED ACTIVITIES \(\rightarrow\) US12
8 = OUTSIDE OF HOME WITH RELATIVE \(\rightarrow\) US12
9 = OUTSIDE OF HOME WITH NON-RELATIVE \(\rightarrow\) US12
10 = HOME, PLAYING OUTSIDE \(\rightarrow\) US13
11 = HOME ALONE \(\rightarrow\) US13
12 = OTHER (SPECIFY) \(\rightarrow\) US12

>P_US11a<

How old was the oldest sibling [CHILD] was home with?

_____ \(\rightarrow\) go to US12

>P_US12<

How many hours did [CHILD] spend there in the past 7 days?

_____
>P_US13<

Has this been the main arrangement used to care for [CHILD] over the past 12 months?

1=YES → go to US15
2=NO

>P_US14<

How many times has the main arrangement to care for [CHILD] been changed in the past 12 months?

______

>P_US15<

In the past 7 days, did you spend more time than usual with [CHILD], less time than usual with [CHILD], or about the same amount of time as usual?

1=MORE TIME THAN USUAL
2=LESS TIME THAN USUAL
3=ABOUT THE SAME → go to US17

>P_US16<

What is the main reason why the amount of time you spent with [CHILD] was different than usual?

1=WORK SCHEDULE DIFFERENT
2=TIME SPENT LOOKING FOR WORK DIFFERENT
3=TIME SPENT AT THE WELFARE DEPT. DIFFERENT
4=TIME SPENT IN TRAINING OR SCHOOL DIFFERENT
5=R. WAS SICK
6=[CHILD] WAS SICK
7=OTHER (SPECIFY)

>P_US17<

Sometimes it is difficult to make arrangements to look after children all the time. During the past 30 days, did [CHILD] stay alone or with other children who are under age 14 on a regular basis?

1=YES
2=NO
Would you say that you have had a regular schedule for [CHILD]'s childcare over the past 30 days?

1=YES -> go to US20_FC
2=NO

What is the main reason that [CHILD]'s childcare schedule has not been regular over the past month?

1=CANT FIND CONSISTENT CHILD CARE ARRANGEMENT
2= R's JOB SITUATION KEEPS CHANGING
3= CHILD HAS BEEN SICK OFF AND ON
4= PROBLEMS PAYING FOR CHILD CARE
5= R's PERSONAL LIFE HAS BEEN CHANGING A LOT
6= OTHER (SPECIFY)

IF R REPORTED THAT SHE IS RESPONSIBLE FOR AT LEAST ONE OTHER CHILD IN THE HOUSEHOLD BESIDES FOCAL CHILD (ITEM DE12a), CONTINUE WITH US20. IF NOT, GO TO US23.

Were any of your other children cared for by someone other than you last week?

1=YES
2=NO -> go to US23

How many of your other children did you have someone else care for?

_____
What is the main type of care arrangement you used for each of your other children last week? CODE ALL THAT APPLY.

1=CHILD ALWAYS WITH R
2=IN R'S HOME WITH FATHER OR R'S PARTNER
3=IN R'S HOME WITH SIBLING(S)
4=IN R'S HOME WITH RELATIVE
5=IN R'S HOME WITH NON-RELATIVE
6=FORMAL DAYCARE CENTER
7=ORGANIZED/SUPERVISED ACTIVITIES (E.G., SPORTS, AFTER SCHOOL PROGRAM)
8=OUTSIDE OF HOME WITH RELATIVE
9=OUTSIDE OF HOME WITH NON-RELATIVE
10=HOME, PLAYING OUTSIDE
11=HOME ALONE
12=OTHER (SPECIFY)
F3=DON'T KNOW/F4=REFUSED

What was the total amount of money you spent for [CHILD/all your children] on childcare like daycare and babysitters last week? Please take a moment to think about this and add it up.

DOLLARS:

Many families get help to pay for their childcare. Did you or will you receive help of this kind for the childcare you used last week?

1=YES
2=NO --> go to the end of this section

Who provides this help?

1=WELFARE DEPARTMENT
2=LOCAL COMMUNITY ORGANIZATION
3=LOCAL GOVERNMENT
4=STATE/FEDERAL GOVERNMENT
5=EMPLOYER
6=SOME OTHER ORGANIZATION (SPECIFY)
NOTE: THE REMAINDER OF THE TIME USE SECTION CONSISTS OF QUESTIONS REGARDING CONTACTING THE CHILD CARE PROVIDER FOR THE EDS INTERVIEW. THOSE QUESTIONS ARE NOT SHOWN HERE.

End of the Time Use Section
FATHER INVOLVEMENT

NOTE: IF RESPONDENT REPORTED THAT THE FATHER OF THE FOCAL CHILD IS DEAD, OR DID NOT KNOW OR REFUSED TO ANSWER THAT QUESTION (ITEM DE23 IN THE DEMOGRAPHICS SECTION), SKIP TO ITEM FI14.

>P_FIIN<

Now I have a few questions about [CHILD]'s biological father and other adults in [his/her] life.

(No item FI1)

>P_FI2B<

So that I can refer to him properly for these next questions, what is [CHILD]'s father's name? (GET FIRST AND LAST NAME; USE FIRST NAME AS FILL IN THE REST OF THE QUESTIONS. IF R SAID DON'T KNOW OR REFUSED TO GIVE THE FATHER’S NAME, THE FILL WILL BE “[CHILD]’s father”.)

>P_FI2_FC< IF FATHER OF FOCAL CHILD LIVES IN THE HOUSEHOLD, WHICH WAS DETERMINED IN THE DEMOGRAPHICS SECTION, GO TO ITEM FI8a.

>P_FI3<

When is the last time [CHILD] had any contact, either in person or by telephone with [FATHER]?

1 = NEVER -> go to FI14
2 = MORE THAN 1 YEAR AGO -> go to FI14
3 = LESS THAN 1 YEAR AGO

>P_FI4<

About how often has [FATHER] seen [CHILD] during the past 12 months?

1 = Never in the past 12 months,
2 = Every few months,
3 = Once a month or more,
4 = Once a week or more, or
5 = Almost every day? -> go to FI8a
During the past 12 months, how often has [FATHER] talked to [CHILD] on the phone or communicated in any other way?

1 = Never in the past 12 months,  
2 = Every few months,  
3 = Once a month or more,  
4 = Once a week or more, or  
5 = almost every day?

(No items FI6 and FI7)

How much responsibility does [FATHER] take in [CHILD]'s daily care, such as feeding, changing diapers, or bathing [CHILD]?

[VERSION IF FOCAL CHILD IS LESS THAN 2 YEARS OLD]

How much responsibility does [FATHER] take in [CHILD]'s daily care, such as feeding, changing diapers, or bathing [CHILD]?

[VERSION IF FOCAL CHILD IS AGE 2 THROUGH 5]

How much responsibility does [FATHER] take in [CHILD]'s daily care, such as preparing food for [CHILD], helping [him/her] get dressed, or giving [CHILD] a bath?

[VERSION IF FOCAL CHILD IS AGE 10+]

How much responsibility does [FATHER] take in [CHILD]'s daily care, such as preparing food for [CHILD], or making sure [he/she] goes to school?

1 = none,  
2 = some, or  
3 = most of the responsibility?

How much responsibility does [FATHER] take for making sure [CHILD] behaves?

1 = none,  
2 = some, or  
3 = most of the responsibility?
>P_FI9<

How often do you and [FATHER] disagree over issues concerning [CHILD]?

1 = never,
2 = rarely,
3 = sometimes,
4 = usually, or
5 = always?

>P_FI10<

How often can you count on [FATHER] if you need him to take care of [CHILD]?

1 = never,
2 = rarely,
3 = sometimes,
4 = usually, or
5 = always?

>P_FI11<

Overall, how close would you say [FATHER] is to [CHILD]?

1 = Not very close,
2 = Fairly close,
3 = Quite close, or
4 = Extremely close?

(No item FI12 and FI13)

>P_FI14<

During the past 12 months, how often did [CHILD] see [NAME’s/(his/her) father’s] family, such as his parents or sisters or brothers?

1 = never in the past 12 month,
2 = every few months,
3 = once a month or more,
4 = once a week or more, or
5 = almost every day?
Sometimes, there are other people who play a father-like role to a child. For example, a child might have a stepfather, a grandfather or uncle, or someone else who acts like a father to him or her. Is there someone who is more like a father to [CHILD] than [his/her] real biological father?

1 = YES  
2 = NO  -> go to FI19

So I can refer to him properly for these next questions, what is this person's name? (GET FIRST AND LAST NAME)

FIRST NAME:  
LAST NAME:  
(USE “this man” IN UP COMING QUESTIONS IF RESPONDENT SAYS “DON’T KNOW” OR REFUSES TO ANSWER THIS QUESTION)

How is [NAME/this man] related to [CHILD]?

1 = STEPFATHER  
2 = ADOPTIVE FATHER  
3 = FOSTER FATHER  
4 = MOTHER’S PARTNER  
5 = MATERNAL UNCLE  
6 = PATERNAL UNCLE  
7 = MATERNAL GRANDFATHER  
8 = PATERNAL GRANDFATHER  
9 = OTHER MALE RELATIVE (SPECIFY)  
10 = OTHER MALE NONRELATIVE (SPECIFY)
What is [NAME/this man]'s relationship to you?

1 = SPOUSE  
2 = LIVE-IN PARTNER  
10 = PARENT  
20 = CHILD  
30 = BROTHER  
35 = BROTHER-IN-LAW  
50 = GRANDFATHER  
65 = UNCLE  
66 = NEPHEW  
67 = COUSIN  
85 = OTHER BLOOD RELATIVE (SPECIFY)  
86 = OTHER NON-RELATIVE (SPECIFY)

[VERSION IF FOCAL CHILD IS LESS THAN 2 YEARS OLD]
How much responsibility does [NAME/this man] take in [CHILD]'s daily care, such as feeding, changing diapers, or bathing [CHILD]?

[VERSION IF FOCAL CHILD IS AGE 2 THROUGH 5]
How much responsibility does [NAME/this man] take in [CHILD]'s daily care, such as preparing food for [CHILD], helping [him/her] get dressed, or giving [CHILD] a bath?

[VERSION IF FOCAL CHILD IS AGE 10+]
How much responsibility does [NAME/this man] take in [CHILD]'s daily care, such as preparing food for [CHILD], or making sure [he/she] goes to school?

1 = none,  
2 = some responsibility, or  
3 = complete responsibility?

[VERSION IF RESPONDENT IS FOCAL CHILD’S GRANDMOTHER]
Besides yourself, is there another person who is like a grandmother to [CHILD]?

[VERSION IF RESPONDENT IS NOT FOCAL CHILD’S GRANDMOTHER]
Does [CHILD] have a grandmother or person who is like a grandmother to [him/her]?

1 = YES  
2 = NO  go to end of this section
So that I can refer to her properly for these next questions, what is this person's name? (GET FIRST AND LAST NAME)

INTERVIEWER: IF MORE THAN ONE GRANDMOTHER, SAY: "Let's talk about the grandmother who is most involved with the child."

FIRST NAME:
LAST NAME:
(USE “she” IN UPCOMING QUESTIONS IF RESPONDENT SAYS “DON’T KNOW” OR REFUSES TO ANSWER THIS QUESTION)

What is her relationship to [CHILD]?

1 = MATERNAL GRANDMOTHER
2 = MATERNAL GREAT-GRANDMOTHER
3 = PATERNAL GRANDMOTHER
4 = PATERNAL GREAT-GRANDMOTHER
5 = AUNT
6 = GREAT AUNT
7 = OTHER FEMALE RELATIVE (SPECIFY)
8 = OTHER FEMALE NONRELATIVE (SPECIFY)

[VERSION IF FOCAL CHILD IS LESS THAN 2 YEARS OLD]
How much responsibility does [NAME/she] take in [CHILD]'s daily care, such as feeding, changing diapers, or bathing [CHILD]?

[VERSION IF FOCAL CHILD IS AGE 2 THROUGH 5]
How much responsibility does [NAME/she] take in [CHILD]'s daily care, such as preparing food for [CHILD], helping [fill him/her] get dressed, or giving [CHILD] a bath?

[VERSION IF FOCAL CHILD IS AGE 10+]
How much responsibility does [NAME/she] take in [CHILD]'s daily care, such as preparing food for [CHILD] or making sure [he/she] goes to school?

1 = none,
2 = some responsibility, or
3 = complete responsibility?
NOTE: THE REMAINDER OF THE FATHER INVOLVEMENT SECTION CONSISTS OF QUESTIONS REGARDING LOCATING AND CONTACTING THE FATHER FOR THE EDS INTERVIEW. THOSE QUESTIONS ARE NOT SHOWN HERE.

End of the Father Involvement Section
CHILD SUPPORT

NOTE: SKIP THE ENTIRE CHILD SUPPORT SECTION IF:

C CHILD’S NATURAL FATHER IS NOT ALIVE, OR
C CHILD’S BIOLOGICAL FATHER IS IN THE HOUSEHOLD, OR
C CHILD’S FATHER IS NOT IN THE HOUSEHOLD BECAUSE OF A
JOB OR WORK RELATED SEPARATION, A SCHOOL RELATED
SEPARATION, THE FATHER IS IN A NURSING HOME, THE
FATHER IS IN ANOTHER MEDICAL CARE FACILITY, OR THE
FATHER IS IN PRISON OR A CORRECTIONAL INSTITUTION.

>P_CS1<

I have a few more questions about the natural, or birth father, of
[CHILD]. Is there any legal arrangement that states [FATHER]
must provide some kind of financial support for [CHILD]?

1 = YES –> go to CS4
2 = NO

>P_CS2<

Is such an arrangement currently in process, being considered, or pending?

1 = YES –> go to CS4
2 = NO

>P_CS3<

Has there ever been any other kind of agreement or understanding that
states [FATHER] should help financially support [CHILD]?

1 = YES
2 = NO –> go to CS13
>P_CS4<

[VERSION IF THERE IS A LEGAL ARRANGEMENT (CS1=yes)]
Does this legal arrangement state [FATHER] is supposed to make child support payments?

[VERSION IF ARRANGEMENT IS IN PROCESS/PENDING (CS2=yes)]
Does the pending arrangement state [FATHER] is supposed to make child support payments?

[VERSION IF THERE IS SOME OTHER AGREEMENT/UNDERSTANDING (CS3=yes)]
Did this agreement or understanding state [FATHER] is supposed to make child support payments?

1 = YES
2 = NO --> go to CS13

>P_CS5<

Was [FATHER] supposed to make any child support payments in the past 12 months?

1 = YES --> go to CS7
2 = NO

>P_CS6<

Why not?

1 = CHILD TOO OLD
2 = CHILD LIVES WITH FATHER
3 = OTHER (SPECIFY)

>P_CS7<

How much was [FATHER] supposed to pay? If he was supposed to pay for more than one child, please give the amount due only for [CHILD].

DOLLARS:

Per:
1 = WEEK
2 = MONTH
3 = YEAR
>P_CS8<

Were the payments supposed to be deducted from his paycheck?

1 = YES
2 = NO

>P_CS9<

Did you receive the amount you were due for all of the past 12 months?

1 = YES –> go to CS12
2 = NO

>P_CS10<

During the past 12 months, how many months did you receive a child support payment from [FATHER]?

MONTHS: -> if answer is 0, go to CS13

>P_CS11<

And how much, on average, did you receive in those months when you received a payment?

DOLLARS:

>P_CS12<

Where was the money sent from?

1 = FROM THE WELFARE OFFICE OR CHILD SUPPORT ENFORCEMENT AGENCY
2 = FROM THE COURT
3 = FROM THE FATHER DIRECTLY - go to
4 = FROM THE FATHER'S PLACE OF EMPLOYMENT | CS13
5 = OTHER (SPECIFY) — — — — — — — — — — — — — — — —

>P_CS12A<

Were you sent the full amount of his payment, or was some deducted first?

1= SENT THE FULL AMOUNT
2= SOME DEDUCTED FIRST
What child custody arrangements does the legal arrangement specify?

What child custody arrangements does the pending arrangement specify?

What child custody arrangements does the agreement or understanding specify?

What child custody arrangements do you have with [FATHER]?

1 = CHILD LIVES WITH MOTHER ONLY
2 = CHILD LIVES WITH FATHER ONLY -> go to end of this section
3 = CHILD LIVES PART OF TIME WITH MOTHER
   AND PART OF TIME WITH FATHER
4 = CHILD LIVES WITH NEITHER PARENT

Does [FATHER] have visitation rights?

1 = YES
2 = NO

SKIP TO THE END OF THE CHILD SUPPORT SECTION IF RESPONDENT REPORTED THERE IS A LEGAL ARRANGEMENT (CS1=yes) OR ONE IS IN PROCESS/PENDING (CS2=yes) OR THERE IS SOME OTHER AGREEMENT OR UNDERSTANDING (CS3=yes). ALL OTHERS PROCEED WITH CS15.

Even though you have not had an agreement with [FATHER], has he given you any money directly to help pay for [CHILD]'s expenses in the past 12 months?

1 = YES
2 = NO -> go to CS17
How much did he usually give you or spend on [CHILD]'s expenses?

DOLLARS:

Per:
1 = DAY
2 = WEEK
3 = MONTH
4 = YEAR

In the past 12 months how often did [FATHER] provide other things for [CHILD], like clothing? Would you say...

1 = never,
2 = sometimes, or
3 = often?

End of Child Support Section
FINANCIAL STRAIN INDEX

>P_ST1<

Now, please think about your household's finances.

How often does your household have to borrow money to pay bills? Would you say...

1 = never,
2 = rarely
3 = occasionally,
4 = frequently, or
5 = all the time?

>P_ST2<

How often does your household put off buying something you need because you don't have money? Would you say...

1 = never,
2 = rarely
3 = occasionally,
4 = frequently, or
5 = all the time?

>P_ST3<

How often can your household afford to do things just for fun like going to the movies or eating out? Would you say...

1 = never,
2 = rarely
3 = occasionally,
4 = frequently, or
5 = all the time?

>P_ST4<

During the past 12 months, how much difficulty did your household have paying bills? Would you say...

1 = no difficulty at all,
2 = a little difficulty,
3 = some difficulty,
4 = quite a bit of difficulty, or
5 = a great deal of difficulty?
>P_ST5<

Does your household have enough money to afford the kind of housing, food and clothing you feel you should have? Would you say...

1 = definitely no,
2 = not quite,
3 = mostly, or
4 = definitely yes?

> P_ST6<

Thinking about the end of each month over the past 12 months, did your household generally end up with...

1 = more than enough money left over,
2 = some money left over,
3 = just enough to make ends meet, or
4 = not enough to make ends meet?

> P_ST7<

Sometimes people have trouble paying their bills or getting by from month to month. Who would you turn to if you were unable to pay your bills? (CODE ALL THAT APPLY)

1 = GOVERNMENT AGENCY OR WELFARE PROGRAM
2 = PRIVATE SOCIAL SERVICE AGENCY
3 = CHURCH OR RELIGIOUS SOCIAL SERVICE AGENCY
4 = FAMILY MEMBER
5 = FRIEND (BOYFRIEND, PARTNER, EX-SPOUSE/PARTNER)
6 = BANK/CREDIT UNION/FINANCIAL INSTITUTION
7 = OTHER (SPECIFY)
8 = NO ONE
F3 = DON'T KNOW
F4 = REFUSED

> P_ST8<

At any time in the past 12 months, did you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food?

1 = YES
2 = NO
At any time in the past 12 months, did you or any other adults in your household not eat for a whole day because there wasn't enough money for food?
1 = YES
2 = NO

In the past 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
1 = YES
2 = NO

Sometimes people lose weight because they don't have enough to eat. In the past 12 months, did you lose weight because there wasn't enough food?
1 = YES
2 = NO

At any time in the past 12 months, did you cut the size of any of [CHILD]'s meals because there wasn't enough money for food?
1 = YES
2 = NO

At any time in the past 12 months, did [CHILD] skip a meal because there wasn't enough money for food?
1 = YES
2 = NO → go to ST15
>P_ST14<

Did this happen...

1 = only 1 or 2 months,
2 = some months but not every month, or
3 = almost every month?

>P_ST15<

At any time in the past 12 months, was [CHILD] hungry but you just couldn't afford more food?

1 = YES
2 = NO

End of the Financial Strain Section
WELFARE PARTICIPATION & EXPERIENCES

>rstate< THIS IS A CHECK ITEM USED FOR WORDING IN LATER ITEMS

INTERVIEWER: WHICH STATE DOES R LIVE IN?

1 = ILLINOIS
2 = MASSACHUSETTS
3 = TEXAS

>P_WH0c<

Many people in America need help from the government from time to time to pay for expenses. I would like to ask if you or [CHILD has/your children have] received this kind of help.

>P_WH0d<

When you answer the questions, we only want to know what help you have received since [CHILD was/your children were] born.

Did we mark the [birthday of CHILD/birthdays of your children] on the calendar?

MARK BIRTHDAYS OF AT LEAST FIRST AND MOST RECENT CHILD ON CALENDAR.

>P_WH1<

First, let's talk about the Food Stamp program. Are you or [CHILD/your children] now receiving Food Stamps?

(IF NECESSARY: The Food Stamp program gives coupons to families and children who need help paying for their groceries.)

1 = YES → go to WH3
2 = NO

>P_WH2<

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?

1 = YES
2 = NO → go to WH4
Please look at the calendar and tell me when in the past two years you or [CHILD/your children] received Food Stamps. Show me all the times you went on or off Food Stamps in the past two years.

→ go to WH5

Have you or [CHILD/your children] ever received Food Stamps?

1 = YES
2 = NO → go to WH6

In what year did you or [CHILD/your children] first receive Food Stamps?

(ENCOURAGE USE OF CALENDAR)

YEAR:

[IN CHICAGO]
Are you or [CHILD/your children] now receiving Medicaid or MediPlan?

[IN BOSTON]
Are you or [CHILD/your children] now receiving Medicaid or MassHealth?

[IN SAN ANTONIO]
Are you or [CHILD/your children] now receiving Medicaid or LoneStar?

(IF NECESSARY: This is a program that helps families and children pay for their doctor visits and other medical care.)

1 = YES → go to WH8
2 = NO

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?

1 = YES
2 = NO → go to WH9
>P_WH8<

Please look at the calendar and tell me when in the past two years you or [CHILD/your children] received Medicaid. Show me all the times you went on or off Medicaid in the past two years.

--> go to WH10

>P_WH9<

Have you or [CHILD/your children] ever received Medicaid?

  1 = YES
  2 = NO --> go to WH11

>P_WH10<

In what year did you or [CHILD/your children] first receive Medicaid?

(ENCOURAGE USE OF CALENDAR)

  YEAR:

>P_WH11<

Are you or [CHILD/your children] now receiving help from the Women, Infants, and Children Nutrition program, called WIC?

  1 = YES
  2 = NO --> go to WH13

>P_WH12<

In what month and year did you start receiving help from WIC?

(ENCOURAGE USE OF CALENDAR)

  MONTH:   YEAR:  --> go to WH16

>P_WH13<

Have you or [CHILD/your children] ever received help from WIC?

  1 = YES
  2 = NO --> go to WH16
Think about the most recent time you or [CHILD/your children] received help from WIC. (ENCOURAGE USE OF CALENDAR.)

In what month and year did you start receiving help from WIC?

MONTH: YEAR:

In what month and year did you stop receiving this help?

MONTH: YEAR:

Are you or [CHILD/your children] now receiving help from the Supplemental Security Income program, called SSI?

1 = YES
2 = NO –> go to WH18

Is that for you or for [CHILD/your children]?

1 = RESPONDENT
2 = CHILD(REN) –> go to WH17a
3 = BOTH

In what month and year did you start receiving SSI benefits?

(ENCOURAGE USE OF CALENDAR)

MONTH: YEAR:

ASK ONLY IF R REPORTED THAT CHILD(REN) RECEIVED SSI (THAT IS, WH16a = 2 or 3). IF NOT, GO TO WH21

In what month and year did [CHILD/your children] start receiving SSI benefits?

(ENCOURAGE USE OF CALENDAR)

MONTH: YEAR: –> go to WH21
Have you or [CHILD/your children] ever received help from the SSI program?

1 = YES  
2 = NO –> go to WH21

Was that for you or [CHILD/your children]?

1 = RESPONDENT  
2 = CHILD(REN) –> go to WH20a  
3 = BOTH

Think about the most recent time you received SSI benefits. In what month and year did you start receiving this help?

(MONTH: YEAR:

In what month and year did you stop receiving this help?

(MONTH: YEAR:

Think about the most recent time [CHILD/your children] received SSI benefits. In what month and year did [CHILD/your children] start receiving this help?

(MONTH: YEAR:

In what month and year did [CHILD/your children] stop receiving this help?

(MONTH: YEAR:
Now I'd like to ask you about cash assistance for which families receive money on a regular basis. For example, they may get a monthly check. We don't mean Food Stamps or Medicaid or SSI or WIC. Some people call this assistance "welfare", or "AFDC", or "TANF" or "public aid". What word or words do you use to talk about this government program?

1 = AFDC
2 = TANF
3 = WELFARE
4 = PUBLIC AID
5 = OTHER (SPECIFY)  INTERVIEWER: DO NOT ACCEPT "FOOD STAMPS", "SSI", "MEDICAID", OR "WIC".

NOTE: RESPONDENT'S ANSWER TO ITEM WH21 WILL BE USED TO FILL THE WORD [WELFARE] IN THE QUESTIONS THAT FOLLOW.

The next questions are about this cash assistance program for families. Several years ago this program changed. Many people called the old program "AFDC". Whenever I ask you when you have been on [WELFARE], I mean both the old AFDC program and the new program they have now. Remember you should only tell me about help you have received since [CHILD was/your children were] born.

Are you or [CHILD/your children] regularly receiving [WELFARE] benefits now?

1 = YES  ->  go to WH30
2 = NO

In the past two years, since [CURRENT MONTH, YEAR MINUS 2], have you or [CHILD/your children] received [WELFARE] in [STATE]?

1 = YES  ->  go to WH30
2 = NO
Have you or [CHILD/your children] ever received [WELFARE]?

1 = YES
2 = NO → go to WH34

Think about the most recent time that you received [WELFARE]. In what month and year did you or [CHILD/your children] start receiving [WELFARE] that time?

(ENCOURAGE USE OF CALENDAR)

MONTH: YEAR:

In what month and year did you or [CHILD/your children] stop receiving [WELFARE] that time?

MONTH: YEAR:

Before that, were you or [CHILD/your children] ever on [WELFARE]?

1 = YES
2 = NO → go to WH34

In what month and year did you or [CHILD/your children] go on [WELFARE] for the first time?

MONTH: YEAR:

In what month and year did you or [CHILD/your children] go off [WELFARE] that time?

MONTH: YEAR: → go to WH34
Now, I'd like you to use the calendar to show me when you or [CHILD/your children] received [WELFARE] in [STATE] in the past 2 years. Let's start by marking the times since [CURRENT MONTH, YEAR MINUS 2] when you and [CHILD/your children] were not living in [STATE].

(MARK OUT OF STATE SPELLS ON CALENDAR.)

Okay, now show me all the times you went on and off [WELFARE] while you were in [STATE] during the past two years.

(IF STOPPED FOR ONLY 1-2 MONTHS, DO NOT COUNT.)

Were you or [CHILD/your children] ever on [WELFARE] before the first time we just listed on the calendar?

1 = YES
2 = NO -> go to WH34

In what month and year did you or [CHILD/your children] go on [WELFARE] for the first time?

MONTH: YEAR:

In what month and year did you or [CHILD/your children] go off [WELFARE] that time?

MONTH: YEAR:

To the best of your knowledge, is there a limit on the amount of time that most parents can stay on [WELFARE]?

1 = YES -> go to WH36
2 = NO  -> go to WH40_FC
3 = DEPENDS
What does it depend on?
___________________  -> go to WH37

What is the time limit?
(The amount of time that most parents can stay on [WELFARE])?

MONTH:       YEAR:
OR
SPECIFY:

Do the months when you are working and receiving [WELFARE] count toward the time limit?

1 = YES  -> go to WH38
2 = NO   -> go to WH38
3 = IT DEPENDS

What does it depend on?
___________________

Suppose a parent reaches the time limit and goes off [WELFARE]. Can she ever go back on [WELFARE]?

1 = YES  -> go to WH39
2 = NO   -> go to WH40_FC
3 = IT DEPENDS

What does it depend on?
___________________  -> go to WH40_FC
How long would she have to wait before going on again?

MONTH: YEAR:
OR
SPECIFY:

[IF NEVER RECEIVED WELFARE, GO TO WH44_FC]

Let's talk about your own situation. Is there now a limit on the amount of time you or [CHILD/your children] can stay on [WELFARE]?

1 = YES –> go to WH42
2 = NO  –> go to WH44_FC
3 = IT DEPENDS

What does it depend on?

___________________  –> go to WH43

How much time do you have left before you reach the time limit?

MONTH: YEAR:
OR
SPECIFY:

At some point in the past 2 years, have you left [WELFARE] to save up months for when you might need them?

1 = YES
2 = NO
>P_WH44_FC< > IF R REPORTED ANY WELFARE START DATE (WH30A) WITHIN PAST 2 YEARS, GOTO WH48;
> IF NO START DATE IS WITHIN PAST 2 YEARS BUT R IS CURRENTLY ON WELFARE (WHICH MEANS SHE’S BEEN ON CONTINUOUSLY FOR THE PAST TWO YEARS), GOTO WH58_FC;
> ALL OTHERS (THAT IS EVERYONE ELSE WITH NO START DATE WITHIN THE PAST TWO YEARS) CONTINUE.

>P_WH44< FOR Rs WITH NO START DATE WITHIN THE PAST TWO YEARS AND NOT CURRENTLY ON WELFARE

At some point in the past 2 years, since [CURRENT MONTH, YEAR MINUS 2], have you gone to the welfare office to talk about applying for [WELFARE] in [STATE]?

1 = YES –> go to WH48
2 = NO

>P_WH45<

In the past two years, have you thought seriously about going to the welfare office to talk about applying?

1 = YES
2 = NO –> go to WH47
(Don’t know and refused go to WH58_FC)

>P_WH46<

Why didn't you go to the welfare office? (CODE ALL THAT APPLY)

1 = WELFARE TIME LIMIT TOO SHORT
2 = WELFARE WORK REQUIREMENTS
3 = TOO MUCH HASSLE
4 = ASHAMED, EMBARRASSED, STIGMA
5 = FOUND A JOB
6 = FOUND OTHER SUPPORT
7 = NOT ELIGIBLE
8 = TRANSPORTATION PROBLEMS
9 = CURRENTLY PLANNING TO APPLY
10= OTHER (SPECIFY)
F3= DON'T KNOW
F4= REFUSED

–> go to WH58_FC
Why not? (CODE ALL THAT APPLY)

1 = HAVE OTHER SUPPORT
2 = HAVE A JOB
3 = WELFARE TIME LIMIT IS TOO SHORT
4 = WELFARE REQUIRES ME TO WORK
5 = TOO MUCH HASSLE
6 = ASHAMED, EMBARRASSED, STIGMA
7 = KNEW WASN'T ELIGIBLE
8 = TRANSPORTATION PROBLEMS
9 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

-> go to WH58_FC

Think about the most recent time you went to the welfare office to see about applying for [WELFARE]. Did you actually apply for [WELFARE]?

1 = YES -> go to WH51
2 = NO
(Don’t know and refused go to WH53)

Why didn't you apply? (CODE ALL THAT APPLY)

1 = WELFARE TIME LIMIT TOO SHORT
2 = WELFARE WORK REQUIREMENTS
3 = TOO MUCH HASSLE
4 = ASHAMED, EMBARRASSED, STIGMA
5 = FOUND A JOB
6 = FOUND OTHER SUPPORT
7 = NOT ELIGIBLE
8 = TRANSPORTATION PROBLEMS
9 = CASEWORKER DISCOURAGED R
10 = WELFARE OFFICE TREATED R BADLY
11 = CURRENTLY PLANNING TO APPLY
12 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED
What did you do to get by instead of going on [WELFARE]? (CODE ALL THAT APPLY)

1 = CUT BACK ON NECESSITIES
2 = CUT BACK ON EXTRAS
3 = DELAYED OR STOPPED PAYING BILLS
4 = GOT A JOB
5 = GOT MONEY FROM FRIENDS, FAMILY
6 = GOT (MORE) CHILD SUPPORT FROM FATHER
7 = GOT BENEFITS FROM ANOTHER PROGRAM
8 = GOT HELP FROM CHARITY
9 = GOT CHEAPER HOUSING, MOVED IN W/ OTHERS
10 = PUT CHILD(REN) IN SOMEONE ELSE'S CARE
11 = WENT TO A SHELTER
12 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

-> go to WH53

As a result of this application, did the welfare office give you [WELFARE] benefits?

1 = YES --> go to WH53
2 = NO

What did you do to get by instead of going on [WELFARE]? (CODE ALL THAT APPLY)

01 = CUT BACK ON NECESSITIES
02 = CUT BACK ON EXTRAS
03 = DELAYED OR STOPPED PAYING BILLS
04 = GOT A JOB
05 = GOT MONEY FROM FRIENDS, FAMILY
06 = GOT (MORE) CHILD SUPPORT FROM FATHER
07 = GOT BENEFITS FROM ANOTHER PROGRAM
08 = GOT HELP FROM CHARITY
09 = GOT CHEAPER HOUSING, MOVED IN W/ OTHERS
10 = PUT CHILD(REN) IN SOMEONE ELSE'S CARE
11 = WENT TO A SHELTER
12 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED
Did the welfare office tell you that in order to receive [WELFARE], or keep receiving it, you would first have to look for work?

1 = YES
2 = NO

Did the welfare office tell you that in order to receive [WELFARE], or keep receiving it, you would first have to find a job or do community service work?

1 = YES
2 = NO

Did a welfare caseworker talk to you about a plan for how you could get by without [WELFARE]?

1 = YES
2 = NO

Did the welfare office tell you to apply for benefits from another program instead of [WELFARE]?

1 = YES
2 = NO

Did the welfare office give you immediate assistance or temporary assistance to pay for something?

1 = YES
2 = NO

> P_WH58_FC <

> IF R IS NOT CURRENTLY ON WELFARE (WH22) AND WAS NOT ON WELFARE IN THE PAST TWO YEARS (WH23), GO TO WH95. > THOSE WITH A WELFARE SPELL END DATE WITHIN THE PAST TWO YEARS (WH30A), CONTINUE; THOSE WITHOUT AN END DATE (THOSE WHOSE SPELL IS STILL IN PROGRESS), GO TO WH65.
I'd like to ask a few questions about the time you and [CHILD/your children] went off [WELFARE] in [MOST RECENT MONTH AND YEAR SPELL END]. Did you go off [WELFARE] at that time because the welfare office said you weren't following the rules or was there some other reason?

1 = YES, WASN'T FOLLOWING RULES --> go to WH60
2 = NO, SOME OTHER REASON

What was the main reason you went off [WELFARE]?

1 = REACHED A TIME LIMIT
2 = R GOT A JOB
3 = SPOUSE OR OTHER FAMILY MEMBER GOT A JOB
4 = EARNINGS FROM JOBS GOT TOO HIGH
5 = ASSETS WERE TOO HIGH
6 = YOUNGEST CHILD TURNED 18
7 = NOT A U.S. CITIZEN
8 = RECEIVED CHILD SUPPORT
9 = RECEIVED BENEFITS FROM ANOTHER PROGRAM
10 = MOVED OUT OF THE AREA
11 = GOT MARRIED
12 = OTHER (SPECIFY)

--> go to WH65

Which rules did the [WELFARE] office say you were not following? (CODE ALL THAT APPLY)

1 = DIDN'T COOPERATE WITH CHILD SUPPORT
2 = CHILDREN NOT IN SCHOOL
3 = DIDN'T GET IMMUNIZATION
4 = DIDN'T ATTEND SCHOOL
5 = WASN'T LIVING W/ PARENTS, APPROVED PLACE
6 = MISSED APPOINTMENT (E.G., JOB TRAINING)
7 = DIDN'T SHOW UP FOR WORK
8 = REFUSED TO TAKE A JOB
9 = HAD OUTSTANDING ARREST WARRANT
10 = CONVICTED OF DRUG FELONY
11 = FAILED TO FILE PAPERWORK
12 = OTHER (SPECIFY)
F3 = DON'T KNOW; F4 = REFUSED
Did you do anything to try to get your benefits back?

1 = YES
2 = NO \(\rightarrow\) go to WH63

What did you do?

1 = STARTED FOLLOWING RULES AGAIN
2 = APPEALED THE DECISION
3 = OTHER (SPECIFY)

Did you get your benefits back?

1 = YES
2 = NO

What did you do to get by when the benefits stopped? (CODE ALL THAT APPLY)

01 = CUT BACK ON NECESSITIES
02 = CUT BACK ON EXTRAS
03 = DELAYED OR STOPPED PAYING BILLS
04 = GOT A JOB
05 = GOT MONEY FROM FRIENDS, FAMILY
06 = GOT (MORE) CHILD SUPPORT FROM FATHER
07 = GOT BENEFITS FROM ANOTHER PROGRAM
08 = GOT HELP FROM CHARITY
09 = GOT CHEAPER HOUSING, MOVED IN W/ OTHERS
10 = PUT CHILD(REN) IN SOMEONE ELSE’S CARE
11 = WENT TO A SHELTER
12 = OTHER (SPECIFY)
F3 = DON’T KNOW
F4 = REFUSED
>P_WH65< IF R REPORTED THE END OF A WELFARE SPELL RESULTING FROM NOT FOLLOWING RULES (WH58), GO TO WH71

Did the [WELFARE] office in [STATE] reduce your benefits at some point in the past 2 years because they said you were not following the rules?

1 = YES
2 = NO –> go to WH71

>P_WH66<

Which rules did the [WELFARE] office say you were not following?
(CODE ALL THAT APPLY)

01 = DIDN'T COOPERATE WITH CHILD SUPPORT
02 = CHILDREN NOT IN SCHOOL
03 = DIDN'T GET IMMUNIZATION
04 = DIDN'T ATTEND SCHOOL
05 = WASN'T LIVING W/ PARENTS, APPROVED PLACE
06 = MISSED APPOINTMENT (E.G., JOB TRAINING)
07 = DIDN'T SHOW UP FOR WORK
08 = REFUSED TO TAKE A JOB
09 = HAD OUTSTANDING ARREST WARRANT
10 = CONVICTED OF DRUG FELONY
11 = FAILED TO FILE PAPERWORK
12 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

>P_WH67<

Did you do anything to try to get your full benefits back?

1 = YES
2 = NO –> go to WH69

>P_WH68<

What did you do?

1 = STARTED FOLLOWING RULES AGAIN
2 = APPEALED THE DECISION
3 = OTHER (SPECIFY)
Did you get your full benefits back?

1 = YES  ->  go to WH71
2 = NO

What did you do to get by after the benefits were cut? (CODE ALL THAT APPLY)

01 = CUT BACK ON NECESSITIES
02 = CUT BACK ON EXTRAS
03 = DELAYED OR STOPPED PAYING BILLS
04 = GOT A JOB
05 = GOT MONEY FROM FRIENDS, FAMILY
06 = GOT (MORE) CHILD SUPPORT FROM FATHER
07 = GOT BENEFITS FROM ANOTHER PROGRAM
08 = GOT HELP FROM CHARITY
09 = GOT CHEAPER HOUSING, MOVED IN W/ OTHERS
10 = PUT CHILD(REN) IN SOMEONE ELSE'S CARE
11 = WENT TO A SHELTER
12 = OTHER (SPECIFY)
F3 = DON'T KNOW
F4 = REFUSED

In the past 2 years, did the [WELFARE] office in [STATE] require you to work, look for a job, or go to some type of job training class?

1 = YES
2 = NO  ->  go to WH75

Did you do this?

1 = YES
2 = NO  ->  go to WH75

Did the [WELFARE] office help you pay for child care while you were doing this?

1 = YES
2 = NO
Did the [WELFARE] office help you pay for transportation to get to the place you had to go?

1 = YES –> go to WH77A
2 = NO –> go to WH77A

Did the [WELFARE] office tell you that you did not have to follow the rules about working, looking for work, or going to job training classes?

1 = YES, TOLD R. THIS
2 = NO, DID NOT TELL R. THIS –> go to WH77A

What was the main reason you didn't have to follow the rules?

1 = CHILD(REN) TOO YOUNG
2 = R IS OVER THE AGE LIMIT
3 = BAD HEALTH OR DISABILITY
4 = HUSBAND OR BOYFRIEND HAD BEATEN YOU
5 = WAS CARING FOR A DISABLED PERSON
6 = NO JOB SLOTS AVAILABLE
7 = OTHER (SPECIFY)

Now I want to ask you about other things the welfare office might have required you to do in the past 2 years to receive your [WELFARE] benefits.

Did they require you to show proof that [CHILD has/your children have] been immunized?

1 = YES
2 = NO

IF FATHER LIVES IN THE HOUSEHOLD OR IF FATHER HAS BEEN DEAD FOR MORE THAN TWO YEARS, SKIP TO WH77_FC

Did the welfare office require you to try to get child support from the father of [CHILD/your children]?

1 = YES
2 = NO
>P_WH77_FC< IF R IS GREATER THAN AGE 17, GO TO THE NOTE AFTER WH77d

>P_WH77c<

Did the welfare office require you to stay in school or go back to school?

1 = YES
2 = NO

>P_WH77d<

Did the welfare office require you to live at home with your parents?

1 = YES
2 = NO


>P_WH78<

Now I would like to ask you about things you might have done in the past 2 years because of the rules that the welfare office has about when they will and will not pay benefits. We are interested in whether you have done certain things to avoid losing benefits, to get more benefits, or because you couldn't get the benefits you needed.

>P_WH78_FC< IF R HAS NOT WORKED AT ALL IN THE PAST TWO YEARS (LF71B IN THE LABOR FORCE SECTION), GO TO WH82

>P_WH78s<

In the past 2 years, have you taken a job even though you would rather have stayed at home?

1 = YES
2 = NO –> go to WH79
>P_WH78a<

Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

>P_WH79<

In the past 2 years, have you taken a job at a lower wage than you would have otherwise accepted?

1 = YES
2 = NO -> go to WH80

>P_WH79a<

Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

>P_WH80<

In the past 2 years, have you taken a job that had inconvenient hours?

1 = YES
2 = NO -> go to WH81

>P_WH80a<

Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

>P_WH81<

In the past 2 years, have you stayed at a job you didn't like?

1 = YES
2 = NO -> go to WH82
Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

In the past 2 years, have you decided not to have more children or have you taken steps to avoid having more children?

1 = YES
2 = NO –> go to WH83

Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

In the past 2 years, have you moved [CHILD/one or more of your children] to another household?

1 = YES
2 = NO –> go to WH84

Did you do this because of the rules about welfare benefits?

1 = YES
2 = NO

In the past 2 years, have you changed your living situation by moving in with someone or by getting married?

1 = YES
2 = NO –> go to WH85_FC
Did you do this because of the rules about welfare benefits?

1 = YES  →  go to WH85_FC
2 = NO    →  go to WH85_FC

Now I would like to ask you about things you might have done in the past 2 years because of the rules that the welfare office has about when they will and will not pay benefits. We are interested in whether you have done certain things to avoid losing benefits, to get more benefits, or because you couldn't get the benefits you needed.

IF R HAS NOT WORKED AT ALL IN THE PAST TWO YEARS (LF71B IN THE LABOR FORCE SECTION), GO TO WH82X

In the past 2 years, have you taken a job even though you would rather have stayed at home?

1 = YES
2 = NO  →  go to WH79X

Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

In the past 2 years, have you taken a job at a lower wage than you would have otherwise accepted?

1 = YES
2 = NO  →  go to WH80X
Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

In the past 2 years, have you taken a job that had inconvenient hours?

1 = YES
2 = NO –> go to WH81X

Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

In the past 2 years, have you stayed at a job you didn't like?

1 = YES
2 = NO –> go to WH82X

Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH
In the past 2 years, have you decided not to have more children or have you taken steps to avoid having more children?

1 = YES
2 = NO –> go to WH83X

Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

In the past 2 years, have you moved [CHILD/one or more of your children] to another household?

1 = YES
2 = NO –> go to WH84X

Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

In the past 2 years, have you changed your living situation by moving in with someone or by getting married?

1 = YES
2 = NO –> go to WH85_FC
Why did you do this?

INTERVIEWER: DO NOT READ OR PROMPT R WITH ANSWER CHOICES!

1 = MENTIONED BECAUSE OF WELFARE RULES
2 = MENTIONED OTHER REASON
3 = MENTIONED BOTH

IF RESPONDENT IS NOT CURRENTLY RECEIVING WELFARE BENEFITS (WH22), GO TO WH95

Please tell me how much you agree or disagree with the following statements about the welfare office and your welfare caseworker. Please pick your answer from Card WH-1.

My welfare caseworker is interested in my well-being. Would you say that you...

1 = strongly disagree,
2 = disagree,
3 = neither agree nor disagree
4 = agree, or
5 = strongly agree?

My caseworker only wants what's good for me and [CHILD/my children]. Would you say that you...

1 = strongly disagree,
2 = disagree,
3 = neither agree nor disagree
4 = agree, or
5 = strongly agree?

My caseworker gives me good advice and helps me decide on a plan that suits my needs. (Would you say that you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?
(No items WH88 and WH89)

>P_WH90<

It is a bad idea to limit the amount of time people can stay on [WELFARE].
(Would you say that you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?

>P_WH91<

It is a good idea to require people on [WELFARE] to find a job and work.
(Would you say that you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?

>P_WH92<

I go through a lot of trouble to get [WELFARE] with all the paperwork I have
to complete and all the questions I have to answer. (Would you say that you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?

>P_WH93<

A year from now, I expect to be working at a job. (Do you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?
A year from now, I expect to be receiving [WELFARE]. (Do you...)

1 = STRONGLY DISAGREE,
2 = DISAGREE,
3 = NEITHER AGREE NOR DISAGREE
4 = AGREE, OR
5 = STRONGLY AGREE?

Now I'd like to ask about other types of assistance you might receive. Does your household now receive help from an energy assistance program to pay for home heating and cooling?

1 = YES –> go to WH96
2 = NO

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?

1 = YES
2 = NO

Have you or [CHILD/your children] received emergency food from a church, food pantry, or food bank in the past 30 days?

1 = YES –> go to WH97
2 = NO

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?

1 = YES
2 = NO
Have you or [CHILD/your children] received free clothing from a church or other organization in the past 30 days?

1 = YES --> go to WH98
2 = NO

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?  
1 = YES
2 = NO

[Does CHILD/Do your children] now receive free or reduced price school lunches?

1 = YES --> go to WH99
2 = NO

What about in the past two years, since [CURRENT MONTH, YEAR MINUS 2]?  
1 = YES
2 = NO

[Does CHILD/Do your children] now receive meals from a school breakfast program?

1 = YES --> go to the end of the Welfare Section
2 = NO

What about in the past 2 years, since [CURRENT MONTH, YEAR MINUS 2]?  
1 = YES
2 = NO

End of the Welfare Section
INCOME

>P_IN1<

Now I would like to ask you some questions about the income you and others in your household receive.

>P_IN2<

I've already asked you about jobs, but can you tell me again if you or anyone else in your household had any jobs with earnings last month, including temporary or odd jobs as well as regular jobs?

1=YES
2=NO  -> go to IN6a

>P_IN3A<

Who received income from a job last month?

MARK ANSWER FROM THE DISPLAYED ROSTER OF ADULTS IN THE HOUSEHOLD

>P_IN4A<

How much would you say [you/NAME] earned in total from all jobs last month, before taxes and deductions?

DOLLARS:

IF R SAYS DON’T KNOW, ASK:
Do you think it was closer to...
1=$100,
2=$200,
3=$400,
4=$600,
5=$800,
6=$1,000 dollars, or
7=$1,500 or more?

>P_IN3A, LOOP<

Who else received income from a job last month?

MARK ANSWER FROM THE DISPLAYED ROSTER OF ADULTS IN THE HOUSEHOLD; LOOP BACK TO IN4A TO ASK ABOUT AMOUNT RECEIVED; REPEAT LOOP UNTIL R SAYS NO ONE ELSE RECEIVED INCOME FROM A JOB.
(No item IN5)

>P_IN6a<

Last month, did you or anyone else in your household receive any of the following:

Unemployment Insurance payments?

1=YES
2=NO

>P_IN6b<

(Last month, did you or anyone else in your household receive....)

Food Stamps?

1=YES
2=NO

>P_IN6c<

(Last month, did you or anyone else in your household receive....)

Supplemental Security Income, or SSI program?

1=YES
2=NO

>P_IN6d<

(Last month, did you or anyone else in your household receive....)

Cash income from [R’s NAME FOR WELFARE]?

1=YES
2=NO

>P_IN6e<

(Last month, did you or anyone else in your household receive....)

Cash income from any other welfare program?

1=YES
2=NO
(Last month, did you or anyone else in your household receive....)

Any child support payments, either directly from the other parent or through the welfare or child support agency?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Social Security Disability payments?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Worker's Compensation, Veteran's disability or other disability payments?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Social Security retirement or survivor's payments, or other government pension?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Any other pension or retirement income, such as from a company or union?

1=YES
2=NO
(Last month, did you or anyone else in your household receive....)

Income help from relatives outside the household?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Income help from friends?

1=YES
2=NO

(Last month, did you or anyone else in your household receive....)

Any other form of income?

1=YES → SPECIFY
2=NO

(No item IN7)

NOTE: THE FOLLOWING ITEM STARTS A LOOP OF QUESTIONS THAT IS REPEATED FOR EACH OF THE INCOME TYPES R REPORTED RECEIVING IN ITEMS IN6a THROUGH IN6m.

Who in the household received [INCOME TYPE] last month?

(No item IN9)
About how much did [you/NAME] receive last month from [INCOME TYPE]?

DOLLARS:

IF R SAYS DON’T KNOW, ASK:
Do you think it was closer to...
1 = $100,
2 = $200,
3 = $300,
4 = $400,
5 = $500,
6 = $700
7 = $1,000 or more?

Anyone else in the household received [INCOME TYPE] last month?

IF YES, REPEAT THE AMOUNTS QUESTION (IN10AB) FOR THE NEXT PERSON(S). CONTINUE UNTIL R SAYS NO ONE ELSE RECEIVED THAT SOURCE OF INCOME.

REPEAT THE LOOP FOR THE REST OF THE INCOME TYPES R REPORTED RECEIVING IN IN6a-6m.

(No items IN11 through IN53)

Does anyone in your household own a car, van, or truck? Please do not include recreational vehicles or motorcycles.

1=YES
2=NO -> go to IN55

Does your household own only one or more than one?

1=ONE
2=MORE THAN ONE
(DON’T KNOW AND REFUSED GO TO IN55)
[VERSION IF RESPONDENT REPORTS ONE CAR]
Please tell me the year, make and model of the vehicle, such as 1991 Ford Escort or Honda Civic.

[VERSION IF RESPONDENT REPORTS MORE THAN ONE CAR]
Please tell me the year, the make and model of the newest vehicle, such as 1991 Ford Escort or Honda Civic.

YEAR:
MAKE:
MODEL:

Is it owned free and clear or is money owed on it?

1=OWNED OUTRIGHT -> go to IN55
2=MONEY OWED

About how much is owed on this vehicle?

DOLLARS:

[VERSION IF RESPONDENT IS MARRIED/HAS A PARTNER]
Do you or your [spouse/partner] have a bank account of any kind, such as checking or savings?

[VERSION IF RESPONDENT IS NOT MARRIED]
Do you have a bank account of any kind, such as checking or savings?

1=YES
2=NO -> go to IN56
Please look at Card IN-1 and tell me the number of the range that best describes how much you think [you/you and your spouse/partner] have in all bank accounts.

1=$1-$249
2=$250-$499
3=$500-$999
4=$1,000-$4,999
5=$5,000-$9,999
6= $10,000 OR MORE

Does anyone in your household own any stocks, bonds, or other investment assets?

1=YES
2=NO –> go to IN57a

Please look again at Card IN-1 and tell me the number of the range that best describes how much you think all those investments are worth?

1=$1-$249
2=$250-$499
3=$500-$999
4=$1,000-$4,999
5=$5,000-$9,999
6= $10,000 OR MORE

Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.

Credit cards?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on credit cards?

DOLLARS:
(Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.)

Loans from neighborhood money stores?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on loans from neighborhood money stores?

DOLLARS:

(Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.)

Loans from friends or relatives?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on loans from friends or relatives?

DOLLARS:

(Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.)

Loans from banks?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on loans from banks?

DOLLARS:
(Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.)

Store loans to buy appliances?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on store loans to buy appliances?

DOLLARS:

Medical or legal bills?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on medical or legal bills?

DOLLARS:

Student loans?

1=YES
2=NO

IF YES:
Approximately, how much do [you/you and your spouse/partner] owe on student loans?

DOLLARS:
(Aside from any car loans or housing mortgages, do [you/you or your spouse/partner] have any loans from any of the following sources that have not been paid off yet.)

Any other loans?

1=YES
2=NO

IF YES:
Specify:
Approximately, how much do [you/you and your spouse/partner] owe on [KIND OF LOAN]?

DOLLARS:

(No items IN58 through IN64)

Have you ever filed an income tax return?

1=YES
2=NO -> go to the end of the income section

Have you filed yet this year?

1=YES -> go to IN66
2=NO

Do you expect to file an income tax return this year?

1=YES -> go to IN66
2=NO

Did you file an income tax return last year?

1=YES
2=NO -> go to the end of the income section
The federal government allows parents who have jobs which pay less than about $25,000 a year to pay lower taxes. This special rule is called the Earned Income Tax Credit, or EITC, and is available to families with children.

[VERSION IF ALREADY FILED AN INCOME TAX RETURN THIS YEAR, IN65a=yes]
Did you use this on your federal income tax return this year?

[VERSION IF EXPECT TO FILE AN INCOME TAX RETURN THIS YEAR, IN65b=yes]
Do you expect to use this on your federal income tax return this year?

[VERSION IF FILED AN INCOME TAX RETURN LAST YEAR, IN65c=yes]
Did you use this on your federal income tax return last year?

1=YES
2=NO

[VERSION IF ALREADY FILED AN INCOME TAX RETURN THIS YEAR, IN65a=yes]
Did you receive a federal income tax refund this year?

[VERSION IF EXPECT TO FILE AN INCOME TAX RETURN THIS YEAR, IN65b=yes]
Do you expect to receive a federal income tax refund this year?

[VERSION IF FILED AN INCOME TAX RETURN LAST YEAR, IN65c=yes]
Did you receive a federal income tax refund last year?

1=YES
2=NO -> go to the end of the income section

[VERSION IF ALREADY FILED AN INCOME TAX RETURN THIS YEAR, IN65a=yes, OR IF FILED AN INCOME TAX RETURN LAST YEAR, IN65c=yes]
How much did you receive?

[VERSION IF EXPECT TO FILE AN INCOME TAX RETURN THIS YEAR, IN65b=yes]
How much do you expect to receive?

DOLLARS:
[VERSION IF ALREADY FILED AN INCOME TAX RETURN THIS YEAR, IN65a=yes]
What did you do or what do you expect to do with the money?

[VERSION IF EXPECT TO FILE AN INCOME TAX RETURN THIS YEAR, IN65b=yes]
What do you expect to do with the money?

[VERSION IF FILED AN INCOME TAX RETURN LAST YEAR, IN65c=yes]
What did you do with the money?

CODE ALL THAT APPLY.

1 = SAVE(D) IT
2 = PAY/PAID BILLS
3 = PURCHASE(D) HOUSEHOLD OR PERSONAL ITEMS
4 = MOVE(D) TO NEW HOUSE/APARTMENT
5 = PAY/PAID TUITION FOR MYSELF OR A FAMILY MEMBER
6 = PURCHASE(D) OR REPAIR(ED) CAR
7 = OTHER (SPECIFY)
F3 = DK
F4 = RE

End of the Income Section
HEALTH AND DISABILITY

>P_HE1<

Now I'd like to ask you about your health, and any health insurance you may have.

Are you covered by any type of health insurance plan or program that pays for at least some of your medical expenses?

1=YES
2=NO -> go to HE4

>P_HE2<

Who provides health coverage for you? For example, are you covered by a plan from an employer or union, by a government program or military plan, or do you pay directly for health insurance? CODE ALL THAT APPLY

1 = A PLAN THROUGH AN EMPLOYER OR UNION
2 = PLAN PAID FOR DIRECTLY
3 = [IF CHICAGO] MEDICAID OR MEDIPLAN
     [IF BOSTON] MEDICAID OR MASSHEALTH
     [IF SAN ANTONIO] MEDICAID OR LONESTAR
4 = CHAMPUS, VA, OR OTHER MILITARY PLAN
5 = OTHER PLAN OR PROGRAM (SPECIFY)
F3 = DK
F4 = REFUSED

>P_HE3<

In the past 12 months, was there any time when you were not covered by any health insurance program?

1=YES
2=NO

>P_HE4<

In the past 12 months, was there any time when you needed medical care but did not get it because you could not afford it?

1=YES
2=NO
>P_HE5<

Is [CHILD] covered by any type of health insurance plan or program that pays for at least some of [his/her] medical expenses?

1 = YES
2 = NO –> go to HE8

>P_HE6<

Who provides health coverage for [CHILD]?
For example, is [he/she] covered by a plan from an employer or union, by a government program or military plan, or do you pay directly for [his/her] health insurance?
(CODE ALL THAT APPLY)

1 = A PLAN THROUGH AN EMPLOYER OR UNION
2 = PLAN PAID FOR DIRECTLY
3 = [IF CHICAGO] MEDICAID OR MEDIPLAN
   [IF BOSTON] MEDICAID OR MASSHEALTH
   [IF SAN ANTONIO] MEDICAID OR LONESTAR
4 = CHAMPUS, VA, OR OTHER MILITARY PLAN
5 = OTHER PLAN OR PROGRAM (SPECIFY)
F3 = DK
F4 = REFUSED

>P_HE7<

In the past 12 months, was there any time when [CHILD] was not covered by any health insurance program?

1=YES
2=NO

>P_HE8<

In the past 12 months, was there any time when [CHILD] needed medical care but did not get it because you could not afford it?

1=YES
2=NO
The next questions are about regular, routine medical care for [CHILD], including immunizations and routine checkups when nothing is wrong. How long has it been since [CHILD]'s last visit to a clinic, health center, hospital, doctor's office or other place for routine health care? Was it...

1 = less than 6 months ago,
2 = 6 months up to 1 year ago,
3 = 1 year up to 3 years ago,
4 = 3-5 years ago,
5 = more than 5 years ago, or
6 = has [CHILD] never had routine health care?

Has [CHILD] ever received any immunizations? These may be given as a shot or as drops.

1=YES
2=NO

(No item HE11)

Has [CHILD] ever seen a psychiatrist, doctor, or counselor about any emotional, mental, or behavioral problem?

1=YES
2=NO

What was [CHILD]'s weight when [he/she] was born?

POUNDS _____ OUNCES _____

IF AGE OF FOCAL CHILD IS LESS THAN 10, GO TO ITEM HE17.

Was [CHILD] born within a week of [his/her] expected due date?

1=YES → go to HE17
2=NO
>P_HE15<

Was [CHILD] born early or late?

1=EARLY
2=LATE

>P_HE16<

How many weeks [early/late] was [he/she]?

WEEKS ______

>P_HE17<

Let's talk about your health. In general, how is your health?
Would you say it is . . .

1=excellent,
2=very good,
3=good,
4=fair, or
5=poor?

>P_HE18<

How tall are you?

FEET _____  INCHES _____

>P_HE19<

How much do you weigh, approximately?

POUNDS ______

>P_HE20<

Does an ongoing physical or mental health problem or disability prevent you from working?

1=YES
2=NO → go to HE26
>P_HE21<

How long have you been unable to work?

NUMBER _____

1=DAYS
2=WEEKS
3=MONTHS
4=YEARS

IF LIFELONG, ENTER 99 AND GO TO HE23

>P_HE22<

Since the beginning of your health problem or disability, have you ever been able to work?

1=YES
2=NO

>P_HE23<

Do you expect to be able to work again some time in the next 12 months?

1=YES
2=NO

>P_HE24<

Would you be able to start working again if certain changes were made at the work place or if public transportation was changed?

1=YES → go to HE34_FC
2=NO → go to HE34_FC

(No item HE25)

>P_HE26<

Does an ongoing physical or mental health problem or disability limit you in the kind of work or amount of work that you can do?

1=YES
2=NO → go to HE31
>P_HE27<

For work that you can do, how much does your health problem or disability limit the amount of work you can do?

1=Not at all,  
2=a little, or  
3=a lot?

>P_HE28<

How long have you been limited in the kind or amount of work that you can do?

NUMBER _____ (IF LIFELONG, ENTER 99 AND GO TO HE34_FC)

1=DAYS  
2=WEEKS  
3=MONTHS  
4=YEARS

>P_HE29<

Do you expect you will be limited for the next 12 months in the kind or amount of work that you can do?

1=YES -> go to HE34_FC  
2=NO   -> go to HE34_FC

(No item HE30)

>P_HE31<

Does an ongoing physical or mental health problem or disability limit you in any way in any activities?

1=YES  
2=NO  -> go to HE34_FC

>P_HE32<

For activities that you can do, how much does the health problem or disability limit your involvement?

1=Not at all,  
2=a little, or  
3=a lot?
>P_HE33<

How long have you been limited in the types of activities that you perform?

NUMBER _____

1=DAYS
2=WEEKS
3=MONTHS
4=YEARS

IF LIFELONG, ENTER 99 AND GO TO HE34_FC

>P_HE34<

Do you expect you will be limited in performing any activities for the next 12 months?

1=YES
2=NO

>P_HE34_FC< IF THERE ARE OTHER HOUSEHOLD MEMBERS WHO ARE AGE 18 OR OLDER, CONTINUE WITH ITEM HE35. IF THERE ARE NO OTHERS WHO ARE 18+, GO TO ITEM HE52.

>P_HE35<

Because of an ongoing physical or mental health problem or disability, does any adult 18 or older who lives here need help with personal care needs, such as eating, bathing, dressing, or getting around inside the home?

1=YES
2=NO → go to HE43

>P_HE36<

Who needs this type of help?

ROSTER OF HOUSEHOLD MEMBERS WILL BE SHOWN.

(WHEN LOOPING BACK THROUGH HE36, USE THE FOLLOWING WORDING INSTEAD OF THE ORIGINAL QUESTION: Anybody else?)

>P_HE37<

Who helps [NAME] the most with personal care needs?
>P_HE38<

Approximately how many hours per week [do you/does NAME] spend helping [NAME]?  
HOURS _____

LOOP BACK TO HE36 UNTIL THERE ARE NO MORE PERSONS LISTED.

(No items HE39 through HE42)

>P_HE43<

Because of an ongoing physical or mental health problem or disability, does any adult (18 or older) who lives here need help handling routine tasks, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1=YES  -> go to HE44
2=NO

>P_HE43_FC<  
IF NO ADULT IN THE HOUSEHOLD HAS THE FIRST TYPE OF DISABILITY, THAT IS HE35 IS NOT EQUAL TO 1, GO TO HE52

>P_HE43a<  
FOR CASES WHERE THE FIRST TYPE OF DISABILITY WAS REPORTED (HE35=1) FOR SOMEONE IN THE HOUSEHOLD, BUT THE SECOND TYPE OF DISABILITY WAS NOT REPORTED (HE43 IS NOT EQUAL TO 1).

Earlier you reported that [NAME] needs help with personal care needs. Does [NAME] also need help with routine tasks?

1=YES  -> go to HE51_FC
2=NO  -> go to HE51_FC

>P_HE44<

Who needs this type of help?

ROSTER OF HOUSEHOLD MEMBERS WILL BE SHOWN.

(WHEN LOOPING BACK THROUGH HE44, USE THE FOLLOWING WORDING INSTEAD OF THE ORIGINAL QUESTION: Anybody else?)

>P_HE45<

Who helps [NAME ] the most with routine task needs?
>P_HE46<

Approximately how many hours per week [do you/does NAME] spend helping [NAME]?

HOURS _____

LOOP BACK TO HE44 UNTIL THERE ARE NO MORE PERSONS LISTED.

(No items HE47 through HE50)

>P_HE51FC< IF R IS THE MAIN HELPER FOR ANOTHER DISABLED ADULT

HOUSEHOLD MEMBER (AT ITEM HE37 OR HE45), CONTINUE.

IF NOT, GO TO HE52.

>P_HE51<

Does the time you spend caring for adults in your household who need help

with their personal care or routine tasks limit your ability to work at a job or

participate in school or training activities?

1=YES

2=NO

>P_HE52<

Now I would like to ask about children under 18 years old who live here.

Because of an ongoing physical or mental health problem or disability, are

any children living here limited in any way in activities that children their age

usually participate in, like games or school?

1=YES

2=NO  --> go to HE73

>P_HE53<

Which child (is limited in the kind or amount of activities he or she can do)?

ROSTER OF HOUSEHOLD MEMBERS WILL BE SHOWN.

(WHEN LOOPTING BACK THROUGH HE53, USE THE FOLLOWING WORDING

INSTEAD OF THE ORIGINAL QUESTION: Any other child?)
What condition limits the kind of activities or amount of activities [NAME] can do?

1=anemia 13=epilepsy or seizures  
2=asthma 14=food or digestive allergy  
3=arthritis 15=frequent or severe headaches  
4=bladder infection or urinary tract infection 16=hay fever  
5=blindness 17=heart disease  
6=cerebral palsy 18=hepatitis  
7=crossed eyes 19=meningitis or spinal meningitis  
8=deafness or trouble hearing 20=mononucleosis  
9=diabetes 21=other respiratory allergy  
10=diarrhea or colitis or bowel trouble 22=pneumonia  
11=ear infections 23=rheumatic fever  
12=eczema 24=sickle cell anemia  

How much does [NAME]’s health problem or disability limit [his/her] involvement in activities?

1=Not at all, 2=a little, or 3=a lot?

IF THE DISABLED CHILD IS LESS THAN AGE 6, GO TO HE57

How many days of school has [NAME] missed in the current or most recent school year because of the ongoing health problem or disability?

NUMBER

Does [NAME] need to see a medical doctor or specialist on a regular basis for treatment for this condition?

1=YES  2=NO → go to HE59
>P_HE58<

How often (does [NAME] see a doctor or specialist for treatment)? Is it...

1=several times a year,  
2=once a month,  
3=several times a month,  
4=once a week, or  
5=more than once a week?

> P_HE59<

How long has [NAME] been limited in the kind or amount of activities [he/she] can do?

NUMBER _____

1=DAYS  
2=WEEKS  
3=MONTHS  
4=YEARS

IF LIFELONG, ENTER 99

> P_HE60<

Do you expect [NAME] will be limited in the kind or amount of activities [he/she] can do for the next 12 months?

1=YES  
2=NO

(No items HE61 through HE70)

> P_HE71<

Do you spend any time caring for [NAME] as a result of any ongoing physical or mental health problems or disabilities?

1=YES  
2=NO → go to LOOP instruction before HE73
>P_HE72<

Does the time you spend caring for [his/her] ongoing physical or mental health problems or disabilities limit your ability to work at a job or participate in school or training activities?

1=YES  
2=NO  

LOOP BACK TO HE53 UNTIL THERE ARE NO MORE PERSONS LISTED.

> P_HE73 <

Because of an ongoing physical or mental health problem or disability, does any child living here need special help at home beyond what is needed by most children his or her age?

1=YES –> go to HE74  
2=NO  

> P_HE73_FC <  
IF NO CHILD IN THE HOUSEHOLD HAS THE FIRST TYPE OF DISABILITY, THAT IS HE52 IS NOT EQUAL TO 1, GO TO THE END OF THE HEALTH AND DISABILITY SECTION

> P_HE73a <  
FOR CASES WHERE THE FIRST TYPE OF DISABILITY WAS REPORTED (HE52=1) FOR SOMEONE IN THE HOUSEHOLD, BUT THE SECOND TYPE OF DISABILITY WAS NOT REPORTED (HE73 IS NOT EQUAL TO 1).

Earlier you reported that [NAME] is limited in activities. Does [NAME] also need special help at home?

1=YES – | - go to the end  
2=NO — |   of this section

> P_HE74 <

Which child (needs special help at home)?

ROSTER OF HOUSEHOLD MEMBERS WILL BE SHOWN. IF R LISTS THE SAME CHILD HERE AS AT THE FIRST KIND OF DISABILITY (HE52/HE53), END THE DISABILITY SECTION FOR THAT CHILD.

(WHEN LOOPING BACK THROUGH HE74, USE THE FOLLOWING WORDING INSTEAD OF THE ORIGINAL QUESTION: Any other child?)
What condition does [NAME] have that requires special help at home?

1=anemia
2=asthma
3=arthritis
4=bladder infection or urinary tract infection
5=blindness
6=cerebral palsy
7=crossed eyes
8=deafness or trouble hearing
9=diabetes
10=diarrhea or colitis or bowel trouble
11=ear infections
12=eczema
13=epilepsy or seizures
14=food or digestive allergy
15=frequent or severe headaches
16=hay fever
17=heart disease
18=hepatitis
19=meningitis or spinal meningitis
20=mononucleosis
21=other respiratory allergy
22=pneumonia
23=rheumatic fever
24=sickle cell anemia
25=tonsilitis
26=other condition (specify)

Who helps [NAME] the most?

Approximately how many hours per week [do you/does NAME] spend helping [NAME]?

HOURS _____

LOOP BACK TO HE74 UNTIL THERE ARE NO MORE PERSONS LISTED.

(No items HE77 through HE80)

IF R IS THE MAIN HELPER FOR A DISABLED CHILD IN THE HOUSEHOLD (AT ITEM HE75), CONTINUE. IF NOT, GO TO THE END OF THE HEALTH AND DISABILITY SECTION.

Does the time you spend caring for children living here who need special help at home limit your ability to work at a job or participate in school or training activities?

1=YES
2=NO

End of the Health and Disability Section
DELFNQUENCY

NOTE: THIS SECTION IS ADMINISTERED BY AUDIO-CASI.

>P_IL1<

These first questions are about things you may or may not have done in the past 12 months. Please answer honestly. Remember, no one will see or hear your answers.

In the past 12 months, how often have you used a phony ID?

1 = never
2 = once or twice
3 = several times
4 = often

>P_IL2<

In the past 12 months, how often have you gotten in trouble with the police?

1 = never
2 = once or twice
3 = several times
4 = often

(No item IL3)

>P_IL4<

In the past 12 months, how often have you traded sex for money or drugs or engaged in prostitution?

1 = never
2 = once or twice
3 = several times
4 = often

(No item IL5)
>P_IL6<

In the past 12 months, how often have you gotten into a physical fight at school or work?

1 = never
2 = once or twice
3 = several times
4 = often

>P_IL7<

In the past 12 months, how often have you taken something from a store without paying for it?

1 = never
2 = once or twice
3 = several times
4 = often

>P_IL8<

In the past 12 months, other than from a store, how often have you taken something not belonging to you?

1 = never
2 = once or twice
3 = several times
4 = often

(No items IL9 or IL10)

>P_IL11<

In the past 12 months, how often have you hit or seriously threatened to hit someone?

1 = never
2 = once or twice
3 = several times
4 = often

(No item IL12)
>P_IL13<

In the past 12 months, how often have you smoked marijuana or hashish (pot, grass, hash)?

1 = never
2 = once or twice
3 = several times
4 = often

>P_IL14<

In the past 12 months, how often have you used any hard drugs such as heroin, cocaine, or LSD?

1 = never
2 = once or twice
3 = several times
4 = often

>P_IL15<

In the past 12 months, how often have you sold drugs, such as marijuana, cocaine or heroin?

1 = never
2 = once or twice
3 = several times
4 = often

(No item IL16)

>P_IL17<

In the past 12 months, how often have you tried to get something by lying to a person about what you would do for him or her, that is tried to con someone?

1 = never
2 = once or twice
3 = several times
4 = often

(No items IL18 through IL21)
>P_IL22<

In the past 12 months, how often have you gotten drunk?

1 = never
2 = once or twice
3 = several times
4 = often

End of Delinquency Section
DOMESTIC VIOLENCE

NOTE: THIS SECTION IS ADMINISTERED BY AUDIO-CASI.

>P_DV1<

Now, think about all of the romantic relationships you have had in your life.

Has anyone you have been in a romantic relationship with ever threatened to hit you?

1 = Yes
2 = No –> go to DV2

>P_DV1A<

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

>P_DV2<

Has anyone you have been in a romantic relationship with ever thrown something at you?

1 = Yes
2 = No –> go to DV3

>P_DV2A<

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often
Has anyone you have been in a romantic relationship with ever pushed, grabbed or shoved you?

1 = Yes
2 = No -> go to DV4

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

Has anyone you have been in a romantic relationship with ever slapped, kicked, bit, or punched you?

1 = Yes
2 = No -> go to DV5

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

Has anyone you have been in a romantic relationship with ever beaten you?

1 = Yes
2 = No -> go to DV6
How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

Has anyone you have been in a romantic relationship with ever choked or burned you?

1 = Yes
2 = No -> go to DV7

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

Has anyone you have been in a romantic relationship with ever used a weapon or threatened to use a weapon on you?

1 = Yes
2 = No -> go to DV8

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often
Has anyone you have been in a romantic relationship with ever forced you into any sexual activity against your will?

1 = Yes
2 = No –> go to DV9

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

[THIS IS THE VERSION ASKED IF THERE IS MORE THAN ONE CHILD]
Has anyone you have been in a romantic relationship with ever threatened to hurt your children or take them away from you?

[THIS IS THE VERSION ASKED IF THERE IS ONLY ONE CHILD]
Has anyone you have been in a romantic relationship with ever threatened to hurt your child or take [him/her] away from you?

1 = Yes
2 = No –> go to DV13

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

(No items DV10 through DV12)
>P_DV13<

Has anyone you have been in a romantic relationship with ever interfered with your attempts to go to work, training or school?

1 = Yes
2 = No -> go to DV14

>P_DV13a<

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

>P_DV14<

Has anyone you have been in a romantic relationship with ever harassed you at work, training, or school?

1 = Yes
2 = No -> go to DV15

>P_DV14A<

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

>P_DV15<

Has anyone you have been in a romantic relationship with ever caused you to miss work, school, or training because of their behavior?

1 = Yes
2 = No -> go to DV16
How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

Has anyone you have been in a romantic relationship with ever caused you to lose a job because of their behavior?

1 = Yes
2 = No → go to DV19

How often has this occurred in the past 12 months?

1 = never
2 = once or twice
3 = several times
4 = often

(No items DV17 or DV18)

[VERSION ASKED OF RESPONDENTS 18 AND OLDER]
Now think about the time you were growing up, that is, the time until you turned 18.

Before you turned 18, were you ever hit, beaten up, burned, assaulted with a weapon, or had your life been threatened by an adult in your family or household?

[VERSION ASKED OF RESPONDENTS UNDER 18 YEARS OF AGE]
Have you ever been hit, beaten up, burned, assaulted with a weapon, or had your life been threatened by an adult in your family or household?

1 = Yes
2 = No → go to DV20
>P_DV19A<
How old were you the first time this happened?
YEARS

>P_DV19B<
About how many times were you hurt in this manner?

  1 = Once or twice
  2 = Several times
  3 = Often

>P_DV20<

[VERSION ASKED OF RESPONDENTS 18 AND OLDER]
Before you turned 18, did anyone - a stranger, friend, acquaintance, date, or relative - ever try or succeed in doing something sexual to you or make you do something sexual to them against your wishes?

[VERSION ASKED OF RESPONDENTS UNDER 18 YEARS OF AGE]
Has anyone -- a stranger, friend, acquaintance, date, or relative -- ever tried or succeeded in doing something sexual to you or make you do something sexual to them against your wishes?

  1 = Yes
  2 = No -> go to DV20_fc

>P_DV20A<
How old were you the first time this happened?
YEARS

>P_DV20B<
About how many times has this happened?

  1 = Once or twice
  2 = Several times
  3 = Often

>P_DV20_FC< IF RESPONDENT IS LESS THAN 18 YEARS OLD, GO TO END OF SECTION.
Since you turned 18, did anyone - a stranger, friend, acquaintance, date, or relative - ever try or succeed in doing something sexual to you or making you do something sexual to them against your wishes?

1 = Yes  
2 = No \rightarrow go to end of section

How old were you the first time this happened?

YEARS

About how many times has this happened?

1 = Once or twice  
2 = Several times  
3 = Often

End of the Domestic Violence section
BRIEF SYMPTOM INVENTORY - 18 (ACASI)

THE 18-ITEM VERSION OF THE BRIEF SYMPTOM INVENTORY (ORIGINAL COPYRIGHT 1982, ADAPTED VERSION 1988) BY LEONARD R. DEROGATIS, PHD. ALL RIGHTS RESERVED, BY NATIONAL COMPUTER SYSTEMS, INC. LICENSED THROUGH NATIONAL COMPUTER SYSTEMS, INC.

THE 18-ITEM VERSION OF THE BSI INCLUDES SUBSCALES OF DEPRESSION, ANXIETY, AND SOMATIZATION.
HOME ENVIRONMENT – INTERVIEWER OBSERVATIONS

> O_OB0 <

MOTHER CARESED, KISSED, OR HUGGED CHILD AT LEAST ONCE.

NOTE: IF FOCAL CHILD NOT PRESENT AT ANY TIME DURING THE ADULT INTERVIEW, ENTER F5 FOR N/A

1 = YES
2 = NO
F5 = NA

> O_OB1 <

MOTHER SAID SOMETHING WARM OR LOVING TO CHILD AT LEAST ONCE.

NOTE: IF FOCAL CHILD NOT PRESENT AT ANY TIME DURING THE ADULT INTERVIEW, ENTER F5 FOR N/A

1 = YES
2 = NO
F5 = NA

> O_OB1a <

MOTHER SLAPPED OR SPANKED CHILD AT LEAST ONCE.

NOTE: IF FOCAL CHILD NOT PRESENT AT ANY TIME DURING THE ADULT INTERVIEW, ENTER F5 FOR N/A

1 = YES
2 = NO
F5 = NA

> O_OB2 <

MOTHER SAID SOMETHING NASTY OR DEROGATORY TO CHILD AT LEAST ONCE.

NOTE: IF FOCAL CHILD NOT PRESENT AT ANY TIME DURING THE ADULT INTERVIEW, ENTER F5 FOR N/A

1 = YES
2 = NO
F5 = NA
>O_OB3<

MOTHER PROVIDED TOYS OR INTERESTING ACTIVITIES FOR YOUNG CHILD OR SUGGESTED OR REINFORCED APPROPRIATE ACTIVITY FOR OLDER CHILD.

NOTE: IF FOCAL CHILD NOT PRESENT AT ANY TIME DURING THE ADULT INTERVIEW, ENTER F5 FOR N/A

1 = YES
2 = NO
F5 = NA

>O_OB4<

ENVIRONMENT INSIDE CHILD'S HOME IS UNSAFE; ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS

(FOR EXAMPLE: FRAYED ELECTRICAL WIRES, RODENTS, GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS FOR ALL CHILDREN; PEELING PAINT, CLEANING MATERIALS, FLAMES AND HEAT WITHIN REACH OF YOUNG CHILD)

1 = YES
2 = NO

>O_OB5<

ENVIRONMENT OUTSIDE HOME (YARD, ENTRANCEWAY, HALLS & STAIRS) IS UNSAFE; ONE OR MORE POTENTIALLY DANGEROUS STRUCTURAL OR HEALTH HAZARDS

(FOR EXAMPLE: UNLIT ENTRANCE OR STAIRWAY, BROKEN STEPS, BROKEN GLASS, ALCOHOL, OR DRUGS IN ENTRANCEWAY OR YARD)

1 = YES
2 = NO

>O_OB6<

INTERIOR OF HOME IS DARK OR PERCEPTUALLY MONOTONOUS.

1 = YES
2 = NO
>O_OB7<

ALL VISIBLE ROOMS OF HOUSE/APARTMENT ARE REASONABLY CLEAN.

1 = YES
2 = NO

>O_OB8<

ALL VISIBLE ROOMS OF HOUSE/APARTMENT ARE MINIMALLY CLUTTERED.

1 = YES
2 = NO

End of the Home Observation Section