

WORKING P A P E R

The Los Angeles Family and Neighborhood Survey

Household Questionnaires

LOS ANGELES FAMILY AND NEIGHBORHOOD SURVEY
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PREFACE

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Appendix A – Origin of L.A.FANS Module Questions

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1. INTRODUCTION

The Los Angeles Family and Neighborhood Survey (L.A.FANS) is a longitudinal study of families in Los Angeles County and of the neighborhoods in which they live. Fieldwork for Wave 1 was begun in April 2000 and was completed in January 2002. This document presents the English language questionnaires for the first wave of L.A.FANS. Interviews were also conducted in Spanish. The Spanish language questionnaires for Wave 1 of L.A.FANS appear in a separate document.

L.A.FANS was designed to answer key research and policy questions in three areas: the effects of neighborhoods and families on children's development; the effects of welfare reform at the neighborhood level; and the process of residential mobility and neighborhood change. L.A.FANS also provides a new data set for studying other important issues including: adult health and health disparities, immigrant well-being, social ties and neighborhood interaction, marriage patterns, ethnic identity, family survival strategies, and family dynamics.

DEVELOPMENT OF L.A.FANS QUESTIONNAIRES

The development of the L.A.FANS questionnaire modules was based on several general principles. First, we sought to employ questions and question sequences which have been used in recent surveys of national population samples in the United States. Use of questions and question sequences from national surveys facilitates the comparison of L.A.FANS results for Los Angeles County with those from national samples. Questions taken from these surveys have generally been well-tested and their data have been carefully evaluated.

Second, wherever possible, responses were recorded in formats that respondents themselves used and interviewers were generally not asked to convert these responses into other formats. For example, responses to questions on the amounts paid for rent or the frequency of seeing an absent spouse were recorded directly in the units that the respondent used. Many questions also allowed interviewers to record textual responses when none of extant response categories seemed appropriate.

Third, questions were asked of the household member likely to know most about a given subject. This meant that respondents reported on themselves and their own activities, with four exceptions: (a) the roster respondent provides limited information on everyone in the household; (b) the adult respondent reports on his/her spouse/partner, if the spouse/partner was not selected as a respondent; (c) the mother (or primary caregiver) reported on aspects of her children's lives

that she is most likely to know about; and (d) the Household Module respondent reports on the financial status of his/her nuclear families members who live in the household.

Fourth, like other major social surveys, we tried to insure that respondents answered only questions that were pertinent to them, using wording that reflected their own situation. The result was to make interviews easier for respondents and interviewers, but, in some cases, to make the skip patterns more complex for the data users to follow. Therefore, it is essential for users to understand the skip logic and question sequencing before attempting to use the data. In order to facilitate this process, we provide hyperlinked questionnaires on www.lasurvey.rand.org which allow users to click through question sequences which respondents with different characteristics would have been asked.

Finally, language and grammar in both English and Spanish versions of the questionnaires had to be clear and as simple as possible. Therefore, we occasionally simplified the language or construction of questions adopted from other surveys. Furthermore, we tried to insure that the question meaning in English and Spanish was as close as possible. English and Spanish versions of the questionnaires were developed in parallel by bilingual researchers and survey specialists. When questions were adopted directly from other surveys in English, we also sought to use the same question from the Spanish version of the original questionnaire. However, in a few cases, we concluded that the Spanish wording of questions from other surveys would not be easily understood by Spanish speakers in Los Angeles or that it did not adequately represent the meaning of the question in English. In these cases, we retranslated or edited the questions before including them in the L.A.FANS Spanish questionnaires.

DESCRIPTION OF QUESTIONNAIRE MODULES

The questionnaires for the L.A.FANS household survey were divided into seven modules called: (1) the Roster, (2) the Household Questionnaire, (3) the Adult Questionnaire, (4) the Parent Questionnaire, (5) the Primary Caregiver (PCG) Questionnaire, (6) the Child Questionnaire, and (7) Cognitive Assessments. Interviewers administered the first six modules using computer assisted personal interview (CAPI) techniques. Questionnaires were administered in both English and Spanish.

The Roster was the first questionnaire administered during the interview. The Roster could be completed by any adult (age 18 or older) who lived in the household half-time or more. The purpose of the Roster was to obtain a complete list of all household residents and limited information about each person. The Roster CAPI program also selected the respondents for other modules and informed the interviewers who the selected respondents were.

In each sampled household, one adult respondent was sampled at random (designated the RSA or randomly selected adult). In households with children, one child respondent was also selected at random and designated the RSC (randomly selected child). In households with children, the mother of the RSC was selected as a respondent and designated the Primary Caregiver (PCG). If the RSC's mother did not live in the household or was unable to answer questions about the child, the child's actual primary caregiver was selected as the PCG respondent to provide information on the RSC. If the RSC had one or more siblings age 17 or younger who shared the same biological or adoptive mother *and* the same PCG, we randomly selected one of these siblings for interview and designated this child as the SIB.

Once the respondents (RSA, PCG, RSC, and SIB) were selected, the interviewer administered the appropriate questionnaire(s) to each respondent. Table 1 shows which respondents answered which questionnaires. The stars in the table for the HH questionnaire indicate that either the RSA or his/her spouse/partner was administered the HH questionnaire. The Roster asked whether the RSA or his/her spouse/partner knows more about family finances, and, depending on the answer, assigned the more knowledgeable person as the respondent for this questionnaire.

Table 1. Respondents for L.A.FANS Household Survey

Type of Respondent	Questionnaire or Module						
	Roster	HH	Adult	Parent	PCG	Child	Assessments
Any Adult >= age 18	X						
Adult (RSA)		X**	X				
Primary Caregiver (PCG)			X	X	X		X
Child (RSC) >= age 9						X	X
Sibling (SIB) >= age 9						X	X
Mode of Interview	IA	IA	IA	IA	SA	SA	IA

IA = interviewer administered; SA = self administered

Note: if the RSA is neither the PCG nor the parent of the RSC, then the household questionnaire is also given to the PCG.

**Answered by RSA or RSAs spouse/partner if appropriate.

In large and complex households, it is possible that the RSA and RSC are members of different nuclear families or even unrelated to each other. In these cases, two HH questionnaires would be completed. The first would be completed by the RSA or his/her spouse/partner regarding his/her nuclear family and the second would be completed by the PCG regarding her nuclear family.

Interviewers also completed a household observation form (HOF) for all households with children age 18 and younger. Tests of reading-related and problem solving skills were administered to sampled children ages 3 and older. Children ages 9 and older were also asked

about expectations for educational attainment, their friends, and social interaction. Children ages 12 and older were also asked about employment, school, and their families and neighborhoods.

The type of information collected in each questionnaire is summarized below.

Roster

The Roster collected information on all part-time and full-time residents of the dwelling unit, determined relationships among household members and identified parents (or primary caregivers) of all children under age 18. The Roster also collected basic characteristics of all household residents (e.g., ethnicity, schooling, ever had children, welfare receipt in last month, health insurance coverage in last month, employment in last month).

Household Questionnaire

The HH Questionnaire collected information on income of family members from all sources during the preceding calendar year, and on assets of the respondent and his/her spouse/partner. Family members that were included are the respondent, his/her spouse/partner, and children of the respondent and his/her spouse/partner who lived in the household. The income and assets data collected, therefore, do not necessarily cover all individuals in the household. Rather, the income and assets data refer to the HH Questionnaire respondent and his/her nuclear family.

Adult Questionnaire

The Adult Questionnaire collected information about the RSA and the PCG and his/her spouse/partner (if the spouse/partner was not selected to be a respondent). Topics include: family background, educational history, fertility and marriage/cohabitation history, social ties, residential history, employment, welfare, and health status. The Adult questionnaire included a computerized interactive Event History Calendar (EHC) which recorded detailed information for the preceding two year period on spells of residence, employment and unemployment, program participation, and health insurance. The EHC was based on a calendar module that had been developed for the PSID. The PSID EHC module was modified for L.A.FANS by William Connett and his staff at Michigan's Survey Research Center. A demo of the PSID version of the EHC can be found on <http://www.isr.umich.edu/src/psid/ehc/ehc.html>.

The Adult questionnaire also collected detailed information on neighborhood definition, neighborhood participation and interaction, perceptions of current neighborhood characteristics, and characteristics of the last neighborhood of residence.

Parent questionnaire

The Parent questionnaire collected information about the randomly selected child (RSC) and the sibling (SIB) from the Primary Caregiver (usually the mother). The Parent questionnaire was administered once for the RSC and, in households that included a SIB, once again for the SIB. Topics include: living arrangements, residential history (for past two years), place of birth and immigrant status, child support, paternity, contact with absent parent(s), school, child care, before/after school care, Head Start, Behavior Problems Index,³ child's friends, modified Home Observation for Measurement of the Environment scale (HOME) scale,⁴ health, and health care utilization. (Health insurance information for RSC and SIB for preceding two years was collected in the event history calendar of the Adult Questionnaire.)

Primary Caregiver questionnaire

The PCG questionnaire collected information from the PCG about herself/himself. Topics covered include: Composite International Diagnostic Interview Short-Form (CIDI-SF) depression inventory,⁵ Pearlin Self-Efficacy Scale,⁶ family dynamics, social support, and relationship with spouse/partner.

Child questionnaire

The Child questionnaire collected information for children ages 9 and older about the child himself/herself. It was administered separately to RSCs and SIBs. Topics for children 9 to 11 include: neighborhood definition and characteristics, school and school quality, friends and social life, smoking, knowledge of gang members, family relationships, enjoyment of reading and use of library, and educational expectations. Children ages 12 to 17 were also asked about: homework, use of alcohol and drugs, guns and gangs, relationships and sex, contraceptive use, pregnancy, experience of violence, arrest and incarceration, weight and height, and employment.

³ Peterson, J.L., and N. Zill (1986), "Marital disruption, parent-child relationships, and behavioral problems in children," *Journal of Marriage and the Family*, 48, 295-307.

⁴ Caldwell, B., and R. Bradley (1984), *Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock.

⁵ <http://www.who.int/msa/cidi/>

⁶ Pearlin, L.I., M.A. Lieberman, E.G. Menaghan, and J.T. Mullan (1981), "The stress process," *Journal of Health and Social Behavior*, 22, 337-356.

Cognitive Assessments

L.A.FANS used several assessments from the Woodcock-Johnson Test of Achievement-Revised (WJ-R)⁷ which measure problem solving and reading ability. Children ages 3 to 5 completed the Letter-Word Identification and Applied Problems assessments. Children ages 6 to 17 also completed the Passage Comprehension assessment. Primary caregivers completed only the Passage Comprehension assessment.

Household Observation Form

The Household Observation Form (HOF) collected the interviewers' observations on the surrounding physical environment of the residence and on the personal interactions among household members. The observations collected can be used in the creation of a modified Home Observation for Measurement of the Environment (HOME) scale to assess the quality of the child's home environment. The HOME scale also uses questions asked of the mother that are found in the Parent questionnaire. The L.A.FANS asked a modified set of HOME questions that were developed by Jeanne Brooks-Gunn and Tama Leventhal.

⁷ Woodcock, R.W., and M.B. Johnson (1989), *Woodcock-Johnson Test Achievement-Revised*. Chicago: Riverside Publishing Co.

2. ROSTER

SECTION A. HOUSEHOLD MEMBER LIST, ELIGIBILITY, AND PARENTS OF KIDS UNDER 18

A1. I'd like to ask you to help me understand your living situation here. We'll start with some questions about the people living or staying at this address. But before we get started, may I have your name?

[INTERVIEWER: RECORD RESPONDENTS COMPLETE NAME IN FIRST LINE OF ROSTER]

PROGRAMMER: FOR RECORDING ALL NAMES THROUGHOUT THE HH ROSTER, WE NEED TWO SEPARATE VARIABLES:

* First name (and second name, if volunteered - e.g., Mary Lou)

* Family name (needs to be long enough to accommodate two or three last names, like Gómez Rodríguez or Gómez Rodríguez de Leon)

(TASK 1. BUILD LIST 1 -FULL LIST OF HOUSEHOLD MEMBERS)

A2. Please give me the name of everyone who stayed here in this house or apartment last night

To make sure I keep people straight, can you give me their full names? We will keep this and all other information strictly confidential. But if you feel more comfortable giving only first names, nicknames or initials, that is ok too.

INTERVIEWER: RECORD ALL NAMES. ASK FOR FULL NAMES, BUT ACCEPT FIRST NAMES, NICKNAMES OR INITIALS IF NECESSARY

A3. Does anyone else usually live here or stay here who did not stay here last night? Please include people who are away at school or college, lodgers, boarders, or people you employ who live here. Also include babies, small children, foster children, and anyone who usually stays here but is away traveling, in the hospital, in jail or prison, or somewhere else.

INTERVIEWER: RECORD ALL NAMES. ASK FOR FULL NAMES, BUT ACCEPT FIRST NAMES, NICKNAMES OR INITIALS IF NECESSARY

A4. Did anyone else stay here for one or more nights in the last two weeks, since [FILL MONTH/DAY TWO WEEKS AGO]?

INTERVIEWER: RECORD ALL NAMES. ASK FOR FULL NAMES, BUT ACCEPT FIRST NAMES, NICKNAMES OR INITIALS IF NECESSARY

(TASK 2. DETERMINE WHO IS "HOUSEHOLD HEAD")

A5. CAPI CHECK:

1. ONLY ONE PERSON ON THE LIST (CODE THIS PERSON AS HHHNAME AND GO TO A8)

5. MORE THAN ONE PERSON ON THE LIST

A6. Now I want to find out how everyone on this list is related. First, please tell me whose [apartment/house] is this? That is, who rents or owns this [apartment/ house]?

INTERVIEWER NOTE: THERE CAN BE ONE OR TWO OWNERS/RENTERS

_____ (Name of First Person) _____ (Line
No. of 1st Person)

_____ (Name of Second Person) _____ (Line
No. of 2nd Person)

CAPI CHECK: IF TWO PEOPLE NAMED IN A6, RANDOMLY SELECT ONE. CODE THIS PERSON AS HEAD OF HOUSEHOLD [HHHNAME].

My computer randomly choose [HHHNAME]. So let's talk about how each person in this household is related to [HHHNAME].

(TASK 3. GATHER KEY CHARACTERISTICS OF EVERYONE ON LIST 1)

LIST 1 LOOP BEGIN: ASK A7-A11 FOR EACH PERSON ON LIST 1.

A7. Let's start with [FIRST NAME]. How is [NAME] related to [HHHNAME]?

0. HOUSEHOLD HEAD

1. HUSBAND OR WIFE

2. PARTNER (LOVER, GIRLFRIEND, BOYFRIEND)

3. BIOLOGICAL CHILD

4. STEPCHILD

5. ADOPTED CHILD

6. FOSTER CHILD

7. CHILD OF PARTNER (CHILD OF LOVER, GIRLFRIEND, BOYFRIEND)

8. SON-IN-LAW OR DAUGHTER-IN-LAW

9. PARENT

10. STEPPARENT

11. PARENT-IN-LAW

12. GRANDPARENT

13. BROTHER OR SISTER

14. STEPBROTHER OR STEPSISTER

15. HALF-BROTHER OR HALF-SISTER
16. BROTHER-IN-LAW OR SISTER-IN-LAW
17. GRANDCHILD
18. UNCLE OR AUNT
19. NEPHEW OR NIECE
20. OTHER RELATIVE, SPECIFY
21. ROOMMATE
22. FRIEND
23. LIVE-IN MAID, CARE PROVIDER, SERVANT OR DOMESTIC WORKER
24. OTHER NONRELATIVE, SPECIFY
25. EX-SPOUSE
26. PARENT'S LOVER/PARTNER
27. SON OR DAUGHTER'S LOVER/PARTNER

IF A7=20 OR 24, SHOW: INTERVIEWER TYPE IN RESPONSE [VERBATIUM]

A8. IF LOOP 1, FILL "How old are you", ELSE FILL "How old is [NAME]"?

PROBE: We need an idea of (IF LOOP 1, FILL "your" ELSE FILL "[NAME]'s") age. Can you tell me about how old (IF LOOP 1, FILL "you are" ELSE FILL "[he/she]") is?

____ MONTHS (0-11) USE ONLY IF YOUNGER THAN 1 YEAR

OR

____ YEARS (1-120)

CAPI CHECK: A8 CAN ONLY = MO OR YRS, NOT BOTH

A9. INTERVIEWER: IF NECESSARY, ASK: Is [NAME] male or female?

1. MALE
2. FEMALE

CAPI CHECK: IF NAME=16 YEARS OR OLDER, CONTINUE, ELSE GO TO A11.

IF NAME CODED A7=1 OR 2, SKIP TO A11.

A10. (IF LOOP 1, FILL "Are you", ELSE IF A9=1, FILL "Is he", ELSE FILL "Is she") married or currently living with a partner?

1. MARRIED
2. LIVING WITH A PARTNER (WITHOUT BEING MARRIED)
3. NEITHER
4. (IF VOLUNTEERED) BOTH MARRIED AND LIVING WITH A PARTNER (OTHER THAN SPOUSE)

A11. (IF LOOP 1, FILL "Do you", ELSE FILL "Does [NAME]") live here full time or part time?

PROBE: (IF LOOP 1, FILL "Do you", ELSE IF A9=1, FILL "Does he", ELSE FILL "Does she") spend half or more of

(IF LOOP 1, FILL "your", ELSE IF A9=1, FILL "his", ELSE FILL "her") time in this household?

1. FULL TIME (SPENDS HALF TIME OR MORE IN THIS HH)
2. PART TIME (SPENDS LESS THAN HALF TIME IN THIS HH)

LIST 1 LOOP END

(TASK 4. BUILD LIST 2)

CREATE LIST 2 PERSONS ELIGIBLE FOR LIST 2 ARE THOSE WITH CODE 1 IN A11. QUESTIONS IN THE REST OF SECTION A ARE FOR ELIGIBLE PERSONS ONLY. ELSE GO TO SECTION B.

LIST 2 LOOP BEGIN: ASK A12-A40 FOR EACH PERSON ON LIST 2.

(TASK 5. GATHER MOTHER, FATHER, PCG, AND FATHER-EQUIVALENT INFORMATION FOR EACH CHILD - 17 AND YOUNGER -- ON ELIGIBLE LIST)

A12. CHECK A8. IS [NAME] 17 YEARS OR YOUNGER?

1. YES
5. NO (GO TO END OF LOOP)

A13. CAPI CHECK LIST 2: DOES THIS HH CONTAIN ONLY ONE PERSON?

1. YES (CODE NAME AS NO PCG AND CODE AS EMANCIPATED MINOR [EM]. GO TO END OF LOOP)
5. NO (CONTINUE)

A14. CAPI CHECK A8: IS [NAME] 16 OR 17 YEARS OLD?

1. YES (CONTINUE)
5. NO (GO TO CAPI CHECK ABOVE A20)

A15. CAPI CHECK A5 AND A6: IS [NAME] HEAD OF HOUSEHOLD?

1. YES (CONTINUE)
5. NO (GO TO A18)

A16. CAPI CHECK: IS [NAME] OLDEST IN HOUSEHOLD?

1. YES (CODE NAME AS NO PCG AND CODE AS EMANCIPATED MINOR [EM]. GO TO END OF LOOP)
5. NO (CONTINUE)

A17. CAPI CHECK A7: DOES [NAME] HAVE A PARENT, STEPPARENT, GRANDPARENT, AUNT OR UNCLE IN HH?

1. YES (GO TO CAPI CHECK ABOVE A20)
5. NO (CODE NAME AS NO PCG AND CODE AS EMANCIPATED MINOR [EM]. GO TO END OF LOOP)

A18. CAPI CHECK A7: IS [NAME] HUSBAND/WIFE, PARTNER, OR ROOMMATE OF HEAD OF HOUSEHOLD?

1. YES (CODE NAME AS NO PCG AND CODE AS EMANCIPATED MINOR [EM]. GO TO END OF LOOP)
5. NO (CONTINUE)

A19. CAPI CHECK A8: IS ANYONE ON LIST 2 BESIDES [NAME] 18 YEARS OLD OR OLDER?

1. YES (CONTINUE)
5. NO (CODE NAME AS NO PCG AND CODE AS EMANCIPATED MINOR [EM]. GO TO END OF LOOP)

(THIS SECTION COLLECTS INFORMATION ON ALL CHILDREN'S MOTHERS AND, FOR MOTHERS OUTSIDE OF THE HH, WHICH PEOPLE HAVE THE SAME MOTHER)

CAPI CHECK: IF CHILD HAS BIO OR ADOPTIVE MOM IN HH, GO TO CAPI CHECK ABOVE A24 (would only know if had gone through loop for a least 1 child). ELSE CONTINUE.

IF CHILD 1, SHOW "Next, I want to ask you about the parents of children and teens who usually live here", ELSE SHOW "Now I'd like to ask you about the parents of [NAME]".

IF NAME CODED A7=3 OR 5 AND HHHEAD=FEMALE, SKIP TO CAPI CHECK ABOVE A24.

A20. Does [NAME]'s birth or adoptive mother live or stay in this household?

1. YES
5. NO (GO TO A22)

A21. What is [NAME]'s mother's name?

INTERVIEWER - RECORD NAME AND LINE NUMBER OF CHILD'S MOTHER

CAPI CHECK: SHOW LIST 1

A22. Does anyone else in this household have the same birth or adoptive mother as [NAME]?

1. YES

5. NO (GO TO CAPI CHECK ABOVE A24)

A23. Who has the same mother as [NAME]?

INTERVIEWER: RECORD EACH NAME AND LINE NUMBER, REGARDLESS OF AGE.

CAPI CHECK: SHOW LIST 1

(THIS SECTION COLLECTS INFORMATION ON ALL CHILDREN'S FATHERS AND WHICH PEOPLE HAVE THE SAME FATHER)

CAPI CHECK: IF [NAME] HAS BIO OR ADOPTIVE DAD IN HH, GO TO A28, ELSE CONTINUE.

IF NAME CODED A7=3 OR 5 AND HHHEAD=MALE, GO TO A28.

A24. Does [NAME]'s birth or adoptive father live or stay in this household?

1. YES

5. NO (GO TO A26)

A25. What is [NAME]'s father's name?

INTERVIEWER - RECORD NAME AND LINE NUMBER OF CHILD'S FATHER

CAPI CHECK: SHOW LIST 1

A26. Does anyone else in this household have the same birth or adoptive father as [NAME]?

1. YES

5. NO (GO TO A28)

A27. Who has the same father as [NAME]?

INTERVIEWER: RECORD EACH NAME AND LINE NUMBER, REGARDLESS OF AGE.

CAPI CHECK: SHOW LIST 1

(THIS SECTION DETERMINES WHO IS PCG FOR KIDS WITHOUT FULL-TIME RESIDENT MOTHERS IN HH)

A28. CHECK A20: DOES [NAME]'S BIO/ADOPT MOTHER LIVE IN HH?

- 1. YES
- 5. NO (GO TO A30)

A29. CHECK A11: IS NAME'S BIO/ADOPT MOTHER A FULL-TIME RESIDENT?

- 1. YES (GO TO A39)
- 5. NO

A30. CAPI CHECK A24: DOES [NAME] HAVE BIO OR ADOPTIVE DAD IN HH?

- 1. YES
- 5. NO

IF A28 AND A30=5, GO TO A33

IF A30=5, GO TO CAPI CHECKS BELOW A31

A31. CAPI CHECK A11: IS NAME'S BIO/ADOPT FATHER A FULL-TIME RESIDENT?

- 1. YES
- 5. NO

IF A28=5 AND A30=1 AND A31=1, GO TO A32

IF A28=5 AND A30=1 AND A31=5, SHOW "From the information I have, (NAME)'s father only lives here part-time." THEN GO TO A33

IF A28=1 AND A29=5 AND A30=5, SHOW "From the information I have, (NAME)'s mother only lives here part-time." THEN GO TO A36

IF A28=1 AND A29=5 AND A30=1 AND A31=5, SHOW "From the information I have, (NAME)'s mother and father both live here part-time." THEN GO TO A36

IF A28=1 AND A29=5 AND A30=1 AND A31=1, SHOW "From the information I have, (NAME)'s mother only lives here part-time." THEN GO TO A32

A32. CAPI CHECK: ANYONE BESIDES DAD AND [NAME] OVER 16 IN HH?

- 1. YES (CONTINUE)
- 5. NO (GO TO END OF LOOP)

IF NAME CODED A7=4 OR 6 AND HHHOLD=FEMALE, GO TO A39.

A33. Does [NAME] have (IF A28=5 SHOW "a stepmother, foster mother, or") someone else who lives in this household more than half time who is like a mother to [him/her]?

1. YES, STEPMOTHER
2. YES, FOSTER MOTHER
3. YES, OTHER MOTHER EQUIVALENT
4. NO (GO TO A36)

A34. What is the name of [NAME]'s (IF A33=1, FILL "stepmother", IF A33=2, FILL "foster mother", ELSE FILL "person who is like a mother").

INTERVIEWER - RECORD NAME AND LINE NUMBER OF PERSON

CAPI CHECK: SHOW LIST 2 ONLY

IF A33=1 OR 2, GO TO A39

IF A33=3 AND PERSON IN A34 IS NOT HEAD OF HH, CONTINUE

A35. How is [NAME IN A34] related to [CHILD NAME]?

1. HUSBAND OR WIFE
2. PARTNER (LOVER, GIRLFRIEND, BOYFRIEND)
3. BIOLOGICAL CHILD
4. STEPCHILD
5. ADOPTED CHILD
6. FOSTER CHILD
7. CHILD OF PARTNER (CHILD OF LOVER, GIRLFRIEND, BOYFRIEND)
8. SON-IN-LAW OR DAUGHTER-IN-LAW
9. PARENT
10. STEPPARENT
11. PARENT-IN-LAW
12. GRANDPARENT
13. BROTHER OR SISTER
14. STEPBROTHER OR STEPSISTER
15. HALF-BROTHER OR HALF-SISTER
16. BROTHER-IN-LAW OR SISTER-IN-LAW
17. GRANDCHILD
18. UNCLE OR AUNT
19. NEPHEW OR NIECE
20. OTHER RELATIVE, SPECIFY
21. ROOMMATE
22. FRIEND

- 23. LIVE-IN MAID, CARE PROVIDER, SERVANT OR DOMESTIC WORKER
- 24. OTHER NONRELATIVE, SPECIFY
- 25. EX-SPOUSE
- 26. PARENT'S LOVER/PARTNER
- 27. SON OR DAUGHTER'S LOVER/PARTNER

IF A35=20 OR 24, SHOW "INTERVIEWER: TYPE IN OTHER RESPONSE [VERBATIM]"

ALL GO TO A39

A36. Who is the adult living here more than half time who is primarily responsible for [NAME] when (IF A9=1, FILL "he", ELSE FILL "she") stays here in this household?

INTERVIEWER - RECORD NAME AND LINE NUMBER

CAPI CHECK: SHOW LIST 2 ONLY

99. NO ONE IN HOUSEHOLD

IF ANSWER TO A36=HHHEAD, GO TO A39.

IF A36=99, CONTINUE

ELSE GO TO A38

A37. Maybe I misunderstood. From what you've told me, no adult in this household is responsible for [NAME]. Is that correct?

- 1. YES (CODE NAME AS NO PCG AND CODE AS EM. GO TO END OF LOOP)
- 5. NO (RE-ASK A36)

A38. How is [NAME IN A36] related to [NAME]?

- 1. HUSBAND OR WIFE
- 2. PARTNER, LOVER, GIRLFRIEND, BOYFRIEND
- 3. BIOLOGICAL CHILD
- 4. STEPCHILD
- 5. ADOPTED CHILD
- 6. FOSTER CHILD
- 7. CHILD OF LOVER/PARTNER
- 8. SON-IN-LAW OR DAUGHTER-IN-LAW
- 9. PARENT
- 10. STEPPARENT
- 11. PARENT-IN-LAW
- 12. GRANDPARENT
- 13. BROTHER OR SISTER

14. STEPBROTHER OR STEPSISTER
15. HALF-BROTHER OR HALF-SISTER
16. BROTHER-IN-LAW OR SISTER-IN-LAW
17. GRANDCHILD
18. UNCLE OR AUNT
19. NEPHEW OR NIECE
20. OTHER RELATIVE, SPECIFY
21. ROOMMATE
22. FRIEND
23. LIVE-IN MAID, CARE PROVIDER, SERVANT OR DOMESTIC WORKER
24. OTHER NONRELATIVE, SPECIFY
25. EX-SPOUSE
26. PARENT'S LOVER/PARTNER
27. SON OR DAUGHTER'S LOVER/PARTNER

IF A38=20 OR 24, SHOW "INTERVIEWER: TYPE IN OTHER RESPONSE [VERBATIM]"

(THIS SECTION DETERMINES WHO IS FATHER FIGURE FOR KIDS WITHOUT A FATHER IN THE HOUSEHOLD)

A39. CHECK A24:

1. NO BIO/ADOPT FATHER IN THE HOUSEHOLD
2. BIO/ADOPT FATHER IS IN THE HOUSEHOLD (GO TO END OF LOOP)

IF NAME CODED A7=4 OR 6 AND HHHEAD=MALE, GO TO END OF LOOP.

A40. Does [NAME] have a stepfather, a foster father, or someone else in this household who is like a father to (IF A9=1, FILL "him", ELSE FILL "her")?

1. YES, STEPFATHER
2. YES, FOSTER FATHER
3. YES, OTHER FATHER FIGURE
4. NO (GO TO END OF LOOP)

A41. Who is [NAME]'s (IF A40=1, FILL "stepfather", IF A40=2, FILL "foster father" ELSE FILL "person who is like a father")?

INTERVIEWER - RECORD NAME AND LINE NUMBER

CAPI CHECK: SHOW LIST 1

99. NO ONE IN HOUSEHOLD

IF A40=1 OR 2, GO TO END OF LOOP IF PERSON CODED IN A41 IS NOT HEAD OF HH, CONTINUE

A42. How is [NAME IN A41] related to [CHILD NAME]?

1. HUSBAND OR WIFE
2. PARTNER, LOVER, GIRLFRIEND, BOYFRIEND
3. BIOLOGICAL CHILD
4. STEPCHILD
5. ADOPTED CHILD
6. FOSTER CHILD
7. CHILD OF LOVER/PARTNER
8. SON-IN-LAW OR DAUGHTER-IN-LAW
9. PARENT
10. STEPPARENT
11. PARENT-IN-LAW
12. GRANDPARENT
13. BROTHER OR SISTER
14. STEPBROTHER OR STEPSISTER
15. HALF-BROTHER OR HALF-SISTER
16. BROTHER-IN-LAW OR SISTER-IN-LAW
17. GRANDCHILD
18. UNCLE OR AUNT
19. NEPHEW OR NIECE
20. OTHER RELATIVE, SPECIFY
21. ROOMMATE
22. FRIEND
23. LIVE-IN MAID, CARE PROVIDER, SERVANT OR DOMESTIC WORKER
24. OTHER NONRELATIVE, SPECIFY
25. EX-SPOUSE
26. PARENT'S LOVER/PARTNER
27. SON OR DAUGHTER'S LOVER/PARTNER

IF A42=20 OR 24, SHOW "INTERVIEWER: TYPE IN OTHER RESPONSE [VERBATIM]"

LIST 2 LOOP END - IF ANY MORE PEOPLE ON LIST, GO BACK TO A12, ELSE CONTINUE.

(TASK. 6 SELECTION OF RESPONDENTS)

STEP 1 RANDOMLY SELECT ADULT (RSA)

ANY PERSON

- 18 OR OLDER

AND

- LIVES IN HH 1/2 TIME OR MORE

STEP 2 RANDOMLY SELECT CHILD (RSC)

ANY PERSON

- 0-17

AND

- LIVES IN HH 1/2 TIME OR MORE

STEP 3 DETERMINE PRIMARY CAREGIVER OF RSC

IS THERE A

- FULL-TIME RESIDENT BIO/ADOPT MOM

1. YES (CODE HER AS PCG)
5. NO (CONTINUE)

- FULL-TIME RESIDENT OTHER MOM EQUIVALENT

1. YES (CODE HER/HIM AS PCG)
5. NO (CONTINUE)

- FULL-TIME RESIDENT BIO/ADOPT DAD

1. YES (CODE HIM AS PCG)
5. NO (CODE AS EMANCIPATED MINOR AND CODE AS NO PCG)

STEP 4 RANDOMLY SELECT SIBLING OF RSC

ANY PERSON

- 0-17

AND

- SAME BIO/ADOPT MOM AS RSC

AND

- SAME PCG AS RSC

AND

- LIVES IN HH 1/2 TIME OR MORE

STEP 5 DETERMINE WHO IS SPOUSE/PARTNER OF RSA, PCG, EM

STEP 5 LOOP BEGIN

5.a CHECK A10: IS [NAME] MARRIED OR LIVING WITH A PARTNER?

1. YES (CONTINUE)
5. NO (GO TO STEP 5 LOOP END)

5.b CHECK A5 AND A6: IS [NAME] CODED HEAD OF HOUSEHOLD?

1. YES (GO TO 5.d)
5. NO (CONTINUE)

5.c CHECK A7: IS [NAME] THE SPOUSE OR PARTNER OF HEAD OF HOUSEHOLD?

1. YES (CODE THIS PERSON AS SPOUSE/PARTNER OF [NAME])
5. NO (GO TO 5.f)

5.d CHECK A7 FOR OTHERS BESIDES [NAME] ON LIST 1: IS SOMEONE CODED AS SPOUSE OR PARTNER OF [NAME]?

1. YES (CONTINUE)
5. NO (GO TO 5.f)

5.e CHECK A11 FOR PERSON CODED AS SPOUSE OR PARTNER OF [NAME]: IS S/HE A FULL-TIME RESIDENT?

1. YES (CODE THIS PERSON AS SPOUSE/PARTNER OF [NAME])
5. NO (CODE [NAME] AS "NO SPOUSE/PARTNER OR PT SPOUSE/PARTNER")

ALL GO TO STEP 5 LOOP END

5.f From what you've told me, [NAME] is married or living with a partner. But I don't think I have that person's name. Could you tell me that person's name?

RECORD NAME AND LINE NUMBER. IF MEMBER NOT LISTED, ENTER 99 FOR THE LINE NUMBER

STEP 5 LOOP END - GO BACK TO 5.a

STEP 6 DETERMINE WHO GETS HOUSEHOLD QUESTIONNAIRE

6.a CAPI CHECK: IS RSA 25 OR OLDER?

1. YES (GO TO 6.c)
5. NO (CONTINUE)

6.b CAPI CHECK: IS RSA=HHHEAD AND...

1. NO ONE CODED A7=9 OR 10 OR 11, GO TO 6.c
2. ONLY ONE PERSON CODED A7=9 OR 10 OR 11 (THAT PARENT ANSWERS HH QUEX., GO TO 6.f)
3. TWO PEOPLE CODED A7=9 OR 10 OR 11, GO TO 6.e
4. RSA IS NOT HHHEAD (CONTINUE)

6.b0 CAPI CHECK: IS ANY ADULT AT LEAST 12 YEARS OLDER THAN RSA AND CODED A11=1 (FULL-TIME RESIDENT)

1. YES - CONTINUE
2. NO - GO TO 6.c

6.b1 ASK: (Do you/Does NAME) have a parent living or staying in this household?

1. YES (CONTINUE)
5. NO - GO TO 6.c

6.b2 ASK: Who is (your/NAME's) parent?

SHOW ROSTER LIST 2

IF 1 NAME CODED, PARENT ANSWER HH QUEX, GO TO 6.f

IF 2 NAMES CODED, GO TO 6.e

6.c DOES RSA HAVE SPOUSE/PARTNER IN HH?

1. YES (CONTINUE)
5. NO (RSA ANSWERS HH QUEX, GO TO 6.f)

IF SPOUSE/PARTNER IS FULL TIME RESIDENT, ASK 6d, IF NOT, RSA ANSWERS HH QUEX

6.d ASK: Who knows more about your household finances? (IF ROSTER RESPONDENT IS RSA FILL "You"; ELSE FILL "RSA name") or (IF ROSTER RESPONDENT IS SPOUSE OF RSA FILL "you"; ELSE FILL "RSA spouse name")?

1. RSA
2. HUSBAND/WIFE/PARTNER

3. EQUAL

IF 6.d=1 OR 3, RSA ANSWERS HH QUEX, GO TO 6.f

IF 6.d=2, HUSBAND/WIFE/PARTNER ANSWERS HH QUEX, GO TO 6.f

ALL GO TO 6.f

6.e ASK: "Which of (IF ROSTER R IS RSA, FILL "your", ELSE FILL "[RSA NAME]'s" parents knows the most about the household finances? Is it (FILL RSA's PARENT[S] NAME)."

CAPI SHOW LINE NUMBER AND NAMES OF PARENTS

ALL GO TO 6.f

6.f IS THE RSA A PARENT OF RSC?

1. YES (GO TO END)
5. NO (CONTINUE)

6.g IS THE RSA AN OLDER SIBLING OF RSC?

1. YES (GO TO END)
5. NO (CONTINUE)

6.h IS THE RSA THE PCG OF RSC?

1. YES (GO TO END)
5. NO (PCG ANSWERS HH QUEX)

END OF SELECTION

CAPI program then notifies interviewer about who respondents are, which questionnaires need to be completed, and the estimated length (in time) of these questionnaires.

For the sampled respondents, if the household roster contains only a first name or first names, the interviewer needs to obtain the complete name of the respondent at this point.

My computer has selected [NAME OF PERSON SAMPLED FOR WHOM WE ONLY HAVE FIRST NAME OR INITIALS] for interview. Can you tell me this person's full name?

[INTERVIEWER: RECORD FULL NAME OF PERSON SAMPLED HERE]

Partial list of output variables from HH roster to rest of questionnaires include:

- (1) Select respondents' names

- (2) Select respondents' characteristics from Sections A and B (age, marital status, sex)
- (3) Whether RSA was the person who completed HH roster
- (4) Role of each respondent (RSA, PCG, RSA+PCG, RSC, SIB)
- (5) For the RSC and SIB (if any): name of PCG, name and relationship of mother/mother figure and father/father figure

SECTION B. BACKGROUND OF HOUSEHOLD MEMBERS

Finally, I have a few (IF A5=1, FILL "other questions about you.", ELSE FILL "questions about each person who lives or stays in this household.")

LOOP START: ASK B1-B5 FOR EACH PERSON ON LIST 1

IF A8=6 OR MORE, CONTINUE

ELSE GO TO B2

B1. How much school (IF A5=1, FILL "have you", ELSE FILL "has [NAME]") completed?

INTERVIEWER NOTE: FOR THOSE CURRENTLY IN SCHOOL, THIS DOES NOT INCLUDE THE CURRENT YEAR OF SCHOOL , UNLESS IT IS ALREADY COMPLETED

0. NONE

1 to 11. _GRADE 1 THROUGH 11) [CAPI RANGE=1-11]

12. HIGH SCHOOL GRADUATE OR COMPLETED GED

13. SOME VOCATIONAL SCHOOL

14. COMPLETED VOCATIONAL SCHOOL

15. SOME COLLEGE

16. ASSOCIATES' DEGREE (AA)

17. BACHELORS' DEGREE (BA, BS)

18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)

19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

B2. (IF A5=1, FILL "Are you", ELSE FILL "Is [NAME]") Latino, white, African-American, Asian or something else?

CODE ALL THAT APPLY

1. Latino

2. White

3. African-American, Black

4. Asian

5. Pacific Islander

6. Native American/American Indian

IF A8=14 OR MORE, CONTINUE, ELSE GO TO B6

IF NAME=HHHEAD AND A7=3 FOR ANYONE, GO TO CAPI CHECK ABOVE B4

IF NAME CODED A7=9 OR 12, GO TO CAPI CHECK ABOVE B4

B3. (IF A5=1, FILL "Have you", ELSE FILL "Has [NAME]") ever had any children?

- 1. YES
- 5. NO

IF A8=16 OR MORE, CONTINUE, ELSE GO TO B6

B4. (IF A5=1, FILL "Have you", ELSE FILL "Has [NAME]") had a paid job full time or part time, at any time in the past month?

- 1. YES
- 5. NO

B5. Did (IF A5=1, FILL "you", ELSE FILL "[NAME]") receive any type of public assistance or welfare benefits during the past month?

- 1. YES
- 5. NO

B6. (IF A5=1, FILL "Were you", ELSE FILL "Was [NAME]") covered by any type of health insurance during the past month? This includes insurance through a job, through a plan you or someone else bought, or through a program like MediCal or Healthy Families?

- 1. YES
- 5. NO

LOOP END - GO BACK TO B1 FOR NEXT PERSON ON LIST 1

SECTION C. HOME LANGUAGE

C1. Do you (IF A5=2 OR MORE, FILL "and others who live here in this household") speak any language other than (IF LANG=1, FILL 'ENGLISH'; IF LANG=2, FILL 'SPANISH') at home?

- 1. YES
- 5. NO (GO TO END OF HH ROSTER)

C2. Besides (IF LANG=1, FILL 'ENGLISH'; IF LANG=2, FILL 'SPANISH'), what languages are spoken in your household?

(CODE ALL THAT APPLY)

1. ENGLISH
2. SPANISH
3. ARMENIAN
4. CAMBODIAN/KHMER
5. CHINESE (MANDARIN, CANTONESE, OTHER)
6. FARSI OR PERSIAN
7. JAPANESE
8. KOREAN
9. LATIN AMERICAN INDIGENOUS/INDIAN LANGUAGE (FOR EXAMPLE, QUICHÉ, KANJOBAL, ZAPOTEC, MIXTEC)
10. RUSSIAN
11. TAGALOG
12. VIETNAMESE
13. OTHER, SPECIFY

IF C2=13, SHOW "INTERVIEWER: TYPE IN OTHER RESPONSE [VERBATIM]"

END

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3. HOUSEHOLD QUESTIONNAIRE

PRELOAD FROM HOUSEHOLD ROSTER:

WHETHER R HAS A SPOUSE OR PARTNER

SEX OF R'S SPOUSE OR PARTNER

WHETHER R HAS CHILDREN IN HOUSEHOLD

WHETHER R HAS A CHILD IN HOUSEHOLD

WHETHER R'S SPOUSE OR PARTNER (IF ANY) HAS CHILDREN IN THE HOUSEHOLD

WHETHER R'S SPOUSE OR PARTNER (IF ANY) HAS A CHILD IN THE HOUSEHOLD

PRELOAD (OTHER):

TODAY'S DATE TO DETERMINE WHICH CALENDAR YEAR TO ASK ABOUT.

SECTION A. FAMILY INCOME AND ASSETS

TIME STARTED

A1 INTRO. Now I have some questions about (FROM THE HOUSEHOLD ROSTER, IF RESPONDENT HAS NO SPOUSE / PARTNER OR CHILDREN LIVING IN HOUSEHOLD, FILL "your", ELSE FILL "your family's") income during the last calendar year, that is January through December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000"). We need this information to understand the economic status of households in Los Angeles. As with other all questions in this survey, the information you provide will be kept completely confidential.

A1. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did you yourself receive any income from a job. This includes wages, salary, commissions, and tips.

INTERVIEWER INSTRUCTION: INCLUDE WAGES AND SALARY FROM SELF-EMPLOYMENT

1. YES

5. NO

IF A1 = 5 GO TO A3

A2. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") how much income did you receive from all these sources?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

(RANGE 1-9,999,999 VERIFY AT 500,000)

A3. CAPI CHECK - RESPONDENT'S MARITAL STATUS:

1. R's SPOUSE/PARTNER IS LIVING IN HOUSEHOLD WITH RESPONDENT
2. RESPONDENT DOES NOT HAVE A SPOUSE OR PARTNER
3. RESPONDENT IS NOT LIVING WITH A PARTNER OR SPOUSE

IF A3 = 2 OR 3, GO TO A6

A4 INTRO. NOW I WOULD LIKE TO ASK ABOUT YOUR [IF HH ROSTER INDICATES R's HUSBAND IS LIVING IN THE HOUSEHOLD, FILL "husband" ELSE IF HH ROSTER INDICATES R's WIFE IS LIVING IN THE HOUSEHOLD, FILL "wife" ELSE FILL "partner"].

A4. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did (IF R's SPOUSE / PARTNER = "MALE" FILL "he", ELSE FILL "she") receive any income from a job? This includes wages, salary, commissions, or tips.

1. YES
5. NO

IF A4 = 5, GO TO A6

A5. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") how much income did (IF R's SPOUSE / PARTNER = "MALE" FILL "he", ELSE FILL "she") receive from all these sources?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

(RANGE 1-9,999,999 VERIFY AT 500,000)

A6. CAPI CHECK ROSTER LIST 1: DOES RESPONDENT HAVE CHILD OR CHILDREN AGES 10 OR OLDER IN HH?

1. CHILD
2. MORE THAN 1 CHILD

3. NONE

A7. CAPI CHECK ROSTER LIST 1: DOES RESPONDENT HAVE SPOUSE/PARTNER IN HH?

1. SPOUSE
2. PARTNER
3. NEITHER

IF A6=3 AND A7=3, GO TO A14

IF A6=1 OR 2 AND A7=3, GO TO A10

IF A6=1 OR 2 AND A7=1 OR 2, GO TO A8

A8. CAPI CHECK ROSTER LIST 1: RESPONDENT'S SPOUSE/PARTNER SEX?

1. MALE
2. FEMALE

A9. CAPI CHECK ROSTER LIST 1: DOES SPOUSE/PARTNER HAVE CHILD OR CHILDREN AGES 10 OR OLDER IN HH?

1. CHILD
2. MORE THAN 1 CHILD
3. NONE

IF A6 AND A9=3, GO TO A14

A10. Now I want to ask you about [FILL] who [is/are] living with you.

CAPI CHECK: INSERT FILLS ABOVE BASED ON THE FOLLOWING.

IF A6=1 AND A7=3, FILL "your child"

IF A6=2 AND A7=3, FILL "your children"

IF A6=1 AND A7=1 AND A8=1 AND A9=1, FILL "you and your husband's child"

IF A6=2 AND A7=1 AND A8=1 AND A9=1 OR 2, FILL "you and your husband's children"

IF A6=1 AND A7=1 AND A8=2 AND A9=1, FILL, "you and your wife's child"

IF A6=2 AND A7=1 AND A8=2 AND A9=1 OR 2, FILL "you and your wife's children"

IF A6=1 AND A7=2 AND A9=1, FILL "you and your partner's child"

IF A6=2 AND A7=2 AND A9=1 OR 2, FILL "you and your partner's children"

IF A6=3 AND A7=1 AND A8=1 AND A9=1, FILL "your husband's child"

IF A6=3 AND A7=1 AND A8=1 AND A9=2, FILL "your husband's children"

IF A6=3 AND A7=1 AND A8=2 AND A9=1, FILL "your wife's child"

IF A6=3 AND A7=1 AND A8=2 AND A9=2, FILL "your wife's children"

IF A6=3 AND A7=2 AND A9=1, FILL "your partner's child"

IF A6=3 AND A7=2 AND A9=2, FILL "your partner's children"

IF ONE ELIGIBLE CHILD, FILL "is"

IF TWO OR MORE ELIGIBLE CHILDREN, FILL "are"

A11. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did (IF 1 CHILD, FILL "that child", IF MORE THAN 1 CHILD, FILL "any of these children") earn any income from a job? Please include wages, salary, commissions, and tips.

1. YES

5. NO

IF A11 = 5 GO TO A14

A12. Which children?

CAPI INSTRUCTION: SHOW ROSTER LIST 1

CAPI INSTRUCTION: ASK A13 FOR EACH CHILD FROM TABLE CREATED ABOVE.

A13. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") how much income did (FILL CHILD'S NAME) receive from wages, salary, commissions and tips combined?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

A14. Now I am going to read you a list of types of income that many households receive. Please tell me whether or not you (IF R HAS PARTNER OR SPOUSE IN HH, FILL APPROPRIATE "and your partner/wife/husband"; IF THERE ARE 1 OR MORE CHILDREN <18 IN HH, FILL APPROPRIATE "and your child/children") in this household received any income from each of these sources in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000").

A15. Did (IF ROSTER LIST 1 HAS 1 PERSON, FILL "you", ELSE FILL, "any of you") receive income in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") from INTERVIEWER INSTRUCTION: READ EACH CATEGORY:

a. Child support payments.

1. YES 5. NO

b. Unemployment compensation.

1. YES 5. NO

c. Workers' Compensation

1. YES 5. NO

d. Social Security payments, including payments for children

1. YES 5. NO

e. SSI or Supplemental Security Income (a federal government program to provide money to disabled persons and low-income elderly)

1. YES 5. NO

f. Food stamps (income to lower income families to purchase food)

1. YES 5. NO

g. Public assistance payments. This includes CalWORKs, County Assistance, Cash assistance, TANF, AFDC, General Relief, or other government welfare payments.

1. YES 5. NO

h. Energy or housing assistance from the government

1. YES 5. NO

i. Foster care payments

1. YES 5. NO

j. Veteran's or VA payments

1. YES 5. NO

k. Income from pensions, retirement income, trusts, annuities or survivor benefits (not including income from IRAs, Keoghs or 401(K) accounts)

1. YES 5. NO

l. Alimony or maintenance payments

1. YES 5. NO

CAPI CHECK: ANY OF A15a THROUGH A15l=YES

1. YES

5. NO

IF CAPI CHECK=5, GO TO A18, ELSE, ASK A16 AND A17 FOR EACH YES IN A15a - A15l ABOVE. START WITH INCOME

SOURCE IN A15a AND CONTINUE THROUGH A15l.

INTERVIEWER: FIND OUT WHO ACTUALLY RECEIVES THE PAYMENTS. CODE ONLY ONE PERSON PER SINGLE PAYMENT.

PROBE: While you may not know the exact amount, please tell me about how much it was.

A16. Who received income from [FILL SOURCE OF INCOME FROM A15] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

CAPI CHECK; SHOW ROSTER LIST 1. ASK A17 FOR EACH PERSON FROM TABLE CREATED ABOVE.

A17. About how much income did [FILL<NAME FROM A16>] receive from [FILL <SOURCE OF INCOME IN A15>] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

(RANGE 1-99,999, VERIFY AT 50,000)

CATI CHECK: REASK A17 FOR NEXT PERSON CODED YES IN A16. RETURN TO A15 FOR NEXT INCOME SOURCE RECEIVED, ELSE, GO TO A18.

A18. Is this [house/apartment]

1. Rented by someone in this household?
2. Owned or being bought by someone living in this household?
3. Or neither

IF A18=2, GO TO A21

IF A18=3, COMPLETE VERBATIM RESPONSE AND GO TO A26

IF A18=D OR R, GO TO A26

A19. In whose name is this (house/apartment) rented?

_____ |_____|_____|
(Name) (Line Number)

_____ |_____|_____|
(Name) (Line Number)

_____ |_____|_____|
(Name) (Line Number)

INTERVIEWER: ENTER NAME AND ROSTER #

IF THE HOUSE/APARTMENT IS NOT RENTED IN THE NAME OF ANYONE IN THE HOUSEHOLD, ENTER 99 FOR LINE NUMBER.

CAPI INSTRUCTION: SHOW ROSTER LIST 1

A20. How much is the rent?

\$ ___ ___ PER DAY (RANGE=1-999, VERIFY AT 250)

\$ ___ ___ PER WEEK (RANGE=1-999, VERIFY AT 500)

\$ __, ___ ___ PER 2 WEEKS (RANGE=1-9,999, VERIFY AT 5,000)

\$ __ __, ___ ___ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)

\$ __ __ __, ___ ___ PER YEAR (RANGE=1-999,999, VERIFY AT 100,000)

ENTER 0 FOR RENT NOT CODED IN A GIVEN UNIT

CAPI CHECK A20: ONE ANSWER SHOULD BE LISTED UNDER THE DAY, WEEK, 2 WEEKS, MONTH OR YEAR ENTRY CAPI INSTRUCTION: IF A20 IS COMPLETED, GO TO A29

A21. In whose name is this [house/apartment] owned?

_____ |_____|_____|
(Name) (Line Number)

_____ |_____|_____|
(Name) (Line Number)

A22. Is there a mortgage or loan on this [house/apartment]?

1. YES

5. NO

IF A22=5, GO TO A25

IF A22=D OR R, GO TO A25

A23. How much is the monthly payment for all mortgages and loans on this house combined?

\$ ___ ___ PER DAY (RANGE=1-999, VERIFY AT 250)

\$ ___ ___ PER WEEK (RANGE=1-999, VERIFY AT 500)

\$ __, ___ ___ PER 2 WEEKS (RANGE=1-9,999, VERIFY AT 5,000)

\$ __ __, ___ ___ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)

\$ __ __ __, __ __ __ PER YEAR (RANGE=1-999,999, VERIFY AT 100,000)

ENTER 0 FOR MORTGAGE NOT CODED IN A GIVEN UNIT

CAPI CHECK A23: ONE RESPONSE SHOULD BE CODED UNDER PER DAY, WEEK, 2 WEEKS, MONTH OR YEAR.

IF A23=D OR R, GO TO A25

A24. Does this amount include property taxes or insurance?

1. INCLUDES PROPERTY TAXES
2. INCLUDES INSURANCE
3. INCLUDES BOTH TAXES AND INSURANCE
4. NEITHER

Show Card #9 1. Less than \$50,000 2. \$50,000 to \$99,000 3. \$100,000 to \$149,999 4. \$150,000 to \$199,999 5. \$200,000 to \$249,000 6. \$250,000 to \$299,999 7. \$300,000 to \$349,999 8. \$350,000 to \$399,999 9. \$400,000 to \$449,999 10. \$450,000 to \$499,999 11. \$500,000 to \$549,999 12. \$550,000 to \$599,999 13. \$600,000 to \$699,999 14. \$700,000 to \$799,999 15. \$800,000 or more

A25. Please look at this card and tell me about how much you think this house would sell for if you sold it today? SHOW CARD _____

PROBE: Please give me your best estimate.

1. Less than \$50,000
2. \$50,000 to \$99,999
3. \$100,000 to \$149,999
4. \$150,000 to \$199,999
5. \$200,000 to \$249,999
6. \$250,000 to \$299,999
7. \$300,000 to \$349,999
8. \$350,000 to \$399,999

9. \$400,000 to \$449,999
10. \$450,000 to \$499,999
11. \$500,000 to \$549,999
12. \$550,000 to \$599,999
13. \$600,000 to \$699,999
14. \$700,000 to \$799,999
15. \$800,000 or more

CAPI INSTRUCTION: IF A25 IS COMPLETED, GO TO A29

A26. Who owns or rents this [house/apartment]?

INTERVIEWER: CODE RESPONSE TO ANSWERS BELOW

1. SOMEONE IN THIS HOUSEHOLD
2. EX-SPOUSE OR EX-PARTNER
3. FAMILY MEMBER LIVING OUTSIDE THE HOUSEHOLD
4. EMPLOYER
5. SOCIAL SERVICE ORGANIZATION
6. OTHER, SPECIFY

IF A26=1, LOOP BACK TO A18

IF A26=4 OR 5, GO TO A29

IF A26=6, COMPLETE VERBATIM RESPONSE AND GO TO A29

A27. Does that person pay rent or a mortgage payment on this [house/apartment]?

1. YES, RENT
2. YES, MORTGAGE PAYMENT
5. NO

IF A27=5, GO TO A29

IF A27=D OR R, GO TO A28

A28. How much is the (IF A27=1, FILL "rent", ELSE FILL "mortgage payment") each month?

\$ ___ PER DAY (RANGE=1-999, VERIFY AT 250)

\$ ___ PER WEEK (RANGE=1-999, VERIFY AT 500)

\$ __, __ PER 2 WEEKS (RANGE=1-9,999, VERIFY AT 5,000)

\$ __ __, __ __ __ PER MONTH (RANGE=1-99,999, VERIFY AT 20,000)

\$ __ __ __, __ __ __ PER YEAR (RANGE=1-999,999, VERIFY AT 100,000)

ENTER 0 FOR PAYMENT NOT CODED IN A GIVEN UNIT

CAPI CHECK A28: ONE ANSWER SHOULD BE LISTED UNDER PER DAY, WEEK, 2 WEEKS, MONTH OR YEAR.

A29. How many bedrooms are there in this [house/apartment]?

_____ BEDROOMS

(RANGE=1-20, VERIFY AT 10)

A30. And how many bathrooms?

_____ BATHROOMS

(RANGE=1-15, VERIFY AT 8)

INTERVIEWER: COUNT FULL BATH AS ONE BATH, 3/4 BATH AS ONE BATH, AND 1/2 BATH AS ONE BATH.

A31. Aside from bedrooms, bathrooms, and the kitchen, how many other rooms are there in this [house/apartment]?

_____ OTHER ROOMS (DO NOT INCLUDE KITCHEN, BATHROOMS, OR BEDROOMS)

(RANGE=0-30, VERIFY AT 15)

A32. Do you have a back yard or patio [as part of this apartment]?

1. YES
5. NO

A33 INTRO. Savings and investments are an important part of family finances. The next questions ask about a number of different kinds of savings or investments that you may have.

A33. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] have any real estate, [IF A18 = 2 THEN FILL “other than your main home,”] such as land, rental real estate, a partnership, or money owed to you on a land contract or mortgage?

1. YES
 2. [IF VOLUNTEERED] YES, MORE THAN ONE
 5. NO
- IF A33=5, D, OR R, GO TO A43

A34. If you sold all that and then paid off any debts on it, about how much would you get?

INTERVIEWER INSTRUCTION: DO NOT PROBE “DON’T KNOW” OR “REFUSED” RESPONSE. IF AMOUNT IS EQUAL TO ZERO OR IS NEGATIVE, CODE 0 (ZERO).

\$ __, __ __ __, __ __ __

(RANGE=0-9,999,999, VERIFY AT 2,000,000)

IF A34=D OR R, GO TO A35, ELSE, GO TO A38

A35. Would it amount to \$350,000 or more?

1. YES
 5. NO
- IF A35=5, GO TO A37
IF A34 AND A35=R, GO TO A38

A36. Would it amount to \$1,500,000 or more?

1. YES
 5. NO
- IF A36=1 OR 5, GO TO A38

A37. Would it amount to \$100,000 or more?

1. YES
5. NO

A38. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] currently receive any income or rent from [IF A33=1 AND A18 NOT=2, FILL “that property”, IF A33=1 AND A18=2 OR A33=2 FILL “those properties”]?

1. YES
 5. NO
- IF A38=5, D, OR R, GO TO A43

A39. Before any expenses, about how much did you receive from this income between January and December (IF “TODAY’S DATE” <= “12/31/2000”, FILL “1999” ELSE FILL “2000”)?

PROBE: Please do not include rental income from a business or farm that you own.

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE

\$ _____,
(RANGE=1-9,999,999, VERIFY AT 999,999)

IF A39=D OR R, GO TO A40, ELSE, GO TO A43

A40. Did it amount to \$50,000 or more?

1. YES

5. NO

IF A40=5, GO TO A42

IF A39 AND A40=R, GO TO A43

A41. Did it amount to \$75,000 or more?

1. YES

5. NO

IF A41=1 OR 5, GO TO A43

A42. Did it amount to \$25,000 or more?

1. YES

5. NO

A43. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL "or your husband" IF WIFE IS LIVING IN HOUSEHOLD, FILL "or your wife" ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL "or your partner"] own part or all of a business or farm?

1. YES

2. [IF VOLUNTEERED] YES, MORE THAN ONE

5. NO

IF A43=5, D, OR R, GO TO A53

A44. If you sold all that and then paid off any debts on it, about how much would you get?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE. IF AMOUNT IS EQUAL TO ZERO OR IS NEGATIVE, CODE 0 (ZERO).

\$ _____,
(RANGE=0-9,999,999, VERIFY AT 2,000,000)

IF A44=D OR R, GO TO A45, ELSE, GO TO A48

A45. Would it amount to \$350,000 or more?

1. YES

5. NO

IF A45=5, GO TO A47

IF A44 AND A45=R, GO TO A48

A46. Would it amount to \$1,500,000 or more?

1. YES

5. NO

IF A46=1 OR 5, GO TO A48

A47. Would it amount to \$100,000 or more?

1. YES

5. NO

A48. Did you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL "or your husband" IF WIFE IS LIVING IN HOUSEHOLD, FILL "or your wife" ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL "or your partner"] receive any income from [IF A43=1, FILL "that farm or business", IF A43=2 FILL "those farms or businesses"] between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

1. YES

5. NO

IF A48=5, D, OR R, GO TO A53

A49. About how much did you receive in net profits from any farms or businesses between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE

\$ _____,
(RANGE=0-9,999,999, VERIFY AT 500,000)

IF A49=D OR R, GO TO A50, ELSE, GO TO A53

A50. Did it amount to \$20,000 or more between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

1. YES

5. NO
IF A50=5, GO TO A52
IF A49 AND A50=R, GO TO A53

A51. Did it amount to \$50,000 or more?

1. YES
5. NO
IF A51=1 OR 5, GO TO A53

A52. Did it amount to \$5,000 or more?

1. YES
5. NO

A53. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] currently have any money or assets that are held in an Individual Retirement Account, that is, in an IRA, KEOGH, or 401(k) account?

1. YES
5. NO
IF A53=5, D, OR R, GO TO A60

A54. About how much is in these accounts in total at the present time?

INTERVIEWER INSTRUCTION: DO NOT PROBE “DON’T KNOW” OR “REFUSED” RESPONSE

\$ _____,
(RANGE=1-9,999,999, VERIFY AT 500,000)

IF A54=D OR R, GO TO A55, ELSE, GO TO A58

A55. Does it amount to \$50,000 or more?

1. YES
5. NO
IF A55=5, GO TO A57
IF A54 AND A55=R, GO TO A58

A56. Does it amount to \$100,000 or more?

1. YES
5. NO
IF A56=5, GO TO A58

A57. Does it amount to \$25,000 or more?

- 1. YES
- 5. NO

A58. Have you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] withdrawn any money or received any payments from these accounts between January and December (IF “TODAY’S DATE” <= “12/31/2000”, FILL “1999” ELSE FILL “2000”)?

- 1. YES
- 5. NO

IF A58=5, D, OR R, GO TO A60

A59. Altogether, about how much money did you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “and your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “and your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “and your partner”] withdraw from these accounts between January and December (IF “TODAY’S DATE” <= “12/31/2000”, FILL “1999” ELSE FILL “2000”)?

\$ __, __ __ __, __ __ __ IN TOTAL
(RANGE=1-9,999,999, VERIFY AT 500,000)

\$ __ __, __ __ __ EVERY TWO WEEKS (OR TWICE A MONTH)
(RANGE=1-99,999, VERIFY AT 50,000)

\$ __ __ __, __ __ __ EVERY MONTH
(RANGE=1-999,999, VERIFY AT 500,000)

\$ __, __ __ __, __ __ __ EACH QUARTER
(RANGE=1-9,999,999, VERIFY AT 1,000,000)

\$ __, __ __ __, __ __ __ EVERY 6 MONTHS
(RANGE=1-9,999,999, VERIFY AT 1,000,000)

\$ __, __ __ __, __ __ __ EACH YEAR
(RANGE=1-9,999,999, VERIFY AT 1,000,000)

\$ __, __ __ __, __ __ __ OTHER TIME PERIOD, SPECIFY
(RANGE=1-999,999, VERIFY AT 500,000)

ENTER 0 FOR WITHDRAWAL NOT CODED IN A GIVEN UNIT

CHECK A59: ONE ANSWER SHOULD BE LISTED UNDER ONE OF THE 7 CATEGORIES LISTED IN A59.

IF A59=OTHER, SPECIFY VERBATIM TIME PERIOD

A60. [IF A33 AND A43 AND A53 = 5, THEN FILL “Do” ELSE FILL “Aside from anything you have already told me about do ”] you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “and your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “and your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “and your partner”] have any shares of stock, mutual funds, corporate, municipal, government or foreign bonds, or bond funds, including government savings bonds and treasury bills?

1. YES
5. NO

IF A60=5, D, OR R, GO TO A70

A61. If you sold all those and paid off anything you owed on them, about how much would you have?

DO NOT PROBE “DON’T KNOW” OR “REFUSED” RESPONSE

INTERVIEWER INSTRUCTION: DO NOT PROBE “DON’T KNOW” OR “REFUSED” RESPONSE. IF AMOUNT IS EQUAL TO ZERO OR IS NEGATIVE, CODE 0 (ZERO).

\$ __, __ __ __, __ __ __ __
(RANGE=1-9,999,999, VERIFY AT 500,000)
IF A61=D OR R, GO TO A62, ELSE, GO TO A65

A62. Would it amount to \$70,000 or more?

1. YES
 5. NO
- IF A62=5, GO TO A64
IF A61 AND A62=R, GO TO A65

A63. Would it amount to \$1,500,000 or more?

1. YES
 5. NO
- IF A63=1 OR 5, GO TO A65

A64. Would it amount to \$5,000 or more?

1. YES
5. NO

A65. Did these investments pay any dividends or interest between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

1. YES

5. NO

IF A65=5, D, OR R, GO TO A70

A66. About how much did you receive from these investments between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE

\$ _____,
(RANGE=1-9,999,999, VERIFY AT 500,000)

IF A66=D OR R, GO TO A67, ELSE, GO TO A70

A67. Did it amount to \$5,000 or more?

1. YES

5. NO

IF A67=5, GO TO A69

IF A66 AND A67=R, GO TO A70

A68. Did it amount to \$25,000 or more?

1. YES

5. NO

IF A68=1 OR 5, GO TO A70

A69. Did it amount to \$1,000 or more?

1. YES

5. NO

A70. IF A33 AND A43 AND A53 AND A60 = 5, THEN FILL "Do" ELSE FILL "Aside from anything you have already told me about do "] you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL "and your husband" IF WIFE IS LIVING IN HOUSEHOLD, FILL "and your wife" ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL "and your partner"] have any checking or savings accounts, certificates of deposit, or money market funds?

1. YES

5. NO

IF A70=5, GO TO A80

A71. If you added up all such accounts, about how much would they amount to right now?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE

\$ __, __ __ __, __ __ __ __
(RANGE=1-9,999,999, VERIFY AT 500,000)

IF A71=D OR R, GO TO A72, ELSE, GO TO A75

A72. Would it amount to \$35,000 or more?

1. YES

5. NO

IF A72=5, GO TO A74

IF A71 AND A72=R, GO TO A75

A73. Would it amount to \$200,000 or more?

1. YES

5. NO

IF A73=1 OR 5, GO TO A75

A74. Would it amount to \$1,000 or more?

1. YES

5. NO

A75. Do these accounts or money market funds pay any interest?

1. YES

5. NO

IF A75=5, GO TO A80

A76. About how much did you receive from these between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE

\$ __, __ __ __, __ __ __ __
(RANGE=1-9,999,999, VERIFY AT 500,000)

IF A76=D OR R, GO TO A77, ELSE, GO TO A80

A77. Did you receive \$2,000 or more in interest from savings and checking accounts between January and December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

1. YES

5. NO

IF A77=5, GO TO A79

IF A76 AND A77=R, GO TO A80

A78. Did you receive \$5,000 or more?

1. YES

5. NO

IF A78=1 OR 5, GO TO A80

A79. Did you receive \$1,000 or more?

1. YES

5. NO

A80. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL "or your husband" IF WIFE IS LIVING IN HOUSEHOLD, FILL "or your wife" ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL "or your partner"] own one or more cars? Please include only cars that work.

1. YES

5. NO

A81. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL "or your husband" IF WIFE IS LIVING IN HOUSEHOLD, FILL "or your wife" ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL "or your partner"] own any [IF A80 = 1 THEN FILL "other"] types of vehicles, like trucks, a trailer, a motor home, a boat, or an airplane?

1. YES

5. NO

IF A80 AND A81=5, GO TO A86 INTRO

A82. What are all your cars and any other vehicles worth altogether, minus anything you still owe on them?

INTERVIEWER INSTRUCTIONS: DO NOT PROBE "DON'T KNOW" OR "REFUSED" RESPONSE. IF AMOUNT IS EQUAL TO ZERO OR IS NEGATIVE, CODE 0 (ZERO).

\$ __, __ __ __, __ __ __

(RANGE=1-9,999,999, VERIFY AT 250,000)

IF A82=D OR R, GO TO A83, ELSE, GO TO A86 INTRO

A83. Would they be worth \$30,000 or more?

1. YES
5. NO

IF A83=5, GO TO A85

IF A82 AND A83=R, GO TO A86INTRO

A84. Would they be worth \$150,000 or more?

1. YES
5. NO

IF A84=1 OR 5, GO TO A86 INTRO

A85. Would they be worth \$3,000 or more?

1. YES
5. NO

A86 INTRO. I have just a few more questions about your household finances.

A87. Do you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] have any other savings or assets, such as jewelry, money owed to you by others, a collection for investment purposes, rights in an estate where you are the beneficiary, other trust funds, or an annuity?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE THE CASH VALUE OF ANY LIFE INSURANCE POLICIES

1. YES
5. NO

IF A87=5, D, OR R, GO TO A97

A88. If you sold all that and then paid off any debts on it, about how much would you have?

INTERVIEWER INSTRUCTION: DO NOT PROBE “DON’T KNOW” OR “REFUSED” RESPONSE. IF AMOUNT IS EQUAL TO ZERO OR IS NEGATIVE, CODE 0 (ZERO).

\$ __, __ __ __, __ __ __ __
(RANGE=0-9,999,999, VERIFY AT 500,000)

IF A88=D OR R, GO TO A89, ELSE, GO TO A97

A89. Would it amount to \$50,000 or more?

1. YES
5. NO

IF A89=5, GO TO A91
IF A88 AND A89=R, GO TO A92

A90. Would it amount to \$100,000 or more?

1. YES
5. NO

IF A90=1 OR 5, GO TO A92

A91. Would it amount to \$5,000 or more?

1. YES
5. NO

A92. Did any of these other savings or assets pay any income between January and December
(IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

1. YES
5. NO

IF A92=5, D, OR R, GO TO A97

A93. About how much income did you receive from these other assets between January and
December (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW" OR "REFUSED"
RESPONSE

\$ __, __ __ __, __ __ __ __

(RANGE=1-9,999,999, VERIFY AT 500,000)
IF A93=D OR R, GO TO A94, ELSE, GO TO A97

A94. Did it amount to \$5,000 or more?

1. YES
5. NO

IF A94=5, GO TO A96
IF A93 AND A94=R, GO TO A97

A95. Did it amount to \$25,000 or more?

1. YES
5. NO

IF A95=1 OR 5, GO TO A97

A96. Did it amount to \$1,000 or more?

1. YES
5. NO

A97. Other than what you have already told me about, did you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “or your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “or your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “or your partner”] receive any other income between January and December (IF “TODAY’S DATE” <= “12/31/2000”, FILL “1999” ELSE FILL “2000”), for example, from consulting fees, royalties, financial support from relatives or friends, and so forth?

1. YES
5. NO

IF A97=5, GO TO A99

A98. How much did you [IF HUSBAND IS LIVING IN HOUSEHOLD, FILL “and your husband” IF WIFE IS LIVING IN HOUSEHOLD, FILL “and your wife” ELSE IF PARTNER IS LIVING IN HOUSEHOLD, FILL “and your partner”] receive altogether from these other sources between January and December (IF “TODAY’S DATE” <= “12/31/2000”, FILL “1999” ELSE FILL “2000”)?

\$ __, __ __ __, __ __ __

(RANGE=1-9,999,999, VERIFY AT 500,000)

A99. CAPI ROSTER CHECK: IS THERE A SECOND DESIGNATED RESPONDENT WHO SHOULD COMPLETE THIS HOUSEHOLD MODULE?

1. YES
5. NO

IF A99=5, GO TO A100, ELSE, REPEAT THIS MODULE FOR THE NEXT RESPONDENT,
THEN GO TO A100.

A100. Thank you. That's the end of this part of the interview.

TIME ENDED

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4. ADULT QUESTIONNAIRE

(FOR SAMPLED ADULTS AND PCGs)

Preloads:

- * Whether this R is RSA, PCG or RSA-PCG
- * Whether male or female
- * Is this R the same person who completed HH Roster
- * Name of person who completed HH Roster
- * Does R have a spouse or partner in HH – From List 1
- * Name of spouse/partner
- * Sex of spouse/partner
- * R's first and last name
- * R's marital status
- * Whether R lives alone – From List 1
- * STARTDATE
- * Whether spouse/partner was selected as RSA or PCG
- * R's home phone number

TIME START

SECTION A. INFORMATION CHECK

OBS. INTERVIEWER OBSERVATION: CODE WHAT RACE OR RACES YOU WOULD SAY THE RESPONDENT IS IF YOU DID NOT KNOW

ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ALL THAT APPLY

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

OBSa. CHECK xx:

IF OBS = ONE RESPONSE CODE CHECKED, GO TO BEGINNING OF QUESTIONNAIRE

IF OBS = MORE THAN ONE RESPONSE CHECKED, CONTINUE

OBS2. INTERVIEWER OBSERVATION: CODE WHAT SINGLE RACE OR GROUP YOU WOULD SAY BEST DESCRIBES THE RESPONDENT

IF YOU DID NOT KNOW ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ONLY ONE

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

A1. CAPI CHECK: IS R SAME AS RESPONDENT WHO COMPLETED HOUSEHOLD ROSTER?

1. YES (GO TO SECTION B)
5. NO

A2. I am going to read some information that [NAME OF HH ROSTER RESPONDENT] gave me about you. Please tell me if it is correct.

Your name is [FIRST NAME OF R] [FAMILY NAME OF R]and you are [R's MARITAL STATUS FROM HH ROSTER]. This is the household you usually live or stay in. Is this correct?

INTERVIEWER: VERIFY SPELLING OF RESPONDENT'S NAME

1. YES (GO TO A4)
5. NO

A3. Which information is not correct?

INTERVIEWER: CHOOSE ALL INFORMATION NOT CORRECT FROM THE LIST BELOW

1. SPELLING OF NAME (NAME CORRECT BUT MISSPELLED)
2. NAME (NAME NOT CORRECT)
3. MARITAL STATUS WRONG
4. NOT WHERE R USUALLY LIVES OR STAYS (R LIVES SOMEWHERE ELSE MOST OF THE TIME)

CREATE LOOPS OF QUESTIONS TO CORRECT INCORRECT INFORMATION.

A4. CHECK PRELOAD: SPOUSE OR PARTNER CURRENTLY IN HH

1. YES
5. NO (GO TO SECTION B)

A5. To make sure my information is current:

Your [FILL APPROPRIATE husband/wife/partner]'s name is [SPOUSE/PARTNER NAME FROM HH ROSTER]. Is that correct?

1. YES
5. NO

TIME END

SECTION B. NEIGHBORHOOD

TIME START

(NOTE: SECTION B GIVEN ONLY TO RSA)

B1. CAPI CHECK PRELOADS:

1. RESPONDENT IS RSA ONLY
2. RESPONDENT IS RSA AND PCG
3. RESPONDENT IS PCG ONLY (GO TO SECTION C)

First, I have some questions about your neighborhood.

B2. When you are talking to someone about your neighborhood, what do you mean? Is it...

- 1 The block or street you live on?
- 2 Several blocks or streets in each direction?
- 3 The area within a 15-minute walk from your house?
- 4 An area larger than a 15-minute walk from your house?

B3. Suppose you were talking to someone who lives here in the same city or town that you do and you were telling them where you live. What name would you use for this neighborhood?

[VERBATIM-LIMITED]_____ (NAME)

B4. Now I have some questions about your neighborhood. For these questions, "neighborhood" includes both the block or street you live on and several blocks or streets in each direction. Please keep this in mind when answering these questions.

All things considered, would you say you are very satisfied, satisfied, dissatisfied or very dissatisfied with your neighborhood as a place to live?

1. VERY SATISFIED
2. SATISFIED
3. (IF VOLUNTEERED) NEUTRAL – NOT SATISFIED OR DISSATISFIED
4. DISSATISFIED
5. VERY DISSATISFIED

B5. About how many adults do you recognize or know by sight in this neighborhood—would you say you recognize no adults, a few, many or most?

1. NO ADULTS
2. A FEW ADULTS
3. MANY ADULTS
4. MOST OR ALL ADULTS

Show Card #1 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree

B6. Now I am going to read you some statements which may or may not be true of your neighborhood. As I said before, for these questions, your neighborhood includes both the block or street you live on and several blocks or streets in each direction. Please look at this card. For each statement tell me whether you strongly agree, agree, disagree or strongly disagree.

a This is a close-knit neighborhood.

(PROBE: This is a cohesive or unified neighborhood)

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

b There are adults in this neighborhood that children can look up to.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

c People around here are willing to help their neighbors.

1. Strongly Agree

2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

d People in this neighborhood generally don't get along with each other.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

e You can count on adults in this neighborhood to watch out that children are safe and do not get in trouble.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

f People in this neighborhood do not share the same values.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

g People in this neighborhood can be trusted.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

h Parents in this neighborhood know their children's friends.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

i Adults in this neighborhood know who the local children are.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

j Parents in this neighborhood generally know each other.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

B7. Next I have three other statements. For each one, please tell me if it is very likely, likely, unlikely or very unlikely that people in your neighborhood would do the following.

a. If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Would you say:

1. Very likely
2. Likely
3. Unsure
4. Unlikely
5. Very unlikely

b. If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it? Would you say:

1. Very likely
2. Likely
3. Unsure
4. Unlikely
5. Very unlikely

c. If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child? Would you say:

1. Very likely
2. Likely
3. Unsure
4. Unlikely
5. Very unlikely

B8. My next questions are about relatives or friends who live in this neighborhood, but who do not live with you.

a. How many of your relatives or in-laws live in your neighborhood? Would you say none, a few, many or most?

1. None
2. A few
3. Many
4. Most or all

b. How many of your friends live in your neighborhood? Would you say none, a few, many or most?

1. None
2. A few
3. Many
4. Most or all

B9. While you have lived in this neighborhood, have you or anyone in your household had anything stolen or damaged inside or outside your home, including your cars or vehicles parked on the street?

1. YES
5. NO

B10. How safe is it to walk around alone in your neighborhood after dark? Is it:

1. Completely safe,
2. Fairly safe,
3. Somewhat dangerous, or
4. Extremely dangerous?

B11. Next I am going to ask about some things you might do with people in your neighborhood. For each question, please tell me whether you and others in your neighborhood often do this, sometimes do it, rarely do it or never do it.

PROBE: Just give me your best guess of how often.

a. About how often do you and people in your neighborhood do favors for each other? For example, watch each other's children, help with shopping, lend gardening or house tools. Would you say:

1. Often
2. Sometimes
3. Rarely

4. Never

b. When a neighbor is not at home, how often do you and other neighbors watch over their property? Would you say:

1. Often
2. Sometimes
3. Rarely
4. Never

c. How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings? Would you say:

1. Often
2. Sometimes
3. Rarely
4. Never

B12. In the past 30 days, that is since [DATE 30 DAYS AGO], how many of your neighbors have you talked with for 10 minutes or more?

Would you say:

1. None
2. 1 or 2
3. 3 to 5
4. 6 or more

Show Card #2 1. CLOSE FRIENDS 2. FRIENDLY, BUT NOT CLOSE 3. ACQUAINTANCES ONLY 4. DON'T GET ALONG WITH NEIGHBORS 5. DON'T KNOW NEIGHBORS OR DON'T HAVE ANY CONTACT

B13. Think about the neighbor you are friendliest with. Please look at this card and tell me how close do you feel you are to this neighbor?

CODE ONE

1. CLOSE FRIENDS
2. FRIENDLY, BUT NOT CLOSE
3. ACQUAINTANCES ONLY
4. DON'T GET ALONG WITH NEIGHBORS (GO TO B15)
5. DON'T KNOW NEIGHBORS OR DON'T HAVE ANY CONTACT (GO TO B15)

B14. How far away from you does this neighbor live?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. NEXT DOOR (IN NEXT HOUSE OR APARTMENT)
2. ON THE SAME FLOOR OF THE APARTMENT BUILDING
3. IN THE SAME APARTMENT BUILDING
4. ON THE SAME BLOCK
5. ONE OR TWO BLOCKS OVER
6. SOMEWHERE ELSE IN THE NEIGHBORHOOD

B15. What store do you [FILL IF MORE THAN ONE PERSON IN HH"and others in this household"] normally go to buy groceries?

INTERVIEWER: IF MORE THAN ONE PLACE, ASK : What is the place you generally get most of your groceries?

_____ (NAME OF STORE, SPECIFY LIMITED)

B16. What street is [STORE NAME in B15] on? What is the closest cross-street? What city is that in?

STORE1:

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

B16a. In the past 12 months, was there ever a time when anyone in your household didn't get enough to eat because there wasn't enough money for food?

1. YES
5. NO

B17. In the past 12 months, have you ever gotten emergency food from a church, food pantry, food bank or soup kitchen?

1. YES
5. NO (GO TO B21)

B18. In the past 12 months, how many times did you receive emergency food from a church, food pantry, food bank or soup kitchen?

____ (NUMBER OF TIMES)
(RANGE 1-365, VERIFY AFTER 180)

B19. Think about the [IF B18=2 OR MORE, FILL "last"] time you got this kind of help. How much do you think you would have to had to pay to buy the food you were given?

\$ ____
(RANGE 1-999, VERIFY AT 500)

B20. Where did you get this kind of help [IF B18=2 OR MORE, FILL "the last time"]? Where was this place located?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

B21. In the past 12 months, have you ever stayed at a homeless facility, such as a shelter, hotel, church or mission?

1. YES
5. NO (GO TO B26)

B22. In the last 12 months, how many nights have you spent at a homeless facility, such as a shelter, hotel, church or mission?

____ (NUMBER OF NIGHTS)
(RANGE 1-365, VERIFY AT 180)

B23. Think about the [IF B22 > 1, FILL "last"] time you stayed at a homeless facility. Where was this shelter located?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

(QUESTIONS B24. AND B25. ARE OMITTED.)

B26. In the past 12 months, have you yourself participated in the following activities? Have you participated in a:

- a. Neighborhood or block organization meeting?

1. YES 5. NO

b. Business or civic group? For example, Masons, Elks, Rotary Club?

1. YES 5. NO

c. Nationality or ethnic pride club?

1. YES 5. NO

d. A local or state political organization?

1. YES 5. NO

e. Volunteered in a local organization?

1. YES 5. NO

f. Veterans' group?

1. YES 5. NO

g. Labor union?

1. YES 5. NO

h. Literary, art, study, or discussion groups?

1. YES 5. NO

i. Fraternity, sorority or alumni group?

1. YES 5. NO

B27. I want to ask you about time you spent away from home yesterday. Think about the 24-hour period beginning at midnight [NAME OF DAY BEFORE YESTERDAY] to midnight last night. Out of those 24 hours, about how many hours were you away from your home?

1. NONE. AT HOME THE ENTIRE TIME
2. LESS THAN 5 HOURS (BUT R DID GO OUT AT LEAST ONCE)
3. 5-9 HOURS
4. 10-19 HOURS
5. 20 OR MORE HOURS, BUT HOME AT LEAST BRIEFLY
6. NOT AT HOME AT ALL

DK
RF

B28. Now let me ask you about this past week, that is since [NAME OF DAY ON WHICH INTERVIEW IS TAKING PLACE] last week. Please think about all the times this past week when you were not at home and not at work. Aside from home or work, what was the one place you spent most time last week? Can you give me the street and city? What is the nearest cross-street?

PROBE (IF RESPONDENT SAYS "DID NOT GO ANYWHERE ELSE"): How about the grocery store, to church, over to a friend's house, to the bank, or anywhere else?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

0. No place else (other than home and work)

B29. What were you doing when you were there?

INTERVIEWER: DO NOT READ ANSWERS. CODE ALL R'S RESPONSES

CODE ALL THAT APPLY

1. VISITING FRIENDS OR RELATIVES
2. HAVING A DRINK AT A BAR OR RESTAURANT
3. EATING OUT AT A RESTAURANT
4. EATING AT A FRIEND'S OR RELATIVE'S HOUSE
5. EXERCISING/AT THE GYM/WORKOUT
6. WALKING/HIKING
7. SHOPPING
8. SLEEPING
9. ENTERTAINMENT (WATCHING TV, SEEING A MOVIE, PLAY, CONCERT, COMEDY, ETC.)
10. AT DOCTOR'S, DENTIST'S OR OTHER HEALTH CARE PROVIDER/HOSPITALIZED
11. WELFARE OR SOCIAL SERVICE OFFICE
12. RELIGIOUS SERVICE/RELIGIOUS ACTIVITIES/SPIRITUAL ACTIVITIES
13. ATTENDING A MEETING
14. TRANSPORTING CHILDREN
15. TAKING CARE OF/WATCHING CHILDREN
16. GOING TO CLASSES OR SCHOOL
17. OTHER, SPECIFY LIMITED

TIME END

SECTION C. FAMILY BACKGROUND

TIME START

I would like to ask about your background when you were growing up.

C1. Which city and state did you live in when you were age 14?

INTERVIEWER: IF MORE THAN ONE PLACE: Which was the place you lived for most of the time when you were age 14?

PROBE: Was this in the United States?

_____ TOWN OR CITY

_____ STATE/PROVINCE/ TERRITORY

_____ COUNTRY

C2. About how many times did you move from one address to another before your 14th birthday?

1. ____ (NUMBER OF TIMES
(RANGE 0-99, VERIFY AT 28))

OR

2. ____ TO 3. ____ TIMES
(RANGE 0-99, VERIFY AT 28) (RANGE 0-99, VERIFY AT 28)

C3. Now I have a few questions about your parents.

Did you live with both parents from birth until age 14?

INTERVIEWER: THIS INCLUDES BIRTH PARENTS AND ADOPTIVE PARENTS, BUT NOT STEP PARENTS

- 1. YES (GO TO C6)
- 5. NO

C4. Which parent was not living with you all the time between birth and age 14?

- 1. MOTHER
- 2. FATHER
- 3. BOTH

C5. Why didn't you live with [IF C4=1, FILL "your mother", IF C4=2, FILL "your father", ELSE FILL "both parents"] the entire time?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ALL THAT APPLY

1. ONE OR BOTH PARENTS DIED
2. PARENTS WERE SEPARATED OR DIVORCED
3. R LEFT HOME
4. R WAS ADOPTED
5. R'S PARENTS WERE NEVER MARRIED OR NEVER LIVED TOGETHER
6. PARENT IN JAIL OR PRISON
7. PARENTS HAD MARITAL OR PERSONAL PROBLEMS
8. RAISED BY GRANDMOTHER, AUNT OR ANOTHER FAMILY MEMBER
9. OTHER, SPECIFY (LIMITED)

C6. In what year was your mother born?

PROBE: About what year was it? An estimate would be helpful.

____ (YEAR MOTHER WAS BORN)
(RANGE 1870-1970)

C7. How much school did your mother complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

0. NONE
- 1 TO 11 ____ (GRADES 1 THROUGH 11)(CAPI RANGE 1-11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

C8. Was your mother born in the United States or another country?

1. BORN IN THE UNITED STATES (GO TO C10)

2. BORN IN ANOTHER COUNTRY

IF C8=D OR R, GO TO C10

C9. What country was mother born in?

[LIST OF COUNTRIES]

C10. Now let me ask you about your father.

In what year was your father born?

PROBE: About what year was it? An estimate would be helpful.

_____(YEAR FATHER WAS BORN)
(RANGE 1870-1970)

C11. How much school did your father complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

0. NONE

1 TO 11____ (GRADES 1 THROUGH 11)

12. HIGH SCHOOL GRADUATE OR COMPLETED GED

13. SOME VOCATIONAL SCHOOL

14. COMPLETED VOCATIONAL SCHOOL

15. SOME COLLEGE

16. ASSOCIATES' DEGREE (AA)

17. BACHELORS' DEGREE (BA, BS)

18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)

19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

C12. Was your father born in the United States or another country?

1. BORN IN THE UNITED STATES (GO TO C14)

2. BORN IN ANOTHER COUNTRY

IF C12=D OR R, GO TO C14

C13. What country was your father born in?

[LIST OF COUNTRIES]

C14. CAPI CHECK C4: DID R LIVE WITH FATHER FROM BIRTH TO AGE 14?

1. NO (C4=2 OR 3)
2. ELSE GO TO C17

C15. Did you live with your father when you were age 14?

1. YES (GO TO C17)
5. NO

C16. Who was the head of the household you lived in when you were age 14? By head of household, I mean the person who was the family's main financial support.

IF R VOLUNTEERS THAT HE/SHE LIVED IN MORE THAN ONE HH AT AGE 14,
PROBE: Tell me about the household you spent most time in when you were age 14.

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE.

CODE ONE

1. MOTHER
2. GRANDMOTHER
3. GRANDFATHER
4. STEPMOTHER
5. STEPFATHER
6. AUNT
7. UNCLE
8. SOMEONE ELSE, SPECIFY LIMITED

C17. When you were about age 14, what kind of work was your [IF C15=1, FILL 'father', ELSE FILL "C16 ANSWER"] doing? (For example: electrical engineer, stock clerk, typist, farmer)

_____ (VERBATIM—LIMITED)

IF C17=D OR R, CONTINUE

C18. What were your [IF C15=1, FILL 'father's', ELSE FILL "C16 ANSWER's"] most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

_____ (VERBATIM—LIMITED)

IF C18=D OR R, CONTINUE

C19. What kind of business or industry was this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

(VERBATIM—LIMITED)

IF C19=D OR R, CONTINUE

C20. Was [IF C15=1 OR C16=3,5,7, FILL 'he', IF C16=1,2,4,6, FILL "she", ELSE FILL "that person"]

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee ?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF C20=5, CONTINUE. ELSE GO TO C21

C20a. Was [IF C15=1 OR C16=3,5,7, FILL 'his', IF C16=1,2,4,6, FILL "her", ELSE FILL "that person's"] own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

C21. During the time you were growing up, until you were about 14 years old, did your family ever receive public assistance even one time?

1. YES
5. NO (GO TO C23)

C22. While you were growing up, about how much of the time was your family receiving this public assistance? Was it all of the time, most of the time, or some of the time?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

C23. Please look at this list and tell me what group or groups describe your race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

[NOTE: DO NOT PUT "OTHER SPECIFY" ON SHOW CARD]

C24. CHECK C23:

- 1= ONLY ONE GROUP CIRCLED (GO TO C26)
2 OR MORE =NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

C25. Which one group on that card best describes your race or national origin?

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE

10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

C26. CAPI CHECK ON C23 AND C25:

IF C23=3 OR C25=3, CONTINUE

ELSE GO TO C28

Show Card #4 1. MEXICAN/MEXICANO 2. MEXICAN AMERICAN/CHICANO 3. CENTRAL AMERICAN 4. PUERTO RICAN 5. CUBAN 6. OTHER LATIN AMERICAN 7. OTHER HISPANIC

C27. Are you a member of any of the national origin or ancestry groups listed on this card?
Which group or groups?

CODE ALL THAT APPLY

1. MEXICAN/MEXICANO
2. MEXICAN AMERICAN/CHICANO
3. CENTRAL AMERICAN
4. PUERTO RICAN
5. CUBAN
6. OTHER LATIN AMERICAN
7. OTHER HISPANIC

C28. Are you Christian, Jewish, Muslim, Buddhist, or something else?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE.

1. CHRISTIAN, PROTESTANT, CATHOLIC, ROMAN CATHOLIC, GREEK, RUSSIAN OR ARMENIAN ORTHODOX, MORMON
2. JEWISH
3. MUSLIM
4. BUDDHIST
5. HINDU
6. BAHAI'
7. AGNOSTIC OR ATHEIST
8. RELIGIOUS BUT DOES NOT BELONG TO PARTICULAR RELIGION
9. NO RELIGION

10. OTHER RELIGION, SPECIFY

IF C28=1, ASK C29, ELSE GO TO C30

C29. What denomination?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONLY ONE

1. ROMAN CATHOLIC, CATHOLIC
2. GREEK, RUSSIAN OR ARMENIAN ORTHODOX
3. BAPTIST
4. METHODIST
5. LUTHERAN
6. PRESBYTERIAN
7. EPISCOPALIAN
8. MORMON
9. JEHOVAH'S WITNESS
10. SEVENTH DAY ADVENTIST
11. EVANGELICAL
12. PENTECOSTAL
13. PROTESTANT – NO SPECIFIC DENOMINATION
14. CHRISTIAN – NO SPECIFIC DENOMINATION
15. OTHER CHRISTIAN, SPECIFY _____

C30. In the past 12 months, about how often have you attended a religious service, like church or synagogue service or mass?

___ __ TIMES (RANGE 0-20)

CODE UNIT

1. PER WEEK
2. PER MONTH
3. PER YEAR
4. LESS THAN ONCE A YEAR

C31. Are you a member of a church, synagogue, mosque, temple or other religious group?

1. YES
5. NO (GO TO C33)

C32. What street is this church, synagogue, mosque or temple located? What is the nearest cross-street? What city is that?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

C33. What is your birthdate?

____ Day ____ Month ____ Year
(RANGE 1-31) (RANGE 1-12) (RANGE 1870-1986)

C34. Where were you born? What city and state?

PROBE: Was this in the United States?

_____ CITY

_____ STATE/PROVINCE/TERRITORY

_____ COUNTRY

C34_4. CAPI CHECK C34: WAS RESPONDENT BORN IN THE UNITED STATES?

1. YES (GO TO SECTION D)
0. NO

C36. In what year did you first come to the United States to live or work? Please do not include short trips for shopping, vacation or family visits.

____ YEAR
(RANGE 1870-CURRENT YEAR. CANNOT BE BEFORE R WAS BORN)

C37. When was the last time you returned to [HOME COUNTRY FROM C34] for more than two weeks?

1. ____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1870-CURRENT YEAR. YEAR CANNOT BE BEFORE YEAR IN C36)

2. NEVER

C38. Are you a citizen of the United States?

1. YES (GO TO SECTION D)
5. NO

IF C38=D OR R, GO TO SECTION D

C39. Do you currently have a permanent residence card or a green card?

1. YES (GO TO SECTION D)
5. NO

IF C39=D OR R, GO TO SECTION D

C40. Have you been granted asylum, refugee status, or temporary protected immigrant status, TPS?

1. YES (GO TO SECTION D)
5. NO

IF C40=D OR R, GO TO SECTION D

C41. Do you have a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the US for a limited time?

1. YES
5. NO (GO TO SECTION D)

IF C41=D OR R, GO TO SECTION D

C42. Is this visa or document still valid or has it expired?

1. STILL VALID
2. HAS EXPIRED

TIME ENDED

SECTION D. EDUCATIONAL HISTORY

TIME START

Now I would like to talk about your education.

D1. CAPI CHECK C35: WAS RESPONDENT BORN IN THE US?

1. YES (GO TO D11)
5. NO

D2. Have you ever gone to school or college at any time in the United States or gotten a GED in the United States? Please do not include ESL courses, citizenship classes, job training, or Job Club.

INTERVIEWER NOTE: ESL STANDS FOR ENGLISH AS A SECOND LANGUAGE

1. YES (GO TO D11)
5. NO

(THIS SECTION FOR RS WITH SCHOOLING ONLY OUTSIDE THE US)

D3. How much school did you complete outside the United States?

INTERVIEWER: DO NOT READ ANSWERS, CODE R'S RESPONSE

CODE ONE

0. NONE (GO TO D19)
1. SOME PRIMARY
2. COMPLETED PRIMARY
3. SOME SECONDARY OR PREPARATORY (GO TO D5)
4. COMPLETED SECONDARY OR PREPARATORY (GO TO D5)
5. HIGHER LEVEL THAN SECONDARY (COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOL) (GO TO D6)

D4. How many years of primary school have you completed?

__ YEARS COMPLETED
(RANGE 1-9)

ALL GO TO D18

D5. How many years of secondary and preparatory school have you completed?

__ YEARS COMPLETED
(RANGE 1-9)

ALL GO TO D18

D6. Have you attended college or university?

1. YES (GO TO D8)
5. NO

D7. What type of school did you attend after secondary or preparatory school?

_____ (VERBATIM - LIMITED)

ALL GO TO D18

D8. How many years of college or university have you completed?

0. LESS THAN ONE YEAR (GO TO D18)
1. 1
2. 2
3. 3
4. 4
5. 5+

D9. Do you have a college or university degree?

1. YES
5. NO (GO TO D18)

D10. What is the highest college or university degree that you received?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. LICENCIA
2. BACHELOR'S OR EQUIVALENT (LICENCIATURA, ETC.)
3. MASTER'S OR EQUIVALENT
4. DOCTORATE
5. LAW DEGREE
6. MEDICAL DOCTOR DEGREE
7. BUSINESS/TECHNICAL SCHOOL DEGREE
8. OTHER, SPECIFY LIMITED

ALL GO TO D18

(THIS SECTION FOR RS WHO HAD SOME OR ALL SCHOOLING IN THE US)

D11. Have you graduated from high school, gotten a GED, or neither one?

1. GRADUATED FROM HIGH SCHOOL (GO TO D14)
2. GOT A GED
3. NEITHER (GO TO D13)

D12. How many grades of school did you finish prior to getting your GED?

[INTERVIEWER: RECORD LAST GRADE FINISHED PRIOR TO RECEIVING GED.]

0. NONE
1. FIRST GRADE

2. SECOND GRADE
3. THIRD GRADE
4. FOURTH GRADE
5. FIFTH GRADE
6. SIXTH GRADE
7. SEVENTH GRADE
8. EIGHT GRADE
9. NINTH GRADE
10. TENTH GRADE
11. ELEVENTH GRADE

ALL GO TO D14

D13. How many grades of school have you finished? [INTERVIEWER: RECORD LAST GRADE FINISHED.]

0. NONE (GO TO D18)
1. FIRST GRADE (GO TO D18)
2. SECOND GRADE (GO TO D18)
3. THIRD GRADE (GO TO D18)
4. FOURTH GRADE (GO TO D18)
5. FIFTH GRADE (GO TO D18)
6. SIXTH GRADE (GO TO D18)
7. SEVENTH GRADE (GO TO D18)
8. EIGHT GRADE (GO TO D18)
9. NINTH GRADE
10. TENTH GRADE
11. ELEVENTH GRADE

D14. Have you attended college?

1. YES
5. NO (GO TO D18)

D15. How many years of college you have completed?

0. LESS THAN ONE YEAR (GO TO D18)
1. 1
2. 2
3. 3
4. 4
5. 5+

D16. Have you received a college degree?

1. YES

5. NO (GO TO D18)

D17. What is the highest college or advanced degree you have received?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

1. ASSOCIATE'S/AA
2. BACHELOR'S/BA/BS
3. MASTER'S/MA/MS/MBA
4. DOCTORATE/PH.D.
5. LLB, JD (LAW DEGREE)
6. MD, DDS, DVM, DO (MEDICAL DEGREE)
7. HONORARY DEGREE
8. OTHER, SPECIFY LIMITED

D18. Think about the highest grade of regular school or highest degree that you completed. In what year did you complete this grade or degree?

___ __ __ __ YEAR COMPLETED
(RANGE 1880 – CURRENT YEAR) (YEAR CANNOT BE BEFORE R WAS BORN)

D19. Are you currently in school?

1. YES
5. NO (GO TO D21)

D20. What year of school are you currently in?

1. ___ __ GRADE (GRADES 1 THRU 12)

OR

2. ___ __ YEAR OF COLLEGE
(RANGE 1-15, VERIFY AT 8)

OR

3. ___ __ YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
(RANGE 1-15, VERIFY AT 8)

OR

4. OTHER, SPECIFY LIMITED

D21. Have you received any other degree or a certificate through a vocational school, a training school, or an apprenticeship program? Please do not include ESL, citizenship classes or Job Club.

1. YES
5. NO (GO TO SECTION E)

D22. What type of degree or certificate was that?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. VOCATIONAL SCHOOL DEGREE
2. COMMUNITY OR JUNIOR COLLEGE DEGREE
3. DEGREE OR CERTIFICATE FROM BUSINESS OR SECRETARIAL SCHOOL
4. TRAINING IN THE ARMED FORCES, SPECIFY
5. REGISTERED NURSING DEGREE
6. LICENSED NURSING DEGREE
7. MEDICAL TECHNICIAN TRAINING
8. OTHER HEALTH CARE TRAINING, SPECIFY
9. BEAUTICIAN, COSMETOLOGY, BARBER TRAINING
10. POLICE/FIREFIGHTER TRAINING
11. JOB TRAINING THROUGH A GOVERNMENT OR PRIVATE PROGRAM
12. RELIGIOUS INSTRUCTION AND TRAINING
13. OTHER, SPECIFY LIMITED

TIME END

SECTION E. FERTILITY AND MARRIAGE/COHABITATION HISTORY

TIME START

E1. Now I have some questions about marriage and relationships. I want to ask first about marriages. Just to make sure my information is correct, what is your current marital status? Are you currently legally married, separated, widowed, divorced, or never legally married?

INTERVIEWER NOTE: SEPARATION INCLUDES LEGAL AND INFORMAL SEPARATION

1. CURRENTLY (LEGALLY) MARRIED
2. SEPARATED FROM A MARRIAGE OR MARRIED AND LIVING WITH A PARTNER (OTHER THAN SPOUSE) (GO TO E7)
3. WIDOWED (GO TO E7)
4. DIVORCED (GO TO E7)
5. NEVER (LEGALLY) MARRIED (GO TO E41)

(SECTION FOR CURRENTLY MARRIED)

E2. When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] get married?
What month and year?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (YEAR CANNOT BE BEFORE R
WAS BORN)

E3. CAPI CHECK E2:

1. R'S MARRIAGE DATE IS BEFORE [STARTDATE] (GO TO E62)
2. R'S MARRIAGE DATE IS AFTER [STARTDATE]

E4. Did you live with your [IF R MALE, FILL "wife", ELSE FILL "husband"] before you got married?

1. YES
5. NO (GO TO E13)

E5. When did you start living with your [IF R MALE, FILL "wife", ELSE FILL "husband"]?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE AFTER DATE
IN E2)

E6. CAPI CHECK:

1. DATE IN E5 IS BEFORE [STARTDATE] (GO TO E62)
5. DATE IN E5 IS AFTER [STARTDATE] (GO TO E13)

(SECTION FOR THOSE WHO ARE SEPARATED/ DIVORCED/ WIDOWED)

E7. (IF E1=2 OR 4, SHOW "When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] stop living together?" IF E1=3, SHOW "When did your [IF R MALE, FILL "wife", ELSE FILL "husband"] die?")

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E8. When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] get married?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E9. CAPI CHECK E8:

1. DATE IN E8 IS BEFORE STARTDATE (GO TO E30)
5. DATE IN E8 IS AFTER STARTDATE

E10. Did you live with your [IF R MALE, FILL "wife", ELSE FILL "husband"] before you got married?

1. YES
5. NO (GO TO E13)

E11. When did you start living with your [IF R MALE, FILL "wife", ELSE FILL "husband"]?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E12. CAPI CHECK:

1. DATE IN E11 IS BEFORE [STARTDATE] (GO TO E30)
5. DATE IN E11 IS AFTER [STARTDATE]

(THIS SECTION COLLECTS INFORMATION ON MARRIAGES AND RELATIONSHIPS BEFORE CURRENT OR MOST RECENT MARRIAGE AND

[SINCE STARTDATE]

E13. Before your [IF E1=1, FILL "current", ELSE FILL "most recent"] marriage, were you ever married to someone else or did you ever live together with someone else in a relationship?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE LIVING TOGETHER WITH CURRENT HUSBAND/WIFE

1. YES
5. NO (GO TO E30)

E14. Aside from your [IF E1=1, FILL "current", ELSE FILL "most recent"] marriage, when was the last time you got married or starting living with someone in a relationship? What was the date?

[INTERVIEWER INSTRUCTION: IF R LIVED WITH SOMEONE AND THEN MARRIED HIM/HER, RECORD DATE OF MARRIAGE.]

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E15. Were you married or did you live together without being married?

1. MARRIED
2. LIVED TOGETHER WITHOUT BEING MARRIED
3. [IF VOLUNTEERED]: LIVED TOGETHER AND THEN MARRIED

E16. When did you stop living with that [IF E15=1 OR 3 AND R MALE, FILL "wife", IF E15=1 OR 3 AND R FEMALE, FILL "husband", IF E15=2, FILL "that person"].

____ MONTH ____ YEAR
 (RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE DATE IN E14)

E17. CAPI CHECK: CHECK E14 AND E15

1. DATE IN E14 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E14 IS AFTER [STARTDATE] AND E15 = 2 (GO TO E21)
3. DATE IN E14 IS AFTER [STARTDATE] AND E15= 1 OR 3

E18. Before that marriage, [IF E15=1, FILL "did you live with your"] [IF E15=3, FILL "you lived with your "] [IF R MALE, FILL "wife", ELSE FILL "husband"] without being married?

1. YES
5. NO (GO TO E21)

E19. When did you begin living together with your [IF R MALE, FILL "wife", ELSE FILL "husband"] in a relationship?

____ MONTH ____ YEAR
 (RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E20. CAPI CHECK: CHECK E19

1. DATE IN E19 IS BEFORE [STARTDATE] (GO TO E30)
0. DATE IN E19 IS AFTER [STARTDATE]

E21. Before that [IF E15=1 OR 3, FILL "marriage", IF E15=2, FILL "relationship"] were you ever married to someone else or did you ever live together with someone else in a relationship?

1. YES
5. NO (GO TO E30)

E22. When did you get married or starting living together that time? What was the date?

INTERVIEWER INSTRUCTION: IF R LIVED WITH SOMEONE AND THEN MARRIED HIM/HER, RECORD DATE OF MARRIAGE.

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E23. Were you married or did you live together without being married?

1. MARRIED
2. LIVED TOGETHER WITHOUT BEING MARRIED
3. [IF VOLUNTEERED] LIVED TOGETHER AND THEN MARRIED

E24. When did you stop living with that [IF E23=1 OR 3 AND R MALE, FILL "wife", IF E23=1 OR 3 AND R FEMALE, FILL "husband", IF E23=2, FILL "person"].

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E22)

E25. CAPI CHECK: CHECK E22 AND E23

1. DATE IN E22 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E22 IS AFTER [STARTDATE] AND E23 = 2 (GO TO E29)
3. DATE IN E22 IS AFTER [STARTDATE] AND E23= 1 OR 3

E26. Before that marriage, [IF E23=1, FILL "did you live with your"] [IF E23=3, FILL "you lived with your"] [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] without being married. Is that correct?

1. YES
5. NO (GO TO E29)

E27. When did you begin living together with your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] in a relationship?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E28. CAPI CHECK: CHECK E27:

1. DATE IN E27 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E27 IS AFTER [STARTDATE]

E29. CONTINUE TO ASK E21 THRU E27 UNTIL E25=1 or E28=1 OR 10 LOOPS COMPLETED

(THIS SECTION COLLECTS INFORMATION ON RELATIONSHIPS AFTER MOST RECENT MARRIAGE ENDED)

E30. CAPI CHECK:

1. R IS CURRENTLY MARRIED (GO TO E62)
2. R IS CURRENTLY DIVORCED, SEPARATED OR WIDOWED

E31. (IF NECESSARY SAY "Just to verify what you said...") Since [IF E1=2, FILL "you were separated" IF E1=4, FILL "you were divorced" IF E1=3, FILL, "your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] died"], have you lived with anyone in a relationship without being married?

1. YES
5. NO (GO TO E62)

E32. (IF NECESSARY SAY "Just to verify what you said...") Are you currently living with someone in a relationship?

1. YES
5. NO (GO TO E36)

E33. When did you start living with this person?

____ MONTH ____ YEAR
 (RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

34. CAPI CHECK:

1. DATE IN E33 IS BEFORE STARTDATE (GO TO E62)
0. DATE IN E33 IS AFTER STARTDATE

E35. Since [IF E1=2, FILL "you were separated" IF E1=4, FILL "you were divorced" IF E1=3, FILL, "your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] died"], have you lived with anyone else in a relationship without being married?

1. YES
5. NO (GO TO E62)

LOOP BEGIN

E36. (IF LOOP 1, FILL "Let's start with the [IF E32=1, FILL "previous time", ELSE FILL "most recent time"] you lived with someone.") When did you start living with (IF LOOP 1, FILL "this", ELSE FILL "that") person?

____ MONTH ____ YEAR
 (RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E37. When did you stop living with this person?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E36)

E38. CAPI CHECK:

1. DATE IN E36 IS BEFORE [STARTDATE] (GO TO E62)
2. DATE IN E36 IS AFTER [STARTDATE]

E39. Was there anyone else you lived with in a relationship since your marriage ended?

1. YES
5. NO (GO TO E62)

E40. LOOP END. CONTINUE TO ASK E36 TO E39 UNTIL E38=1 OR 10 LOOPS COMPLETED

ALL GO TO E62

(SECTION FOR THOSE WHO HAVE NEVER BEEN LEGALLY MARRIED)

E41. Are you currently living with someone in a relationship without being married?

1. YES
5. NO (GO TO E53)

E42. When did you and this person begin living together?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E43. CAPI CHECK:

1. DATE IN E42 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E42 IS AFTER [STARTDATE]

E44. Have you ever lived with someone else in a relationship without being married?

1. YES
5. NO (GO TO E63)

E45. Think of the person you lived with most recently before your current relationship. When did you start living with that person?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E46. When did you stop living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E45)

E47. CAPI CHECK:

1. DATE IN E45 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E45 IS AFTER [STARTDATE]

LOOP BEGIN

E48. Did you live with someone else in a relationship without being married before that?

1. YES
5. NO (GO TO E63)

E49. When did you start living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E50. When did you stop living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E49)

E51. CAPI CHECK:

1. DATE IN E49 IS BEFORE [STARTDATE] (GO TO E63)
2. DATE IN E49 IS AFTER [STARTDATE]

E52. LOOP END. GO TO E48 AND ASK E48 TO E50 UNTIL E51=1 OR 10 LOOPS COMPLETED

(THIS SECTION FOR NEVER MARRIED AND NOT COHABITING)

E53. Have you ever lived with someone in a relationship without being married?

1. YES
5. NO (GO TO E63)

E54. Think of the person you lived with most recently in a relationship. When did you start living with this person?

__ __ MONTH __ __ __ __ YEAR

(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E55. When did you stop living with that person?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E54)

E56. CAPI CHECK:

1. DATE IN E54 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E54 IS AFTER [STARTDATE]

LOOP BEGIN

E57. Have you ever lived with someone else in a relationship without being married?

1. YES
5. NO (GO TO E63)

E58. Think of the [IF LOOP 1, FILL "next to last", ELSE FILL "previous"] person you lived with in a relationship. When did you start living with this person?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E59. When did you stop living with this person?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E58)

E60. CAPI CHECK:

1. DATE IN E58 IS BEFORE [STARTDATE] (GO TO E63)
2. DATE IN E58 IS AFTER [STARTDATE]

E61. LOOP END. CONTINUE WITH E57 AND ASK E57 THRU E59 UNTIL E60=1 OR 10 LOOPS COMPLETED

E62. [IF E1=FILL, "Including your current marriage, how", ELSE FILL "How"] many times have you been married in total?

____ NO. OF TIMES MARRIED
(RANGE 1-10, VERIFY AT 6)

E63. INTERVIEWER CHECK: IS R CURRENTLY MARRIED OR COHABITATING, BUT NO SPOUSE/PARTNER IN HH?

1. YES, CURRENTLY MARRIED, BUT NO SPOUSE IN HH [(A4=5 AND E1=1) OR E1=2]
2. YES, COHABITATING, BUT NO PARTNER IN HH [A4=5 AND (E32=1 OR E41=1)]
3. ALL OTHERS (GO TO E67)

E64. I've recorded that you are [IF E1=1, FILL "married", IF E32=1 OR E41=1, FILL "living together"], but your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] is not living here now. Why is that?

CODE ALL THAT APPLY

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

1. BECAUSE OF WORK/SCHOOL/ MILITARY SERVICE/ HOSPITALIZATION / JAIL OR PRISON
2. PREFER TO MAINTAIN SEPARATE HOUSEHOLDS
3. LIVES WITH SOMEONE ELSE (GIRLFRIEND/BOYFRIEND, ANOTHER WOMAN/MAN, PARTNER)
4. MARITAL PROBLEMS
5. NO LONGER ROMANTICALLY INVOLVED
6. OTHER, SPECIFY LIMITED
7. SPOUSE/PARTNER ACTUALLY IS LIVING HERE (GO TO E67)

E65. Where does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] live or stay? Can you give me the city and state?

_____ CITY

_____ STATE

_____ COUNTRY

E66. How often do you see your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]?

1. EVERYDAY

OR

2. ___ TIMES
(RANGE 0-20)

CODE UNIT

1. PER WEEK
2. PER MONTH
3. PER YEAR
4. OTHER, SPECIFY LIMITED

E67. INTERVIEWER: IS RESPONDENT CURRENTLY MARRIED OR COHABITING?

1. CURRENTLY MARRIED
2. COHABITING OR SEPARATED
3. NEITHER MARRIED NOR COHABITING (GO TO E69)

E68. Taking things all together, how would you describe your [IF E1=1, FILL "marriage, ELSE FILL "relationship"] with your [IF E1=1 AND R MALE, FILL "wife', IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]? Please use a scale from 1 to 10 where 1 is extremely unhappy and 10 is extremely happy.

___ (NUMBER FROM 1 TO 10)

E69. Now I want to ask you about something else.

Have you ever legally adopted a child?

1. YES
5. NO (GO TO E79)

E70. How many children have you legally adopted?

___ CHILDREN
(RANGE 1-20, VERIFY AT 8)

[SEQUENCE OF QUESTIONS E71 THRU E78 IS REPEATED FOR EACH ADOPTED CHILD (I.E., SAME NUMBER OF TIMES AS E70 RESPONSE)]

LOOP START

E71. (IF LOOP 1, FILL "Here are a few questions about your adopted [IF E70=1, FILL "child", ELSE FILL "children"]). [IF E70 >1, FILL "Let's start with the first child you adopted."], ELSE FILL "Now I'd like to ask you about your next adopted child."

What is this child's first name?

_____ (VERBATIM – LIMITED)

E72. How old is [CHILDNAME FROM E71]?

1. ___ MONTHS (INTERVIEWER: USE ONLY IF CHILD LESS THAN 1 YEAR OLD)

(RANGE 1-11)

OR

2. ____ YEARS
(RANGE 1-99)

OR

3. CHILD NO LONGER ALIVE (GO TO LOOP END BELOW E78)

DATE MUST BE EITHER MONTHS OR YEARS, NOT BOTH

E73. Does [CHILDNAME FROM E71] live in this household?

1. YES (GO TO LOOP END BELOW E78)
5. NO

E74. Where does [CHILDNAME FROM E71] live? What city and state?

_____ CITY

___ STATE _____ COUNTRY

IF E74=D OR R, GO TO E77

E75. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE THIS WHETHER OR NOT YOU ASK THE QUESTION

1. YES
5. NO (GO TO E77)

E76. What street does child live on in [CITY FROM E71]? What is closest cross-street?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

E77. CAPI CHECK: IS CHILD 17 OR YOUNGER?

1. YES
5. NO (GO TO LOOP END BELOW E78)

E78. Who is [CHILDNAME FROM E71] currently living with?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED
DON'T KNOW

LOOP END. RETURN TO E71 FOR NEXT KID, ELSE CONTINUE

E79. My next questions are about children you may have [IF R MALE, FILL "fathered", ELSE FILL "given birth to"], even if the children are no longer living.

Have you ever [IF R MALE, FILL "fathered", ELSE FILL "given birth to"], a child?

1. YES
5. NO (GO TO E90)

IF E79=D OR R, GO TO E90

E80. How many children have you ever [IF R MALE, FILL "fathered", ELSE FILL "given birth to"]?

(CAPI SHOW IF R MALE: "INTERVIEWER: IF R UNSURE, SAY "Please think of the children you do know about."

____ BIRTHS
(RANGE 1-20, VERIFY AT 15)

[SEQUENCE OF QUESTIONS E81 THRU E89 IS REPEATED FOR EACH CHILD (I.E., SAME NUMBER OF TIMES AS E80 RESPONSE)]

LOOP START

E81. (IF LOOP 1, FILL "Here are a few questions about the [IF E80=1, FILL "child", ELSE FILL "children"] you have [IF R MALE, FILL "fathered", ELSE FILL "given birth to"]) [IF E80>1, FILL "Let's start with your first child."], ELSE FILL "Now I'd like to ask about your next child.")

What is this child's first name?

_____ (VERBATIM – LIMITED)

E82. When was [CHILD NAME FROM E81] born? What month and year?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E83. Does [CHILDNAME FROM E81] live in this household?

1. YES (GO TO LOOP END BELOW E89)
2. NO
3. CHILD IS NO LONGER ALIVE (GO TO E89)

E84. Where does [CHILDNAME FROM E81] live? What city and state?

_____ CITY

____ STATE _____ COUNTRY

IF E84=D OR R, GO TO E87

E85. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE THIS WHETHER OR NOT ASKED

1. YES
5. NO (GO TO E87)

E86. What street does child live on in [CITY FROM E84]? What is nearest cross-street?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

E87. INTERVIEWER CHECK: IS CHILD 17 OR YOUNGER?

1. YES
5. NO (GO TO LOOP END BELOW E89)

E88. Who is [CHILDNAME FROM E81] currently living with?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED

ALL GO TO LOOP END BELOW E89

(ONLY FOR KIDS WHO HAVE DIED)

E89. When did [CHILDNAME FROM E81] die?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E82)

LOOP END. RETURN TO E81 FOR NEXT KID, ELSE CONTINUE TO E90.

E90. Next I'd like to ask you about anything you may be doing to delay or prevent pregnancy.

Show Card #5 1. CONDOM (RUBBER) 2. FOAM, JELLY, CREAM, SPONGE, SUPPOSITORIES 3. WITHDRAWAL (PULLING OUT) 4. DIAPHRAGM (WITH OR WITHOUT JELLY) 5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH) 6. BIRTH CONTROL PILLS 7. IUD (INTRAUTERINE DEVICE) 8. NORPLANT, DEPO-PROVERA OR INJECTABLES 9. YOU OR PARTNER/SPOUSE HAS HAD OPERATION/ VASECTOMY/TUBES TIED/STERILIZATION 10. METHOD NOT LISTED ABOVE

Are you [IF E1=1 AND R MALE, FILL "and your wife", IF E1=1 AND R FEMALE, FILL "and your husband", IF E32=1 OR E41=1, FILL "and your partner"] currently using any of these types of contraception or any method of preventing pregnancy? This includes having an operation to avoid becoming pregnant.

1. YES
2. NO (GO TO E92)
3. [IF VOLUNTEERED] NOT CURRENTLY SEXUALLY ACTIVE, NO CONTRACEPTION NEEDED (GO TO E92)

Show Card #5 1. CONDOM (RUBBER) 2. FOAM, JELLY, CRREAM, SPONGE, SUPPOSITORIES 3. WITHDRAWAL (PULLING OUT) 4. DIAPHRAGM (WITH OR WITHOUT JELLY) 5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH) 6. BIRTH CONTROL PILLS 7. IUD (INTRAUTERINE DEVICE) 8. NORPLANT, DEPO-PROVERA OR INJECTABLES 9. YOU OR PARTNER/SPOUSE HAS HAD OPERATION/ VASECTOMY/TUBES TIED/STERILIZATION 10. METHOD NOT LISTED ABOVE

E91. Please look at this card and tell me what method or methods are you using?

CODE ALL THAT APPLY

1. CONDOM (RUBBER)
2. FOAM, JELLY, CREAM, SPONGE, SUPPOSITORIES
3. WITHDRAWAL (PULLING OUT)
4. DIAPHRAGM (WITH OR WITHOUT JELLY)

5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH)
6. BIRTH CONTROL PILLS
7. IUD (INTRAUTERINE DEVICE)
8. NORPLANT, DEPO-PROVERA OR INJECTABLES
9. R OR PARTNER/SPOUSE HAS HAD OPERATION / VASECTOMY/ TUBES TIED/ STERILIZATION
10. METHOD NOT LISTED ABOVE, SPECIFY

Show Card #6 1. STRONGLY APPROVE 2. APPROVE 3. DISAPPROVE 4. STRONGLY DISAPPROVE

E92. Now let me ask you about the following situations. Please look at this card and tell me whether you strongly approve, approve, disapprove, or strongly disapprove of the following:

1. A teenage girl has a baby without being married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

2. A woman in her twenties has a baby without being married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

3. A man in his twenties fathers a child without being married to the baby's mother.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

4. A father who cannot find a job goes on welfare to support his family.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove

5. Strongly Disapprove

5. A young man without children cannot find a job and goes on welfare.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

6. A divorced woman goes on welfare to stay home with her young children.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

7. An unmarried woman goes on welfare to stay at home with her young children.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

8. A man and a woman live together before they decide about getting married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

9. A man and a woman decide to live together even though they do not intend to get married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

TIME END

SECTION F. SPOUSE/PARTNER PROXY QUESTIONS

TIME START

Note: This section will be asked for spouses and partners only when they are not sampled respondents

F1. CAPI CHECK:

1. RESPONDENT'S SPOUSE OR PARTNER IS PCG (GO TO SECTION G)
2. RESPONDENT'S SPOUSE/PARTNER IS RSA (GO TO SECTION G)
3. RESPONDENT'S SPOUSE/PARTNER IS NEITHER THE PCG OR RSA BUT IS IN HH (GO TO F2a)
4. RESPONDENT'S SPOUSE/PARTNER IS NOT IN HH
5. RESPONDENT HAS NO SPOUSE/PARTNER (GO TO SECTION G)

Next, I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"].

F2. How much school has your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] completed?

0. NONE

- 1 to 11 ___ GRADE (GRADES 1 THRU 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
 13. SOME VOCATIONAL SCHOOL
 14. COMPLETED VOCATIONAL SCHOOL
 15. SOME COLLEGE
 16. ASSOCIATES' DEGREE (AA)
 17. BACHELORS' DEGREE (BA, BS)
 18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
 19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

F2a. (SHOW CARD #3) Please look at this list and tell me what group or groups describe your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

F2b. CHECK F2a:

1. ONLY ONE GROUP IS CIRCLED (GO TO F3a)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED (GO TO F3a)

F3. Which one group on that card best describes your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] 's race or national origin?

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICA
2. WHITE
3. LATINO/HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN

12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

IF F2/F3 NOT ASKED, SHOW "Next, I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]."

F3a. Is your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] currently working, looking for work, retired, keeping house, a student, at home with your children or something else?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

1. WORKING NOW
2. TEMPORARILY LAID OFF, SICK LEAVE, MATERNITY LEAVE
3. LOOKING FOR WORK, UNEMPLOYED
4. RETIRED
5. DISABLED (PERMANENTLY OR TEMPORARILY)
6. KEEPING HOUSE, RAISING CHILDREN (GO TO F11)
7. STUDENT (GO TO F11)
8. OTHER, SPECIFY - LIMITED (GO TO F11)

F4. Next I have some questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s [IF F3=1 OR 2 FILL "current", ELSE FILL "most recent"] job.

PROBE: If your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] [IF F3=1 OR 2, FILL "has", ELSE FILL "had"] more than one job, please think about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s main job.

What kind of work [IF F3=1 OR 2, FILL "is", ELSE FILL "was"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]doing? (For example: electrical engineer, stock clerk, typist, farmer)

_____ (VERBATIM-LIMITED)

F5. What [IF F3=1 OR 2 FILL "are", ELSE FILL "were"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

_____ (VERBATIM-LIMITED)

F6. What kind of business or industry [IF F3=1 OR 2, FILL "is", ELSE FILL "was"] this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

F7. [IF F3=1 OR 2, FILL "Is", ELSE FILL "Was"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]...

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF F7=5, CONTINUE. ELSE GO TO F8

F7a. [IF F3=1 OR 2, FILL "Is", ELSE FILL "Was"] your [IF E1=1 AND R MALE, FILL "wife's", IF E1=1 AND R FEMALE, FILL "husband's", IF E32=1 OR E41=1, FILL "partner's"] own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

F8. CHECK F3:

1. SPOUSE/PARTNER IS CURRENTLY EMPLOYED (F3=1 OR 2)
2. SPOUSE/PARTNER IS NOT CURRENTLY EMPLOYED (GO TO F11)

F9. About how many hours a week on average does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] work at this job (IF F3=2, FILL "when your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] is working")?

____ AVERAGE HOURS PER WEEK
(RANGE 1-120 VERIFY AT 80)

F10. How much is your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] paid, on average, at this job, before taxes are taken out, including any tips or commissions (IF F3=2, FILL "when your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband",

IF E32=1 OR E41=1, FILL "partner"] is working")?

1. _____ DOLLARS

2. CODE UNIT

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

F11. Now I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s health. Would you say your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s health in general is excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

F12. Does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] have any physical, psychological or nervous condition that limits the type of work or the amount of work your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] can do?

1. YES
5. NO

F13. Does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] smoke cigarettes?

1. YES
5. NO

TIME ENDED

SECTION G. SOCIAL TIES AND NETWORKS

TIME START

(THIS SECTION ONLY FOR RSA)

G1. INTERVIEWER CHECK:

1. THIS R THE RSA ONLY

2. THIS R THE RSA AND PCG
3. THIS R THE PCG ONLY (GO TO SECTION H)

(THIS QUESTION SEQUENCE FROM G2 TO G6 IS FOR THE RESPONDENT'S (1) FATHER, (2) MOTHER, (3) STEPFATHER, AND (4) STEPMOTHER. ASK SEQUENCE ONCE FOR EACH OF THESE FOUR PEOPLE)

Now I have some questions about your family. The first questions are about parents and step-parents.

G2. Do you have a stepmother or a stepfather?

1. STEPMOTHER
2. STEPFATHER
3. BOTH
4. NEITHER

ASK THESE QUESTIONS FIRST FOR FATHER AND MOTHER AND THEN FOR STEPFATHER AND STEPMOTHER. SKIP STEPFATHER AND STEPMOTHER LOOPS IF DOES NOT HAVE A STEPMOTHER OR A STEPFATHER

CHECK C4 AND C5: IF MOTHER OR FATHER DIED, DO NOT ASK G3-G6.

LOOP BEGIN

G3. During the past 12 months, about how often have you seen your [FILL APPROPRIATE father/mother/stepfather/stepmother]?

1. EVERYDAY
2. ___ TIMES
(RANGE 0-20)

CODE UNIT

PER WEEK: 1
PER MONTH: 2
PER YEAR: 3

3. LIVES HERE IN THIS HH (GO TO LOOP END AFTER G6)
4. NO LONGER ALIVE (GO TO LOOP END AFTER G6)

G4. Where does your [father/mother/stepfather/stepmother] live? What city and state?

1. _____ CITY _____ STATE _____
COUNTRY _____
2. SAME PLACE AS MOTHER

3. SAME PLACE AS FATHER

G5. [IF NECESSARY, ASK:] Is this in Southern California?

INTERVIEWER CODE THE CORRECT RESPONSE EVEN IF QUESTION IS NOT ASKED

1. YES
5. NO (GO TO LOOP END BEFORE G7)

G6. Can you tell me what street your [father/mother/stepfather/stepmother] lives on? What is the nearest cross-street?

ON _____ (STREET)
NEAR _____ (CROSS-STREET)

LOOP END – RETURN TO G3 FOR NEXT PARENT TYPE

Now I have some questions about your brothers and sisters.

G7. How many full brothers and sisters have you had in total, including any who may no longer be living?

[INTERVIEWER: FULL BROTHERS AND SISTERS HAVE THE SAME BIOLOGICAL OR ADOPTIVE MOTHER AND FATHER]

1. ___ TOTAL NUMBER OF FULL BROTHERS AND SISTERS (IF ZERO, GO TO G19)
(RANGE 1-20, VERIFY AT 14)

G8. [IF G7=1 FILL "Is your brother or sister still living?", ELSE FILL "Are all your full brothers and sisters still living?"]

1. YES
5. NO

IF G8=1,D,R GO TO G9, ELSE CONTINUE

G8a. How many are no longer living?

(RANGE 1-20) (AMOUNT CANNOT BE MORE THAN G7)

G9. INTERVIEWER CHECK:

1. R HAS NO FULL BROTHERS AND SISTERS STILL ALIVE (GO TO G19)
2. R HAS ONE BROTHER OR SISTER STILL ALIVE
3. R HAS MORE THAN ONE BROTHER OR SISTER STILL ALIVE (GO TO G14)

G10. Do you have a brother or a sister?

1. BROTHER
2. SISTER

G11. How old is your [IF G10=1 FILL "brother", IF G10=2 FILL "sister"]?

___ MONTHS (USE ONLY IF AGE LESS THAN 1 YEAR) (RANGE 1-11)

___ YEAR
(RANGE 1-120)

G12. How much school did your [IF G10=1 FILL "brother", IF G10=2 FILL "sister"] complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

0. NONE
- 1-11. GRADE (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

G13. Does this [IF G10=1 FILL "brother", IF G10=2 FILL "sister"] live in Southern California?

1. YES
5. NO

ALL GO TO G19

G14. Think of your brother or sister who is closest to you in age. How much school did he or she complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

0. NONE
- 1 to 11 ___ GRADE (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL

15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

G15. Is this person who is closest to you in age, a brother or a sister?

1. Brother
2. Sister

G16. How old is this [IF G15=1 FILL "brother", IF G15=2 FILL "sister"]?

___ MONTHS (USE ONLY IF AGE LESS THAN 1 YEAR)
(RANGE 1-11)

___ YEARS
(RANGE 1-120)

G17. Do any of your full brothers and sisters live in Southern California?

INTERVIEWER NOTE: INCLUDES BROTHERS AND SISTERS LIVING IN THE SAME HOUSEHOLD AS RESPONDENT.

FULL BROTHERS AND SISTERS HAVE BOTH THE SAME MOTHER AND THE SAME FATHER

1. YES
5. NO (GO TO G19)

G18. How many of your full brothers and sisters live in Southern California?

___ NUMBER IN SOUTHERN CALIFORNIA
(RANGE 1-20) (AMOUNT CANNOT BE MORE THAN G7)

G19. How many half- and step- brothers and sisters do you have?

INTERVIEWER:

HALF-BROTHERS AND SISTERS HAVE THE ONE PARENT WHO IS THE SAME AND ONE WHO IS DIFFERENT.

STEP-SIBLINGS HAVE DIFFERENT PARENTS, BUT ARE RELATED BECAUSE THEIR PARENTS MARRIED EACH OTHER.

1. ___ TOTAL NUMBER OF HALF- AND STEP- BROTHERS AND SISTERS (IF ZERO,
GO TO SECTION H)
(RANGE 0-30, VERIFY AT 14)

G20. How many of your half and step brothers and sisters live in Southern California?

INTERVIEWER NOTE: THIS INCLUDES SIBLINGS LIVING IN THE SAME
HOUSEHOLD AS R

___ TOTAL NUMBER OF HALF- AND STEP- SIBS IN SO. CAL.

(RANGE 0-30, AMOUNT CANNOT BE MORE THAN G19)

TIME ENDED

H. 24-MONTH EVENT HISTORY CALENDAR

1. INTRODUCTION

L.A.FANS used an interactive event history calendar (EHC) to collect information on residence, employment, unemployment and absences from work, receipt of public assistance, and health insurance for the two-year period preceding the interview. Calendar methods have been shown to improve respondent recall and the quality of date reporting compared with standard question-list methods (Freedman et al., 1988; Becker and Sosa, 1992; Hamill et al., 1990; Goldman et al., 1989; Belli, 1998; Belli et al., 2001).

The L.A.FANS EHC was adapted from an interactive calendar program developed for the Panel Study on Income Dynamics (PSID) by Belli, Shay, and Stafford (2001). The EHC Windows-based interactive computer program was written in Visual Basic by the computing staff at the University of Michigan's Institute for Social Research (ISR). ISR's computing staff, led by William E. Connert, modified the EHC program for L.A.FANS' use. An online demonstration of the PSID version is available at: <http://www.isr.umich.edu/src/psid/ehc/ehc.html>. *Users of the L.A.FANS EHC data who download the PSID EHC are cautioned that the L.A.FANS and PSID versions are significantly different in the domains covered, coding used, and variables coded.* Please see the EHC section of the L.A.FANS codebook for a description of L.A.FANS EHC variables.

The EHC covers six “domains” or areas of the respondent’s life. For each domain, there is a separate section of the EHC and separate “pop-up” questions that the interviewer uses to solicit information (described below). The domains covered by the L.A.FANS EHC are:

1. Landmark Events;
2. Residence;
3. Employment (jobs);
4. Unemployment and Absences from Work;
5. Receipt of Public Assistance (TANF, SSI, General Relief (GR), Food Stamps); and
6. Health Insurance (including coverage for the RSC and SIB if respondent is the PCG).

In these domains, the EHC records two types of entries: (a) events, which are occurrences on a specific date (e.g., a Landmark Event—see below), and (b) spells, which are periods of time during which the respondent has a particular status (e.g., a period of employment).

L.A.FANS also collected “calendar history” information in other sections of the questionnaires using conventional questions-lists (q-lists). For RSAs and PCGs, L.A.FANS collected a marriage and relationship history in Section E of the Adult module. For RSCs and SIBs, L.A.FANS collected a two-year residence history in Section C of the Parent Module. Although collected using a different approach, information from both of these histories covers the same time period as events in the EHC and is intended for use with the EHC data.

This description of the EHC “questionnaire” is organized as follows. Section H.2 provides a brief overview of how the interviewer administered the EHC. It describes what the

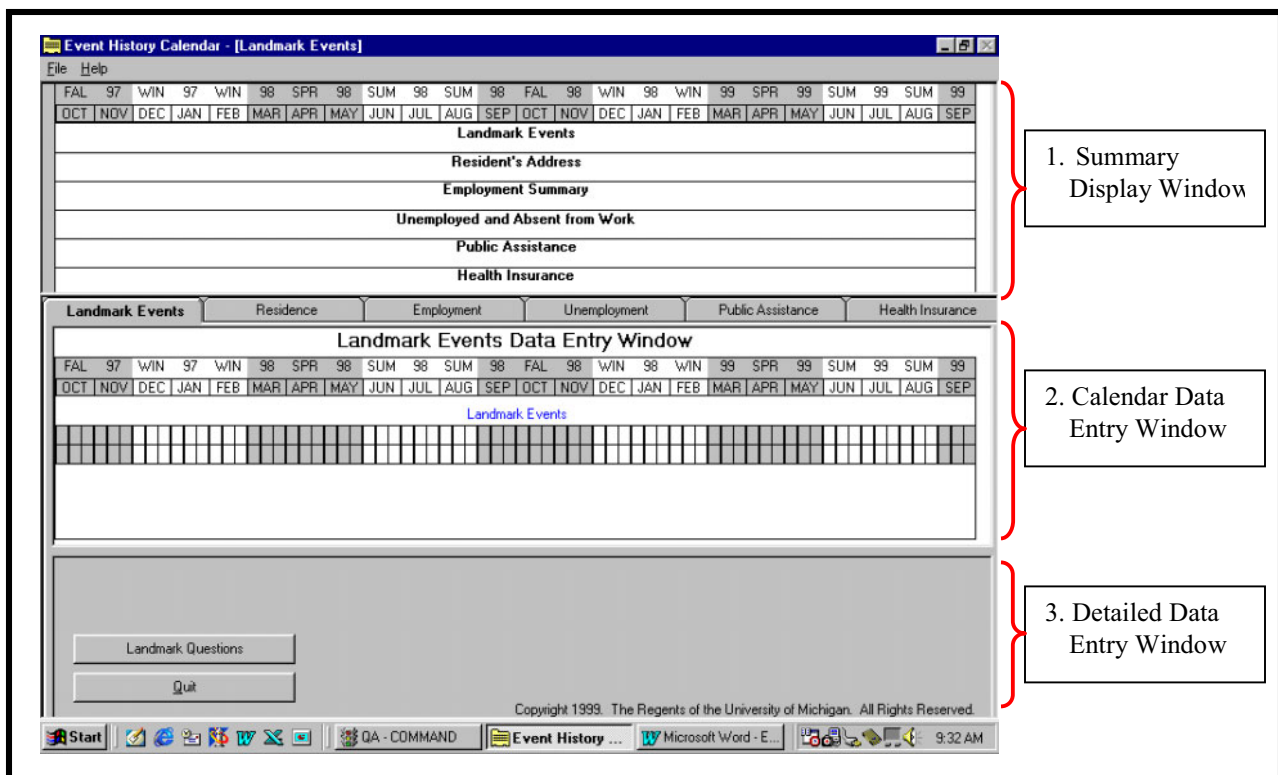
interviewers see on the computer screen while using the EHC and how interviewers entered the information that the respondent provided. More information on the interviewers' use of the EHC is provided in Chapter 8 of the L.A.FANS Field Interviewer Manual, which is available at www.lasurvey.rand.org. Section H.3 describes specific conventions and methods used across all domains of the EHC. In Section H.4, we describe each domain in the EHC. Finally, in Section H.5, we illustrate how the EHC is administered by showing the step-by-step completion of a hypothetical case.

2. Overview of the EHC from the Interviewers' Perspective

The EHC is an interactive computer display that allows interviewers to enter and revise information about events and spells reported by the respondent. By displaying all of the information on the screen at the same time, the program lets the interviewer look for inconsistencies, prompt the respondent for time sequences, and probe gaps and periods that appear questionable.

The EHC program automatically sets up the window to cover the 24-month period preceding the interview date for each respondent. For example, in Figure 1 the respondent was interviewed in September 1999. Therefore, the EHC program automatically sets the screen to cover the period from October 1997 to September 1999.

Figure 1. Elements of the EHC Screen



The EHC computer screen has five elements, as shown in Figure 1:

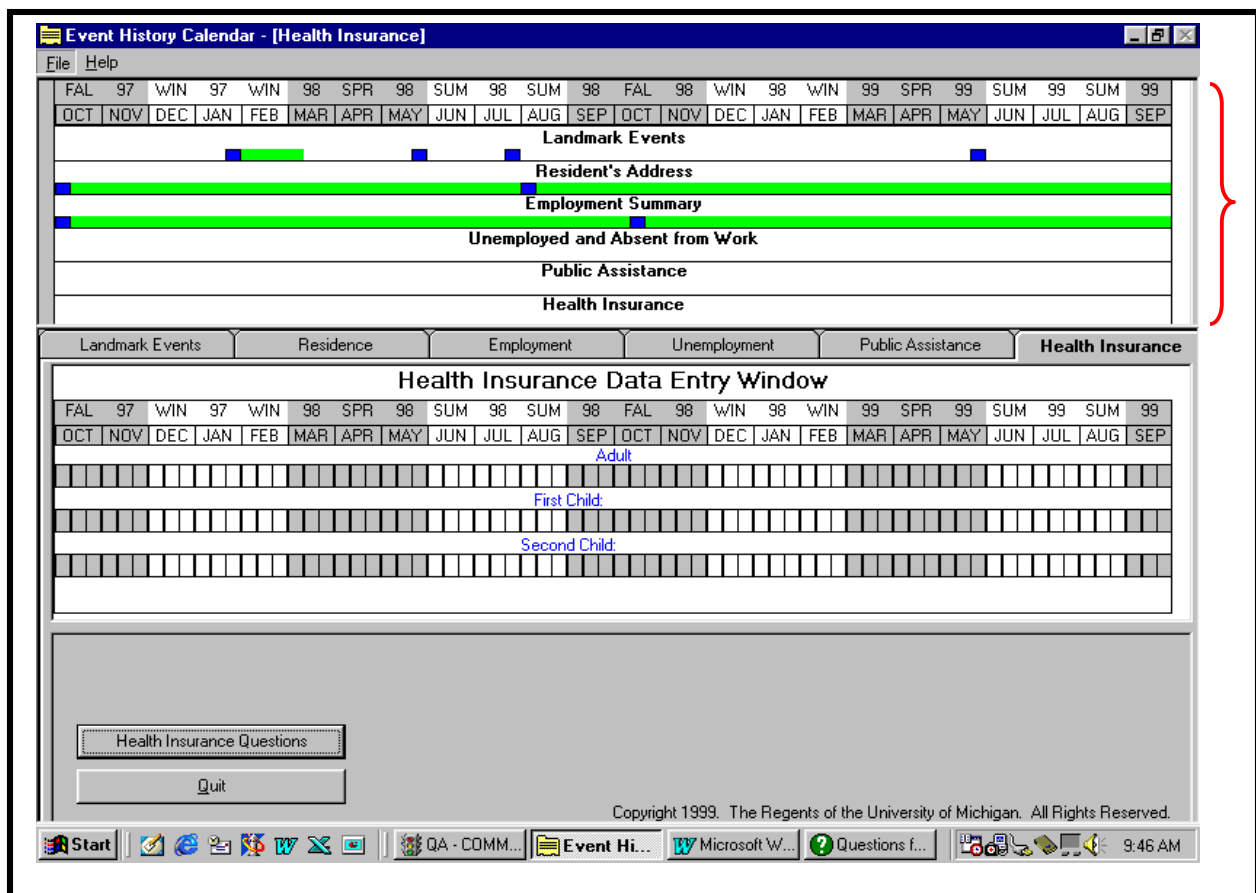
1. A Summary Display Window (at the top of the screen);
2. A two-year Calendar Data Entry Window (in the middle of the screen);
3. A Detailed Data Entry Window (at the bottom of the screen);
4. Pop-up questions; and
5. Data checking procedures.

The Pop-Up Questions appear on a separate screen. Each of these elements is described below.

The Summary Display Window

The Summary Display Window (SDW) summarizes all of the spell and event information that the interviewer has entered. The SDW always appears at the top of the EHC screen regardless of which domain the interviewer is working on. For example, in Figure 2, the interviewer is asking the respondent about the periods when he/she was covered by health insurance (bottom part of the screen). The Summary Display Window at the top displays information already entered in the EHC on events (blue squares) and spells (green lines) in the first three domains: Landmark Events, Resident's Address, and Employment Summary.

Figure 2. Summary Display Window

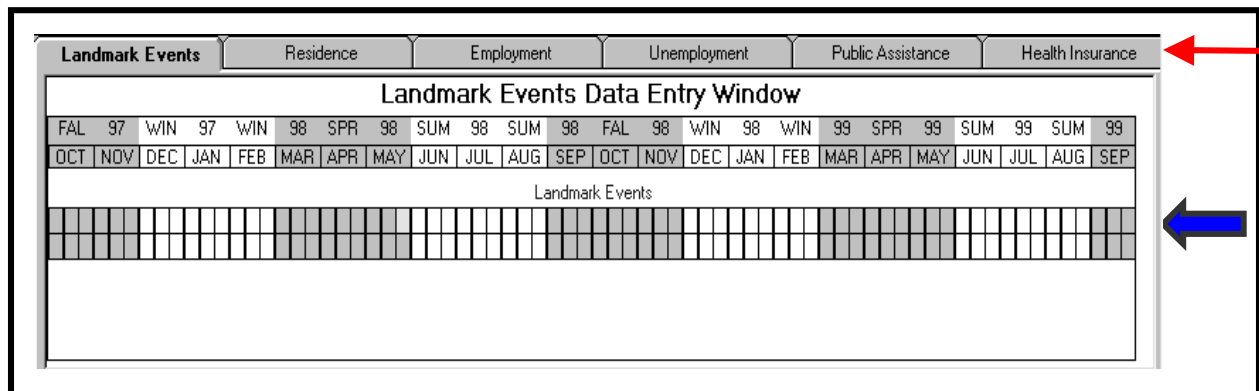


For example, by examining the SDW above, the interviewer can see at a glance that the respondent had a change in employment in October 1998. If the respondent is having difficulty providing a date for a change in health insurance around this time, the interviewer can probe by asking “was that before, after, or at the time of your job change?” By moving the mouse over each spell or event, the interviewer can also view additional information. For example, by moving the mouse over an employment spell, the interviewer will see the job title and employer for that period.

The Two-Year Calendar Data Entry Window

The middle section of the EHC display is the two-year calendar data entry window (CDE) in which the interviewer enters the beginning and end dates of spells and the dates of events. The interviewer first chooses which domain to work on by clicking on one of the tabs across the top of this window, shown by the red arrow in Figure 3. In the example in Figure 3, the interviewer has clicked on the Landmark Events tab. Each domain occupies a row or a set of rows in the display. In Figure 3, there are two rows in which landmark events can be recorded, shown by the thicker, blue arrow. The rows in the CDE are divided into thirds of a month. A

Figure 3. Calendar Data Entry Window for Landmark Events



respondent who reports that an event occurred in October is asked whether the event took place in the beginning, middle, or end of the month. Note that if the respondent reports a particular date, the interviewer can record the date directly (see below).

Figure 4. Entering a Spell

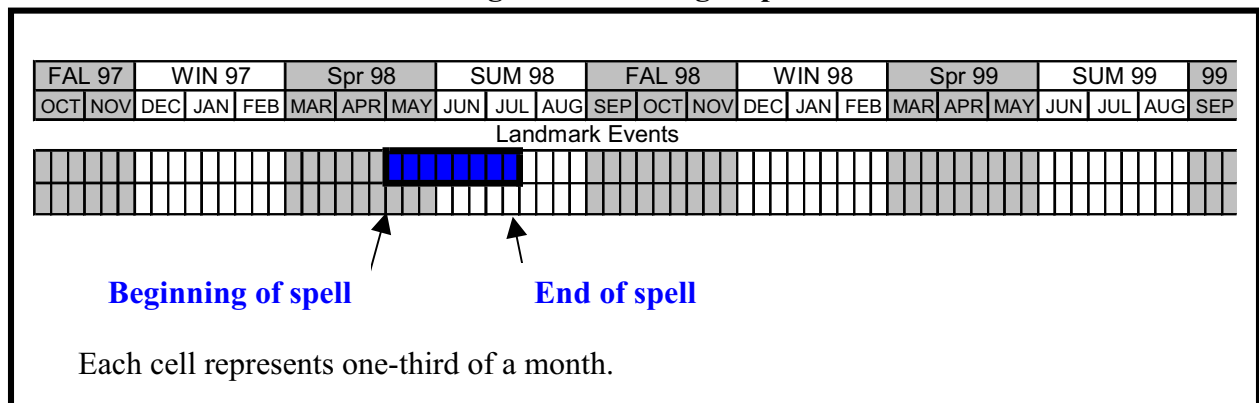


Figure 4 shows how a spell looks after it has been entered into the EHC. Although the Landmark Events domain is usually used to record events, in this case it is used to record a spell that began in the first third of May 1998 and ended in mid-July 1998. To enter the spell, the interviewer clicks on the box for the first third of May 1998 and then on the box for mid-July 1998. The display then shows a colored bar between the two dates.

Detailed Data Entry Window

Immediately after the interviewer enters an event or a spell, the EHC program requests the interviewer to complete some additional information about the spell in the Detailed Data Entry (DDE) window. The specific information to be collected depends on the particular domain. For example, in the Landmark Events domain, once the interviewer enters a date in the Landmark Event row, the Detailed Data Entry window in Figure 5 appears on the screen.

Figure 5. The Detailed Data Entry Window

The screenshot shows a window titled "Detailed Data Entry Window". It is divided into several sections. At the top, there are two columns for "Starting Time" and "Ending Time". Each column has four sub-fields: "Year", "Month", "3rd of Month", and "Day". The "Year" field contains "1998", the "Month" field is a dropdown menu showing "MAY", the "3rd of Month" field is a dropdown menu showing "Last", and the "Day" field is an empty text box. Below these fields are two larger text areas: "Event Description" and "Note". On the right side of the window, there are four buttons: "OK", "Cancel", "Delete", and "Questions".

This screen allows the interviewer to enter a particular day of the month in cases in which the respondent knows the particular day on which the event occurred. The screen also includes a space to enter a text description of the event. The specific pieces of information to be collected are unique to each domain (with the exception of starting and ending times). For example, in the Employment domain, the DDE records information on the respondent's employer name and address and occupation.

Pop-Up Questions

The EHC was designed to be used interactively by the interviewer and respondent. However, to insure that all information is collected and that each interviewer uses a standardized set of questions, the EHC included Pop-Up Questions for each domain. These questions appear on a separate screen and interviewers were instructed to read the questions to the respondent verbatim. The specific Pop-Up Questions for each domain are described below.

Data Checking Procedures

The EHC program checks information as the interviewer enters it. For example, it checks whether or not the interviewer has correctly entered spells, inadvertently skipped domains, left inappropriate fields blank, and completed all required information. In the employment domain, the program checks if the respondent reported working more than 60 hours a week. If the program detects a potential error, a pop-up box alerts the interviewer of the problem.

The EHC program questions the interviewer if two events are entered on exactly the same date. Moreover, within the same domain, it does not allow two spells to have exactly the same beginning and ending dates. For instance, the interviewer cannot enter two different jobs that begin and end on exactly the same date. On the other hand, interviewers could enter a new job and a residential move with the same beginning and ending dates. In cases in which two events within the same domain occurred on exactly the same date, interviewers were instructed to enter one of the events on the following date, then to enter a note explaining the situation.

Interface Between the EHC and the Main Adult Questionnaire

The software that runs the questionnaire program on interviewers' laptops is designed to preload data from earlier sections of the Adult Questionnaire into the EHC program and to extract information from the EHC when it is completed and preload this information into subsequent sections of the Adult Questionnaire. Information that is preloaded into the EHC includes:

- The dates of any marriages or births reported by the respondent in Section E, which are preloaded into the Landmark Events section.
- The type of adult respondent (RSA and/or PCG) and whether the household includes an RSC or an RSC and SIB, which is loaded to set up the correct health insurance questions (PCGs are asked both about their own health insurance coverage and that for the RSC and SIB).

Information that is extracted from the EHC and preloaded into subsequent sections includes:

- Whether the respondent moved at least once during the previous two-year period (preloaded into Section J).
- The date the respondent reported moving to the current residence (preloaded into Section J)
- Whether the respondent is currently working and whether there is any spell of employment reported in the last two years (preloaded into Section K).
- Whether the respondent currently has more than one job (preloaded into Section K).
- Whether the respondent is currently receiving TANF/CalWORKS or has received it in the past two years (preloaded into Section L).

The information preloaded into Sections J, K, and L sets up the appropriate skip patterns so that respondents are asked only those questions about residential mobility, employment, and welfare that apply to them.

3. Conventions and Methods Used in the EHC

In this section, we discuss the conventions and methods used to record event histories across the different domains covered in the EHC.

Two-Year Window

For each respondent, the EHC covers the two-year period prior to the date of the L.A.FANS interview. The EHC sets this window automatically, based on the adult module interview date for this particular respondent. Since different respondents in a household may complete the EHC at different times, the two-year window for each respondent can be different.

Spells and Events

The EHC records both spells and events the same way. A spell or event is defined as a period of time—whether it is one day long or many days long—in which a respondent is doing something (e.g., holding a job, being covered by health insurance, getting married, having a baby, etc.). Spells and events both have a beginning date and an end date, regardless of how long they last. Some spells have a starting date outside the two-year window because they began before the two-year window. L.A.FANS collects information on the starting date of any spell for which duration is included in the two-year window. All *events* recorded in the EHC (which are essentially one day spells) must occur within the calendar period. No spells or events have an *ending* date outside the two-year window, because the window ends at the interview date.

On-Going Spells (Current Status)

Interviewers began each domain by asking about the respondent's current status. For an ongoing spell (i.e., a spell that reflected a respondent's current status), the ending is coded as "CONT" to indicate that this spell is continuing or on-going at the time of interview.

Thirds-of-a-Month

The EHC collects the year, month, and whether the event occurred in the beginning, middle, or end of the month (i.e., thirds-of-a-month). Since the number of days and weeks in a month varies, the days and weeks constituting an exact third of a month vary. The EHC follows the convention that the first third of the month encompasses days 1-10, the second third encompasses days 11-20, and the final third of the month encompasses days 21 through the end of the month. If a respondent provides a specific date, the interviewer enters the specific date and the EHC program makes the determination about which third of the month the date falls into. When respondents gave an answer such as "the second week in February" interviewers were trained to ask, "Would you say it was in the first, middle, or last part of the month?"

Most-Recent to Most-Remote vs. On-Line

Two techniques were used in completing the EHC. Interviewers used the "most-recent to most-remote" technique whenever possible. In each domain, they began with current status and

worked backward through the two-year period. In some cases, however, respondents reported events or spells in a different order. When this occurred, interviewers recorded information using the “on-line” technique, i.e., recording events or spells in whatever order the respondent preferred. When the on-line technique was used, interviewers were trained to insure that all events and spells were recorded at the appropriate times and that dates were consistent with other events reported in the calendar. Interviewers also recited time sequences in each domain and across domains back to respondents. For example, if a respondent reported going on vacation in June 2000 and buying a new car in July 2000, an interviewer would ask “So you went on vacation in June 2000 and then the next month, in July, you bought the car. Is that correct?”

Notes, Don’t Knows, and Refusals

The EHC program provided interviewers with a “notes” section in which they could record additional information about the respondent’s answer. For instance, if a respondent offered only a vague start-date for a particular job, an interviewer could record that the response was vague in the notes section. To protect respondent confidentiality, these notes are not available on the public use or restricted L.A.FANS data sets. However, they were used by L.A.FANS staff in occupation coding and checking other data items in the EHC.

“Don’t know” and refusal responses were coded in the EHC. Interviewers were trained to record as much information as possible. Don’t know and Refusals are recorded in the data files using standard L.A.FANS conventions.

Probing in the EHC

Interviewers were instructed to use several techniques in cases where respondents were unsure of specific dates. The ***narrowing technique*** involves asking the respondent what year and season or quarter the event occurred in (e.g., winter of 1999, spring of 2000, etc.). Once the year is identified, the interviewer then asked about the month and third-of-a month in which a spell began or ended.

Interviewers also used the ***how-long-ago verification technique*** to probe for or verify dates. For example, if a respondent was interviewed in July 2001 and reported that he changed health insurance policies in April 2000, the interviewer would ask “So that happened in April 2000, just over one year ago. Is that correct?” Another example is a respondent interviewed in September 2001 who remembers the duration of a spell, but not the starting date (e.g., “I’ve been on Food Stamps for 9 months”). An interviewer would respond “You’ve been on Food Stamps for 9 months. That means that you started receiving Food Stamps in January 2001. Is that correct?”

Another technique is ***cross-checking*** with landmark events or other events already entered in the calendar. For example, an interviewer might ask “you said that you got your job promotion in June 1999, around a month before you moved to Los Angeles. Is that right?”

When interviewers completed a domain, they briefly reviewed with the respondent all the information in that domain.

Drop-Down Menus

Pre-coded responses were shown in each domain in the EHC through a set of drop-down menus that displayed the responses and let the interviewer select a response by clicking on it. Drop-down menus also included an “Other, specify” category. Selecting this category allowed the interviewer to enter a textual response. These text responses were coded in the process of data cleaning and are included in the definition of the values for these variables.

4. Domains in the EHC

In this section we provide an overview of each of the six domains covered in the EHC.

Landmark Events

The objective of the Landmark Events domain is to record important events in the respondent’s life during the preceding two-year period in order to help him/her to date other events in the EHC. Marriage dates and dates of children’s births were preloaded into the EHC by the CAPI software. The objective was to obtain at least four landmark events—one in each six-month period. If an entire year of the calendar did not have at least one landmark event, interviewers used both the 4th of July and Christmas as substitute landmark events (since these two holidays fall approximately six months apart). The pop-up questions used to elicit landmark events are shown below.

POP-UP QUESTIONS FOR LANDMARK EVENTS

To begin with, please tell me about major events in your life that occurred since [*date two years before interview*]. These should be events that you know the dates of.

I have recorded: [*mention marriages or children’s births which were preloaded*]

Can you please give me one or two other major events that have happened since [*date two years before interview*]?

PROBE: Examples include: births, deaths, divorces, marriages, a vacation, an accident, a major purchase, a promotion or pay raise, a residential or job change.

The dates and brief descriptions (e.g., vacation in Hawaii) of events were recorded.

Residential History

The Residence domain records the complete address for all places that the respondent lived during the two years before the interview, as well as the beginning and ending dates of residence. The pop-up questions used for this domain are as follows.

POP-UP QUESTIONS FOR RESIDENTIAL HISTORY

Now I want to ask you about all the places you lived or stayed since [<i>date two years before interview</i>]. This includes any place you lived or stayed for one month or more. When did you move to your current address?
PREVIOUS RESIDENCE: Where did you live before that? Time line: When did you move into that place? When did you move out of that place?
ADDRESS: What was the address at that place? [Street number, street name, city, state, zip code, and country]

As in all domains of the EHC, the end date of an on-going spell of residence (i.e., residence at the address that a respondent currently lives) is coded CONT. The beginning date of the spell is coded as a date, regardless of whether it occurred within the two-year time window or before it.

The pop-up questions are repeated until the two-year residential history is complete. Interviewers were instructed to record the complete address (including street number, complete street name, city name, state, zip code, and country, if outside the U.S.). In cases where the respondent was unable to report the complete address, interviewers recorded as much information as possible. If a respondent reported that he/she had no place to live during at least a month of the two-year period, the interviewer asked if he/she was staying somewhere or if he/she was homeless. If the respondent stayed somewhere for less than a month, interviewers recorded this information in the “notes” section. If the respondent reported being homeless, interviewers recorded the beginning and ending dates, and entered “homeless” in the address line. They also entered the city and state in which the respondent lived during the period of homelessness.

Employment

The employment domain was to determine whether the respondent was employed at any time during the two-year window, and if so, to collect information about each job. “Employed” is defined as working for pay as a regular employee; working in a family farm or business; or working for one’s self (i.e., being self-employed). The work must have been performed for pay for at least one hour per week for at least a month. In the case of a family farm or business where the respondent is not paid, he/she must have worked for at least 15 hours a week. The pop-up questions for this domain are shown below.

POP-UP QUESTIONS FOR EMPLOYMENT

Next I will ask you about all the jobs you have held since [<i>date two years before interview</i>]. This includes any times you worked for others for pay, were self-employed, or worked in a family business.
CURRENT JOBS: Are you currently working? How many jobs do you currently have? TIME LINE: When did you start working at this job?
PREVIOUS JOBS: Where did you work before that? TIME LINE: When did you start working at this job? When did you stop working at this job?
OTHER JOBS: Did you have any other jobs at all during the period since [<i>date two years before interview</i>]? TIME LINE: When did you start working at this job? When did you stop working at this job?

Currently working includes:

- Respondents who are employed but who are temporarily at home because they are sick, on vacation, or on sabbatical leave.
- Respondents who have an irregular job schedule but who *do* have an ongoing job. For example, some companies take a several weeks-long break at certain times of the year (e.g., between production cycles, etc.). Their employees continue to be employed but do not come to work during this period.
- Respondents who are paid in kind rather than with money. In-kind payments can include receiving meals, living quarters, or supplies. For example, a respondent may work in exchange for a place to live and meals, even though he/she is not paid any cash at all.

If the respondent was not currently working, the interviewer asked whether he/she had worked at any time during the two-year window. If the respondent had not worked at all during this time, the interviewer moved directly to the next domain (Unemployment). Respondents may mention that they are retired, a student, disabled, or keeping house. Interviewers were instructed to ask respondents whether they have done any work for pay at any time during the past two years.

The employment domain includes another set of pop-up questions that are keyed to the items the interviewer had to complete in the “Detailed Questions Window.” These questions were asked about each job and are shown below.

POP UP QUESTIONS FOR EMPLOYMENT—DETAILED QUESTIONS

EMPLOYER NAME: What is/was the name of your employer, the company you work/worked for, or this business?
EMPLOYER ADDRESS: What is/was the address of your employer, the company you work/worked for, or this business?
OCCUPATION: What kind of work are/were you doing at this job?
ACTIVITIES/DUTIES: What are/were your most important activities or duties at this job?
FULL/PART TIME: Do/did you work full-time or part-time at this job?
HOURS PER WEEK: How many hours per week on average do/did you work at this job?
PROFIT/LOSS: How much total income (profits) did you receive from this business during the last 12 months? How much was your loss?
WAGE/SALARY: What is/was your wage rate or salary?

Interviewers were trained to probe for any jobs the respondent might have held concurrently. For example, in addition to working 40 hours a week as a secretary, a respondent might also have worked evenings and weekends during the Christmas season. Each of these jobs

is recorded as a separate spell. For employers who do not have company names, such as dentists, lawyers, etc., interviewers entered the name of the owner.

When asking about the number of hours per week the respondent worked on a particular job, interviewers were instructed to capture an accurate estimate of the average number of hours, using whole numbers, rounding off to the nearest hour (i.e., 30 minutes or more should be rounded to a one hour). Wages and salaries were recorded as gross earning, i.e., earning before taxes and other deductions. The amount recorded for wages does not include earnings that unincorporated business owners pay themselves or any reimbursement of expenses. However, it does include bonuses, incentive pay, overtime, tips, and commissions in gross earnings.

Once information on a particular job was completed, a pop-up box appeared on the screen asking whether the respondent experienced changes in position or salary for that job. If the respondent had changed position or salary while holding this job, the interviewer reentered the data for that particular job as separate spells for each wage or position change. For example, if a respondent began a job in June 1998 and received a raise in July 1999, the interviewer would enter that job as two spells: the first from June 1998 to July 1999 at the original wage, and the second from July 1999 to the interview date at the higher wage.

Special rules were developed within the EHC for self-employed respondents. If the respondent worked in an incorporated business that he/she owned (regardless of what share of the business he/she owned), the respondent was considered to be employed by that business rather than self-employed. If the respondent worked in his/her own business and the business was unincorporated, the respondent was considered to be self-employed. If the respondent-owned business had a name, that name was entered as the employer's name, but interviewers were also required to enter a note that the respondent owned the business and was self-employed. The business address entered was either a commercial address used by the business or the respondent's home address. Free-lancers (i.e., people who work out of their homes but on different jobs for different clients) who reported that they work for a number of different employers are treated as self-employed. For the employer name, interviewers entered "various" and for the employer address, interviewers entered the respondent's home address.

Self-employed respondents and those who own their own unincorporated business (in part or in whole) were asked about their net profit/loss rather than their wage/salary. Respondents who worked for their own incorporated businesses were treated as employees and were asked about wages and salaries. For self-employed and unincorporated businesses, net profit/loss was defined as the total of all gross receipts (total money coming into the business) minus all business expenses. This includes all monies taken out of the business for the respondent's use (e.g., \$2000 a month as salary), as well as anything left in as profit. Breaking even is recorded as \$0 and a net loss as a negative amount (e.g., -\$10,000).

Net profit/loss for unincorporated businesses was recorded on an annualized basis. *If an unincorporated business was still in operation at the time of interview*, interviewers asked about the net profit or loss for the business during the 12 months before the interview. If the business had been in operation for less than 12 months, interviewers recorded the net profit or loss the time the respondent had this business. *If the business was no longer in operation at the time of*

interview, L.A.FANS recorded for the net profit or loss for the business during the 12 months before the business ended.

Unemployment and Absence from Work

This domain verified gaps in employment and collected information on spells in which the respondent was unemployed or absent from work. The interviewer used information in the employment domain to identify and ask the respondent about periods of time when the respondent was apparently not working. This domain used separate pop-up questions for Unemployment and for Absence from Work.

The Unemployment pop-up questions were as follows.

POP-UP QUESTIONS FOR UNEMPLOYMENT

NON-WORK PERIODS: From the calendar, it looks like you were not working between ____ and ____ . Is that correct?
WORK PERIODS: Was there any period, during the times you told me you were working, when you were actually out of work?
MAKING MONEY: Did you do anything to make money during this period?
REASON NOT WORKING: Why weren't you working? PROBE: Were you fired or laid off from a job, retired, in school, a homemaker, sick or hospitalized, on disability, or something else?
LOOKING FOR WORK: Were you looking for work during this period?

The interviewer asked these questions for each gap which appeared in the employment domain. If employment spells that had not previously been recorded were identified, the interviewer returned to the employment domain and entered the information there. For respondents who had a complete employment history, i.e., there are no gaps in employment spells, the interviewer asked if they were ever unemployed in the two-year calendar period. As in other domains, respondents who were unemployed at the time of the interview had an end date of "CONT" for their final spell.

The questions in the lower part of the pop-up box were asked for each identified spell of unemployment. Respondents who reported doing something to make money during this period were asked what they did. Their response was coded using the following drop-down menu.

DROP DOWN LIST FOR UNEMPLOYMENT

Answers to the question: "Did you do anything to make money during this period?"
1. No, did not do anything to make money
2. Received unemployment payments only
3. Worked at temporary or odd jobs
4. Worked at temporary or odd jobs & received unemployment payments
5. Other, please specify

Interviewers were instructed to insure that the “anything to make money answer” was recorded for the period of time to which it applied. A second question asked why the respondent was not working and the answer was coded using a drop-down menu. If a respondent reported not working because he/she was on maternity/paternity leave, was on disability due to an illness or injury, or was on vacation, interviewers were instructed to verify that these were periods of unpaid leave from a job. If the periods were actually paid leave from a job, then the respondent was considered employed during that period and the information recorded in the Absence from Work sub-domain (see below). A third question on whether the respondent was looking for work determines whether or not the respondent was in or out of the labor force during that time period.

When the employment sub-domain was complete, all periods of time in the two-year calendar should be filled in either on the employment or on the unemployment domains.

The objective of the Absence from Work section was to collect information on periods when the respondent *was employed but was absent from work*, as distinguished from periods of unemployment (i.e., respondent did not have a job). The pop-up questions for this section are shown below.

POP-UP QUESTIONS FOR ABSENCE FROM WORK

WORK PERIODS: During the times you were employed since [*date two years before interview*], did you miss work for a period of one month or more?

PROBE: Were you on sick leave, vacation, on disability, on maternity or paternity leave, or something else?

REASON FOR WORK ABSENCE: Why weren't you working?

PROBE: Were you laid off, temporarily absent, on strike, on maternity or paternity leave, on disability, or something else?

In this section, interviewers were instructed to verify that any periods of absence from work actually coincided with a period of employment in the employment domain. The reason for the absence was coded using the following drop-down menu.

DROP DOWN LIST FOR ABSENCE FROM WORK REASON

Answers to the question: “Why weren't you working?”

1. Fired or laid off from a job
2. Temporarily absent from a job
3. On maternity or paternity leave
4. On disability
5. Sick or hospitalized
6. On vacation
7. Other, please specify

If the respondent reported absence from work due to disability or sickness, a lay-off, on strike, etc., interviewers verified that the person was actually employed during the entire period. For example, people are on lay-off if they are waiting to be called back to a job from which they were temporarily separated for business-related reasons, such as temporary drops in demand, business downturns, plant remodeling, material shortages, and inventory taking. They must

either have been given a date to report back to work or, if not given a date, must expect to be recalled to their job within six months. If this was not the case (e.g., they have been on lay-off for more than six months), then the respondent was reclassified as being unemployed starting from the day they were laid-off.

Public Assistance

In this domain the interviewer recorded spells of receipt of four types of public assistance for the respondent and the respondent’s children: Food Stamps; Temporary Assistance to Needy Families (TANF) known in California as CalWORKs; General Relief or General Assistance; or

POP-UP QUESTIONS FOR PUBLIC ASSISTANCE

<p>Next, let’s talk about any times since <i>[date two years before interview]</i> that you received public assistance. First, let’s talk about Food Stamps.</p> <p>CURRENT FOOD STAMPS: Are you (or your children) currently receiving Food Stamps? TIME LINE: When did you start receiving Food Stamps?</p> <p>PREVIOUS FOOD STAMPS: Were there any (other) times since <i>[date two years before interview]</i> that you (or your children) received Food Stamps?</p> <p>TIME LINE: When did you start receiving Food Stamps this time? When did you stop? Any other times?</p>
<p>CURRENT AFDC/CALWORKS/TANF: Are you (or your children) currently receiving AFDC/CalWORKS/TANF?</p> <p>TIME LINE: When did you start receiving AFDC/CalWORKS/TANF?</p> <p>PREVIOUS AFDC/CALWORKS/TANF: Were there any (other) times since <i>[date two years before interview]</i> that you (or your children) received AFDC/CalWORKS/TANF?</p> <p>TIME LINE: When did you start receiving AFDC/CalWORKS/TANF this time? When did you stop? Any other times?</p>
<p>CURRENT GENERAL RELIEF: Are you (or your children) currently receiving General Relief or General Assistance?</p> <p>TIME LINE: When did you start receiving General Relief or General Assistance?</p> <p>PREVIOUS GENERAL RELIEF: Were there any (other) times since <i>[date two years before interview]</i> that you (or your children) received General Relief or General Assistance?</p> <p>TIME LINE: When did you start receiving A General Relief or General Assistance this time? When did you stop? Any other times?</p>
<p>CURRENT SSI: Are you (or your children) currently receiving SSI?</p> <p>TIME LINE: When did you start receiving SSI?</p> <p>PREVIOUS SSI: Were there any (other) times since <i>[date two years before interview]</i> that you (or your children) received SSI?</p> <p>TIME LINE: When did you start receiving SSI this time? When did you stop? Any other times?</p>

Supplemental Security Income (SSI). Receipt of support from equivalent programs in other states during the two-year period was also recorded (e.g., the TANF program in Wisconsin is known as Wisconsin Works). At the time of L.A.FANS-1, some welfare recipients still used the term AFDC (Aid to Families with Dependent Children). For this reason, the acronym AFDC was also included in the question. The specific questions asked about public assistance are displayed above.

With the exception of Food Stamps, any public assistance spells overlapping with spells of full-time employment (35 hours per week or more) appeared on the interviewer’s screen in orange. Interviewers verified that the respondent was both receiving public assistance benefits and engaged in full-time work during this period, and made corrections if needed. Interviewers were instructed that under some circumstances, receiving public assistance benefits and working full-time might be legal.

Health Insurance

This domain collected information on the respondent’s health insurance coverage during the preceding two years. Respondents who are Primary Care Givers (PCG) were also asked about the health insurance status of one or two children (RSC, and SIB if selected). In this case, health insurance coverage for the PCG, the RSC, and the SIB were each recorded on a separate set of rows or bars.

The pop-up questions for health insurance are shown below. Note that Medicaid is known as MediCal in California. Healthy Families is a low-cost health insurance program that is part of SCHIP (State Child Health Insurance Programs). For each spell of health insurance, the interviewer recorded answers to these questions in the Detailed Data Entry window.

POP-UP QUESTIONS FOR HEALTH INSURANCE

CURRENT COVERAGE: Are (you / child’s name) currently covered by any type of health insurance? PROBE: This could include insurance through an employer or job, a plan you or someone else purchased, or a program like Medicare, MediCal or Healthy Families?
TIME LINE: When did this health insurance start?
PREVIOUS COVERAGE: What type of health insurance did (you / child’s name) have before that?
TIME LINE: When did this health insurance start? When did this health insurance end?
NON-COVERAGE: From the calendar, it looks like (you / child’s name) were/was not covered by health insurance between _____ and _____. Is that correct?

Once all spells of insurance were entered, the interviewer scanned the display and asked about periods of non-coverage. PCGs were asked first about their own coverage and then separately about coverage for the RSC and SIB. Interviewers were instructed to probe periods when one or two types of respondent were covered but not the other(s).

Periods containing a change in the type of health insurance coverage were recorded as two separate spells. If a respondent had never been covered by health insurance, interviewers recorded his/her birth date as the start-date.

For each spell of coverage or non-coverage, interviewers asked these detailed questions:

POP-UP QUESTIONS FOR HEALTH INSURANCE—DETAILED QUESTIONS

TYPE: What type of health insurance are/were (you / child’s name) covered by (RECORD PRIMARY INSURANCE)
NON-COVERAGE: Between _____ and _____, what was the main reason (you/ child’s name) were/was not covered by health insurance?

The type of health insurance was recorded using the following drop-down menu for insured spells.

DROP DOWN LIST FOR TYPE OF HEALTH INSURANCE

Answers to the question: “What type of health insurance did (you / child’s name) have?” (ONE ANSWER ONLY)
1. Employer/union provided (through R’s job)
2. Employer/union provided (through a family member’s job)
3. Purchased directly plan—not employer/union (through R’s plan)
4. Purchased directly plan—not employer/union (through family member’s plan)
5. Medicare
6. Medicare with supplemental coverage
7. Medicaid
8. CHAMPUS/TRICARE/CHAMPVA
9. Military Health
10. Indian Health Service
11. Healthy Families
12. Other government health insurance plan, please specify
13. Covered by someone outside this household
14. Not covered by health insurance

The main reason for non-coverage was recorded using a drop-down menu for uninsured spells shown below. Only one reason (the “main” reason) for non-insured spells was recorded. For children born during the two-year calendar period, interviewers entered the birth date of the child as the start-date of either coverage or non-coverage, and included a note in the Notes section.

DROP DOWN LIST FOR NONCOVERAGE BY HEALTH INSURANCE

Answers to the question: "What was the main reason (you/ child's name) were/was not covered by health insurance?" (ONE ANSWER ONLY)

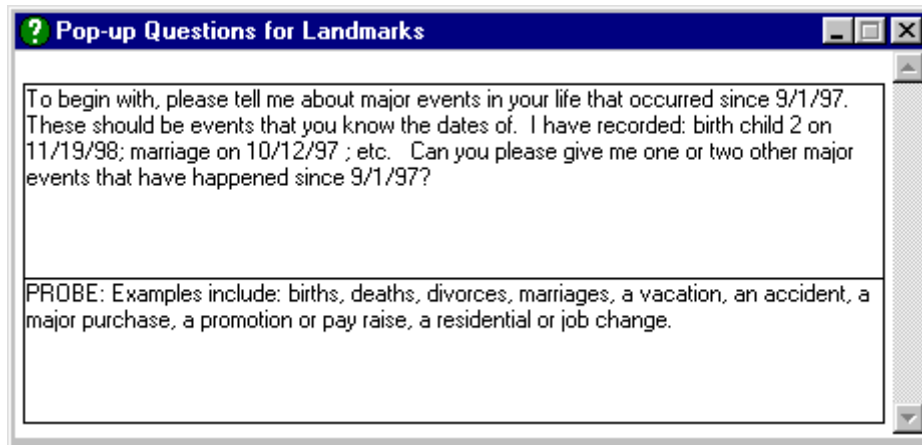
1. Too expensive; can't afford health insurance.
2. No health insurance offered by employer of self, spouse, or parent
3. Not working at a job long enough to qualify
4. Job layoff, job loss, or any reason related to unemployment
5. Not eligible because working part time or temporary job
6. Can't obtain insurance because of poor health, illness, age, or pre-existing condition
7. Dissatisfied with previous insurance or don't believe in insurance
8. Have been healthy; not much sickness in family; haven't needed health insurance
9. Able to go to VA or military hospital for medical care
10. Covered by some other health plan, such as Medicaid (GO BACK AND CORRECT CALENDAR)
11. No longer covered by parent's policy
12. Other, please specify

5. Completing the EHC for an Illustrative Case

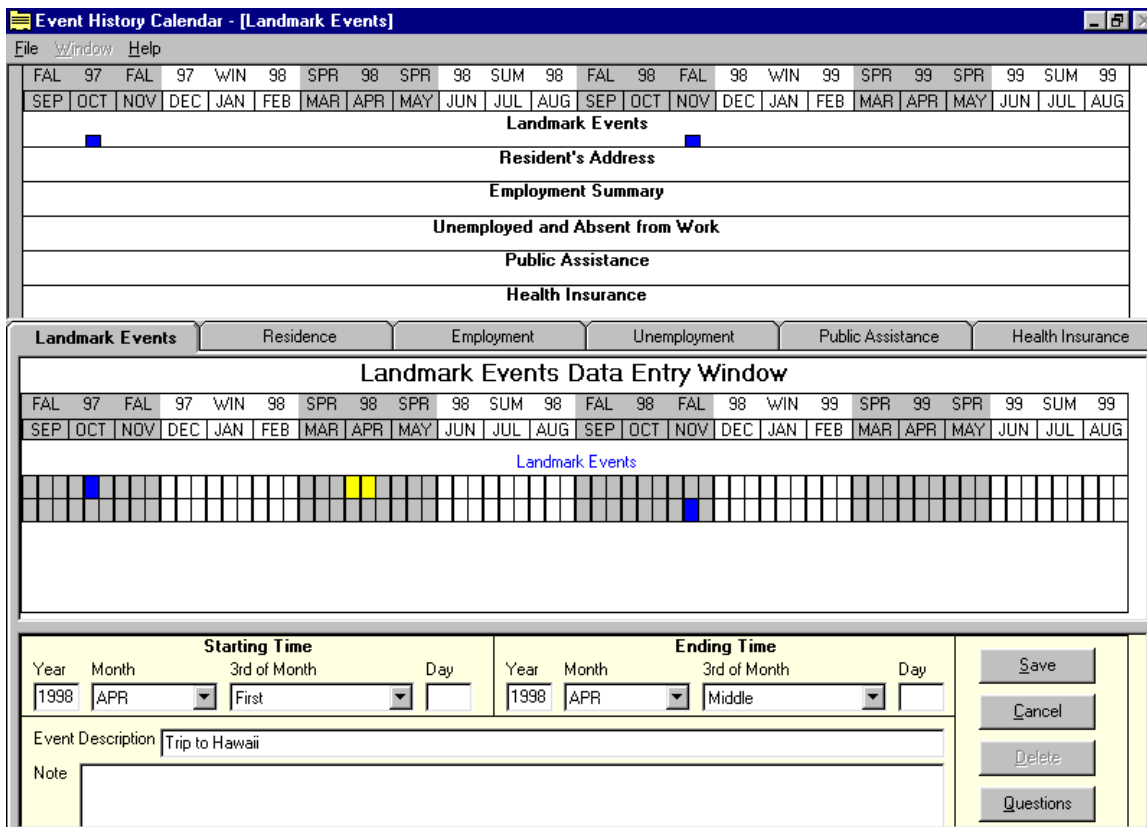
In this final section, we provide an illustration of an interviewer completing the EHC for a hypothetical case. We proceed step by step through this module, showing each of the screens that the interviewer would see. The following is the first screen that appears when the EHC is launched:

The screenshot displays the 'Event History Calendar - [Landmark Events]' application window. At the top, there is a menu bar with 'File', 'Window', and 'Help'. Below the menu is a calendar grid for the years 1997 and 1998, with months labeled from FAL to AUG. The main area of the window is divided into several sections: 'Landmark Events', 'Resident's Address', 'Employment Summary', 'Unemployed and Absent from Work', 'Public Assistance', and 'Health Insurance'. Below these sections is a 'Landmark Events Data Entry Window' which contains another calendar grid for the same period. At the bottom of the window, there are two buttons: 'Landmark Questions' and 'Exit'. A copyright notice at the bottom right reads: 'Copyright 2000. The Regents of the University of Michigan. All Rights Reserved.'

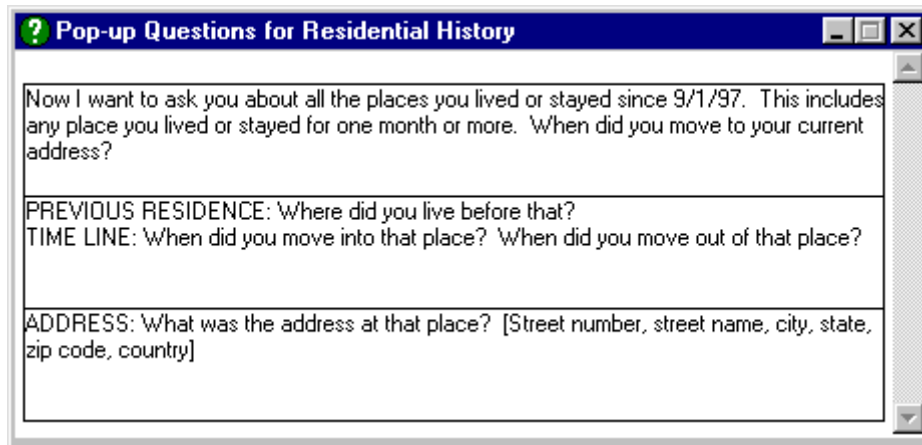
It shows two events that have been pre-loaded into the EHC: the respondent's marriage in October 1997 and the birth of a child in November 1998. Clicking on the "Landmark Questions" tab at the bottom left of the screen brings up the following pop-up question window:



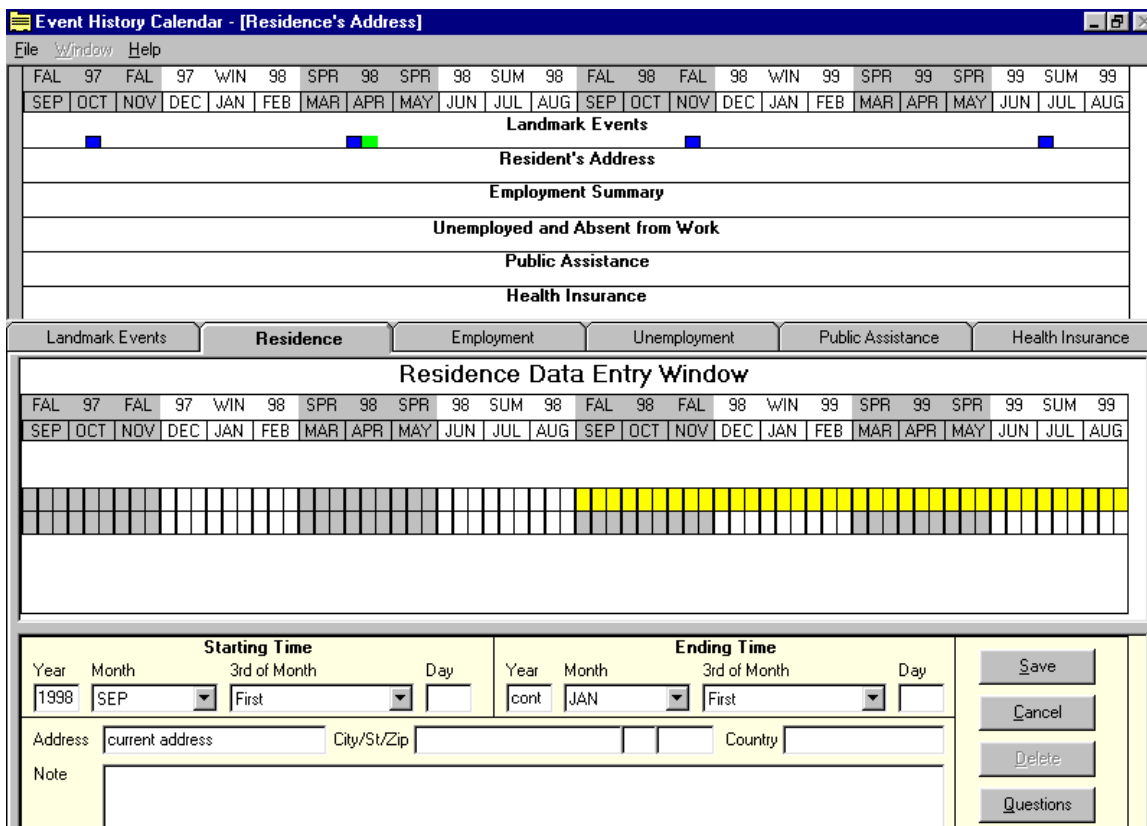
Note that the preloaded events appear in the pop-up questions. The respondent answers that he went on vacation to Hawaii in April 1998, and the following screen shows how the interviewer records this information:



The interviewer adds Independence Day in 1999 as a Landmark Event because the respondent is unable to report any other events for 1999. The interview next moves to the Residence History. The following are the pop-up questions for this domain:



The respondent begins by telling the interviewer about when he moved into his current residence:



The interviewer next asks about the respondent's previous residence, which is recorded in the following window:

Event History Calendar - [Residence's Address]

File Window Help

FAL 97 FAL 97 WIN 98 SPR 98 SPR 98 SUM 98 FAL 98 FAL 98 WIN 99 SPR 99 SPR 99 SUM 99
 SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG

Landmark Events

Resident's Address

Employment Summary

Unemployed and Absent from Work

Public Assistance

Health Insurance

Landmark Events Residence Employment Unemployment Public Assistance Health Insurance

Residence Data Entry Window

FAL 97 FAL 97 WIN 98 SPR 98 SPR 98 SUM 98 FAL 98 FAL 98 WIN 99 SPR 99 SPR 99 SUM 99
 SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG

current address

Starting Time Ending Time

Year Month 3rd of Month Day Year Month 3rd of Month Day

1997 JAN Middle Day 1998 AUG Last Day

Address: 1700 Main Street City/St/Zip: Santa Monica CA 90407 Country: USA

Note

Save Cancel Delete Questions

Since these two addresses complete the entire residence timeline, the interviewer moves on to the Employment domain and the following set of pop-up questions:

? Pop-up Questions for Employment

EMPLOYER NAME: What is/was the name of your employer, the company you work/worked for, or this business?

EMPLOYER ADDRESS: What is/was the address of (your employer/this company/this business)?

OCCUPATION: What kind of work are/were you doing at this job?

ACTIVITIES/DUTIES: What are/were your most important activities or duties at this job?

FULL/PART TIME: Do/did you work full-time or part-time at this job?

HOURS PER WEEK: How many hours per week on average do/did you work at this job?

PROFIT/LOSS: How much total income (profits) did you receive from this business during the last 12 months? How much was your loss?

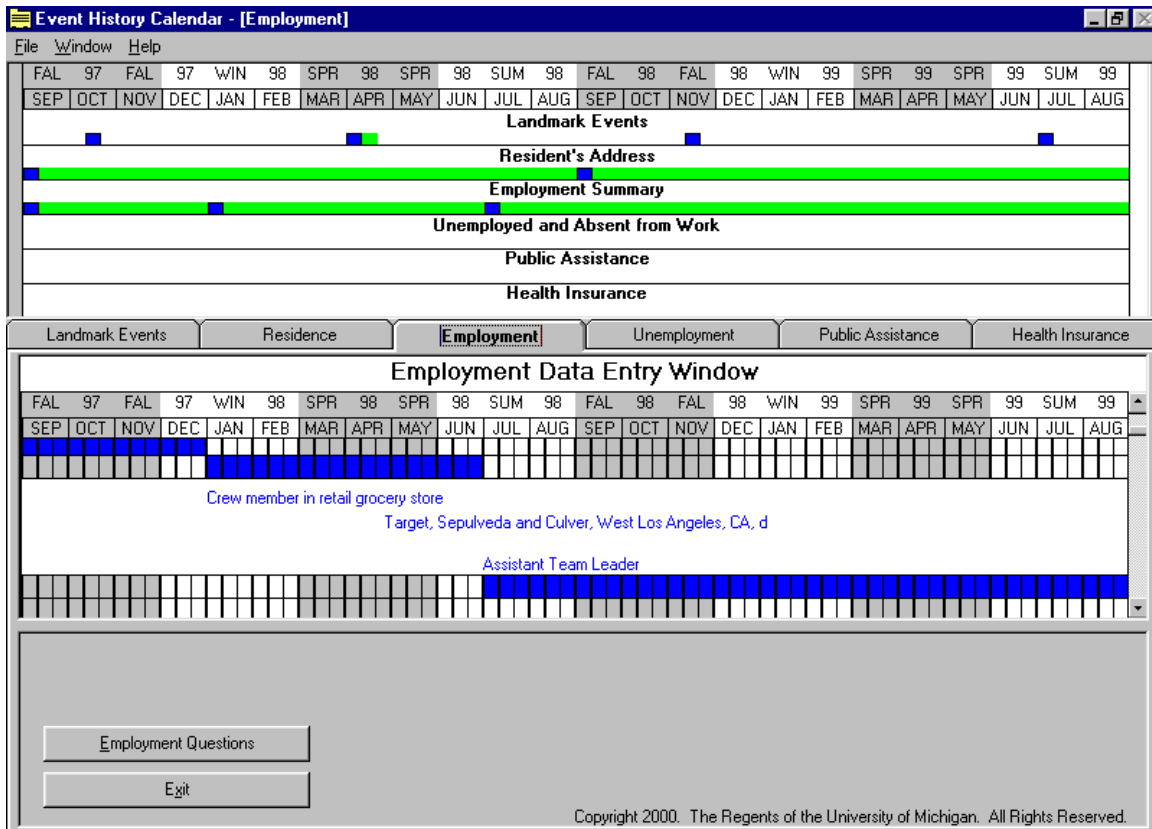
WAGE/SALARY: What is/was your wage rate or salary?

The respondent begins by reporting a job that he worked at when he lived at the previous residence he just identified to the interviewer (rather than his current job):

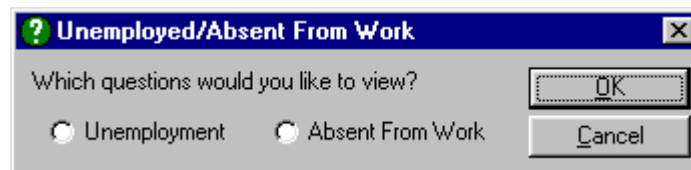
When the interviewer finishes entering the information and clicks on “Save,” the following pop-up window appears:

If the respondent says “Yes,” then following instructions appear:

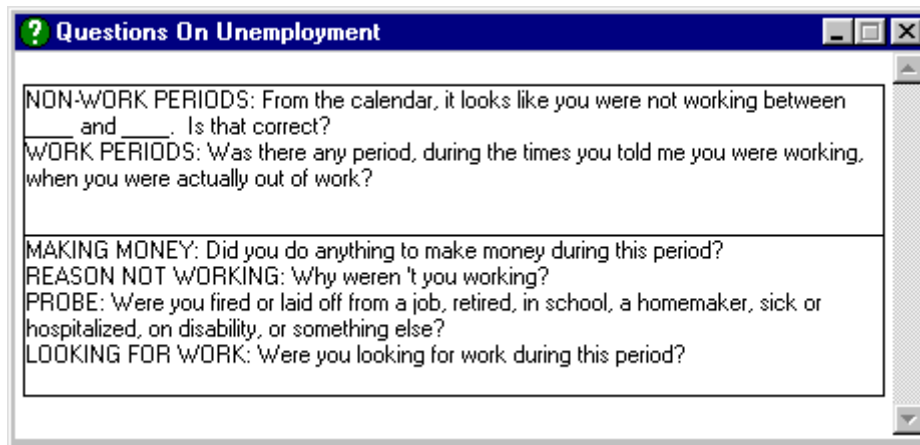
The interviewer goes back to the calendar to enter a separate spell. Note that the window that opens has the employer’s name and address filled-in. This is because the interviewer is still working with the pair of bars associated with Employer #1. At the bottom of the Calendar Data Entry Window the pair of bars associated with Employer #2 are visible, which the interviewer completes with the respondent, yielding the following complete employment history:



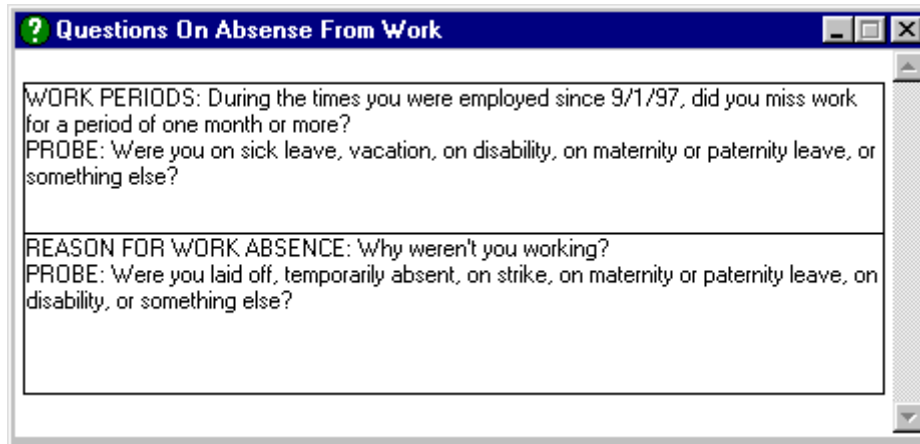
Clicking on the “Unemployment Questions” button in the next domain brings up the following window:



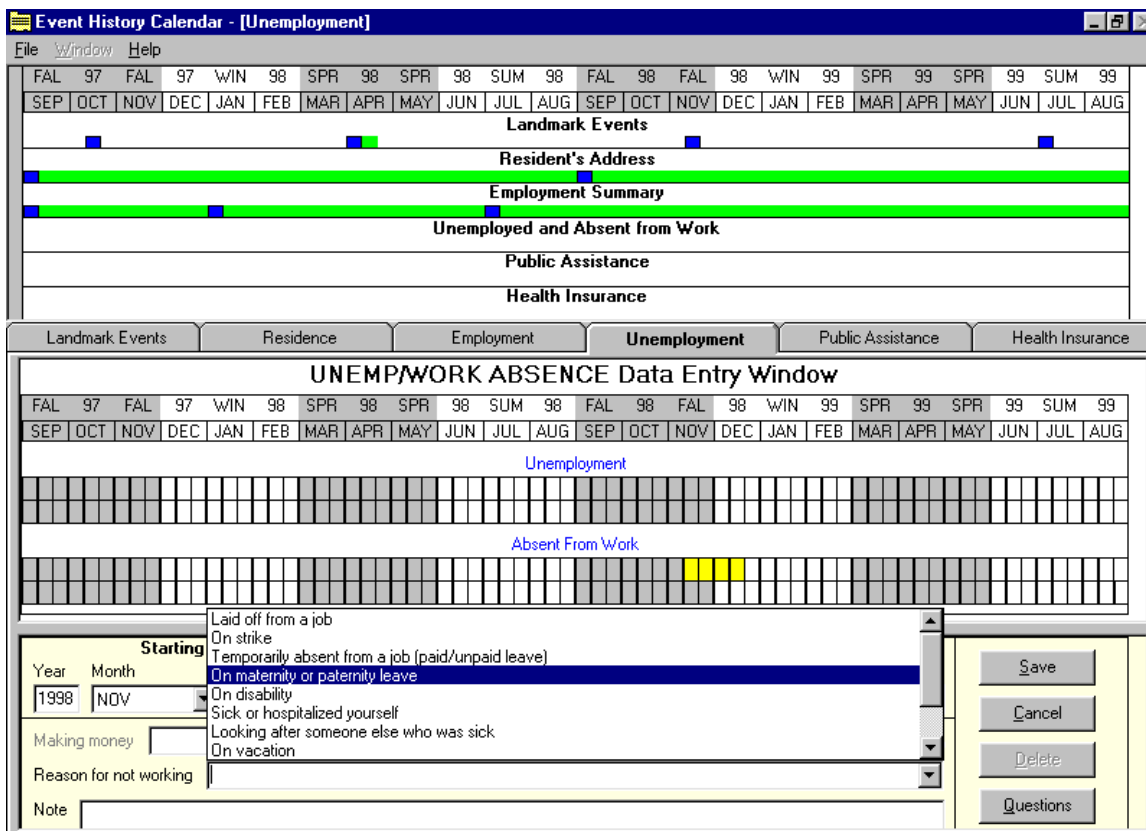
Choosing “Unemployment” brings up the following set of pop-up questions:



When “Absent from Work” is chosen, the following questions appear:



The respondent reports a single Absent from Work spell, which was one-month of paternity leave that occurred following the birth of his second child in November 1998. This is recorded using the calendar bar to record the beginning and ending dates and the drop down menu for “Reason not working,” as shown in the following screen:



The following are the pop-up questions form the next domain, which covers public assistance:

? Questions for Program Participation

Next, let's talk about any times since 9/1/97 that you received public assistance. First let's talk about Food Stamps.

CURRENT FOOD STAMPS: Are you [or your children] currently receiving Food Stamps?
TIME LINE: When did you start receiving Food Stamps?

PREVIOUS FOOD STAMPS: Were there any (other) times since 9/1/97 that you [or your children] received Food Stamps?
TIME LINE: When did you start receiving Food Stamps this time? When did you stop? Any other times?

CURRENT AFDC/CALWORKS/TANF: Are you [or your children] currently receiving AFDC/CalWORKS/TANF?
TIME LINE: When did you start receiving AFDC/CalWORKS/TANF?

PREVIOUS AFDC/CALWORKS/TANF: Were there any (other) times since 9/1/97 that you [or your children] received AFDC/CalWORKS/TANF?
TIME LINE: When did you start receiving AFDC/CalWORKS/TANF this time? When did you stop? Any other times?

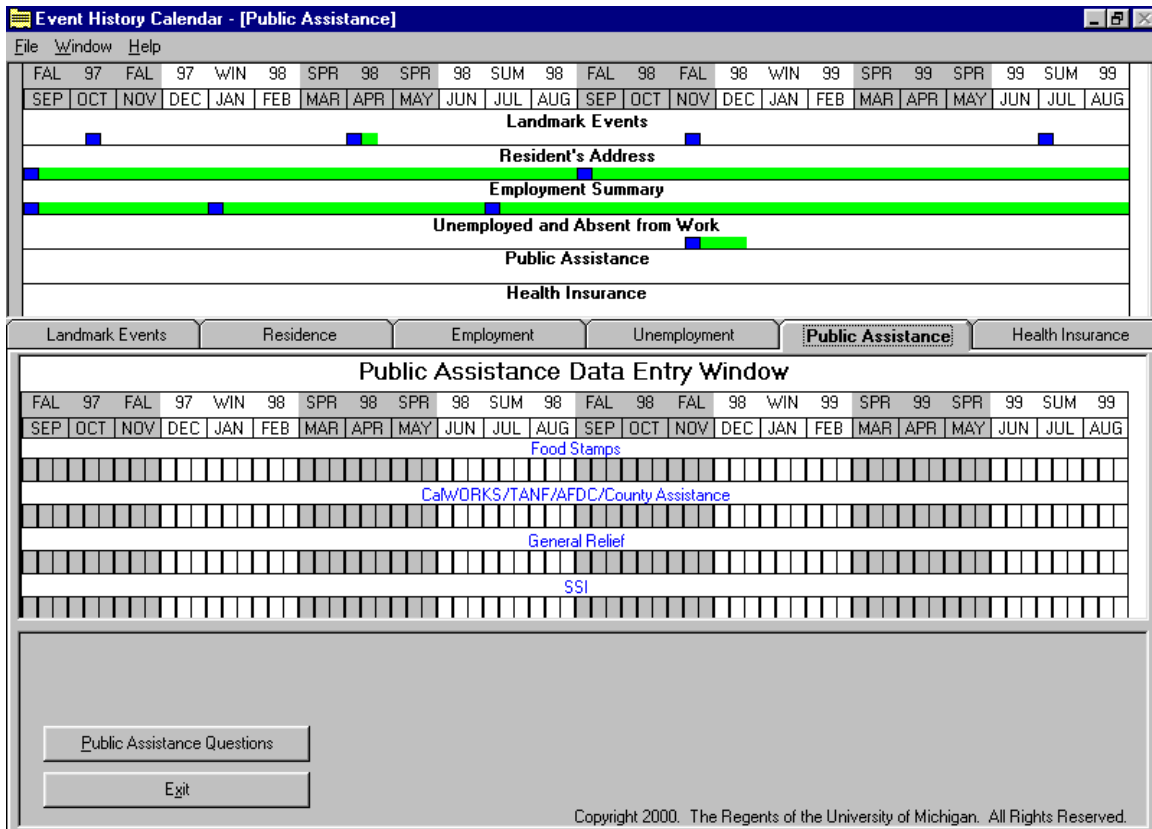
CURRENT GENERAL RELIEF: Are you [or your children] currently receiving General Relief or General Assistance?
TIME LINE: When did you start receiving General Relief or General Assistance?

PREVIOUS GENERAL RELIEF: Were there any (other) times since 9/1/97 that you [or your children] received General Relief or General Assistance?
TIME LINE: When did you start receiving General Relief or General Assistance this time? When did you stop? Any other times?

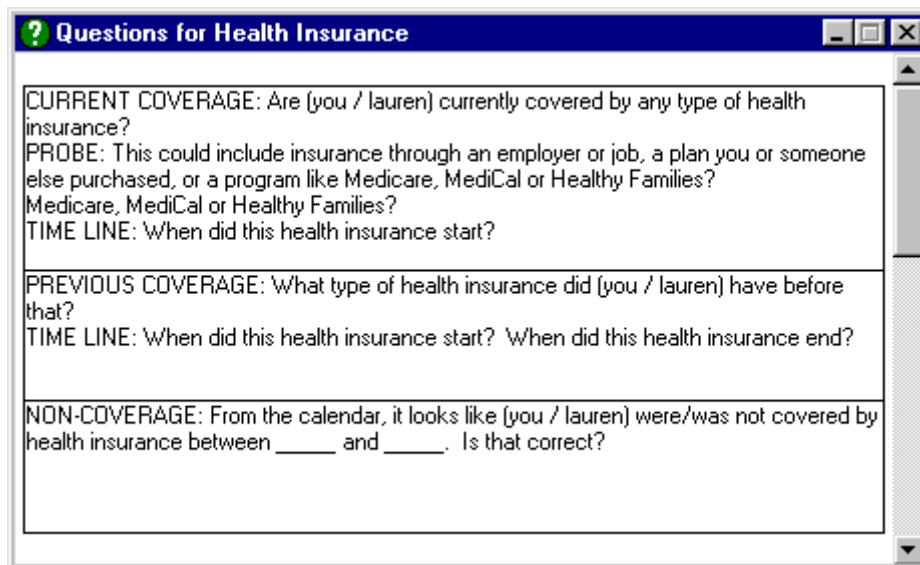
CURRENT SSI: Are you [or your children] currently receiving SSI?
TIME LINE: When did you start receiving SSI?

PREVIOUS SSI: Were there any (other) times since 9/1/97 that you [or your children] received SSI?
TIME LINE: When did you start receiving SSI this time? When did you stop? Any other

This history remains blank because the respondent did not receive any form of public assistance during the two-year period covered by the EHC:



Finally, the following are the pop-up questions from the Health Insurance domain:



Note that the questions mention the respondent's child and three bars appear in the calendar, one for the respondent, one for his first child (Lauren), and one for his second child:

Event History Calendar - [Health Insurance]

File Window Help

FAL 97	FAL 97	WIN 98	SPR 98	SPR 98	SUM 98	FAL 98	FAL 98	WIN 99	SPR 99	SPR 99	SUM 99
SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Landmark Events

Resident's Address

Employment Summary

Unemployed and Absent from Work

Public Assistance

Health Insurance

Landmark Events Residence Employment Unemployment Public Assistance **Health Insurance**

Health Insurance Data Entry Window

FAL 97	FAL 97	WIN 98	SPR 98	SPR 98	SUM 98	FAL 98	FAL 98	WIN 99	SPR 99	SPR 99	SUM 99
SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Adult

First Child: lauren

Second Child:

Not currently covered by health insurance
Employer/union provided (through R's job)
 Employer union provided (through a family member's job)
 Purchased directly plan, not employer/union (through R's plan)
 Purchased directly plan, not employer/union (through family member's plan)
 Medicare
 Medicare with supplemental coverage
 Medicaid/MediCal

Year: 1998 Month: JUL

Type of Health Insurance

Main reason for no insurance

Note

Save Cancel Delete Questions

The respondent reports being currently covered by health insurance through his employer. The interviewer can verify the date that the respondent began working for his current employer using information in the Summary Display Window. The respondent also reports a spell of no health insurance, prior to his current job:

Event History Calendar - [Health Insurance]

File Window Help

FAL 97	FAL 97	WIN 98	SPR 98	SPR 98	SUM 98	FAL 98	FAL 98	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99
SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Landmark Events

Resident's Address

Employment Summary

Unemployed and Absent from Work

Public Assistance

Health Insurance

Landmark Events Residence Employment Unemployment Public Assistance Health Insurance

Health Insurance Data Entry Window

FAL 97	FAL 97	WIN 98	SPR 98	SPR 98	SUM 98	FAL 98	FAL 98	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99	FAL 99	FAL 99	WIN 99	SPR 99	SPR 99	SUM 99
SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Adult

First Child: lauren

Second Child:

Starting Time

Year: 1994, Month: JAN, 3rd of Month: First, Day: []

Ending Time

Year: 1998, Month: JUN, 3rd of Month: Last, Day: []

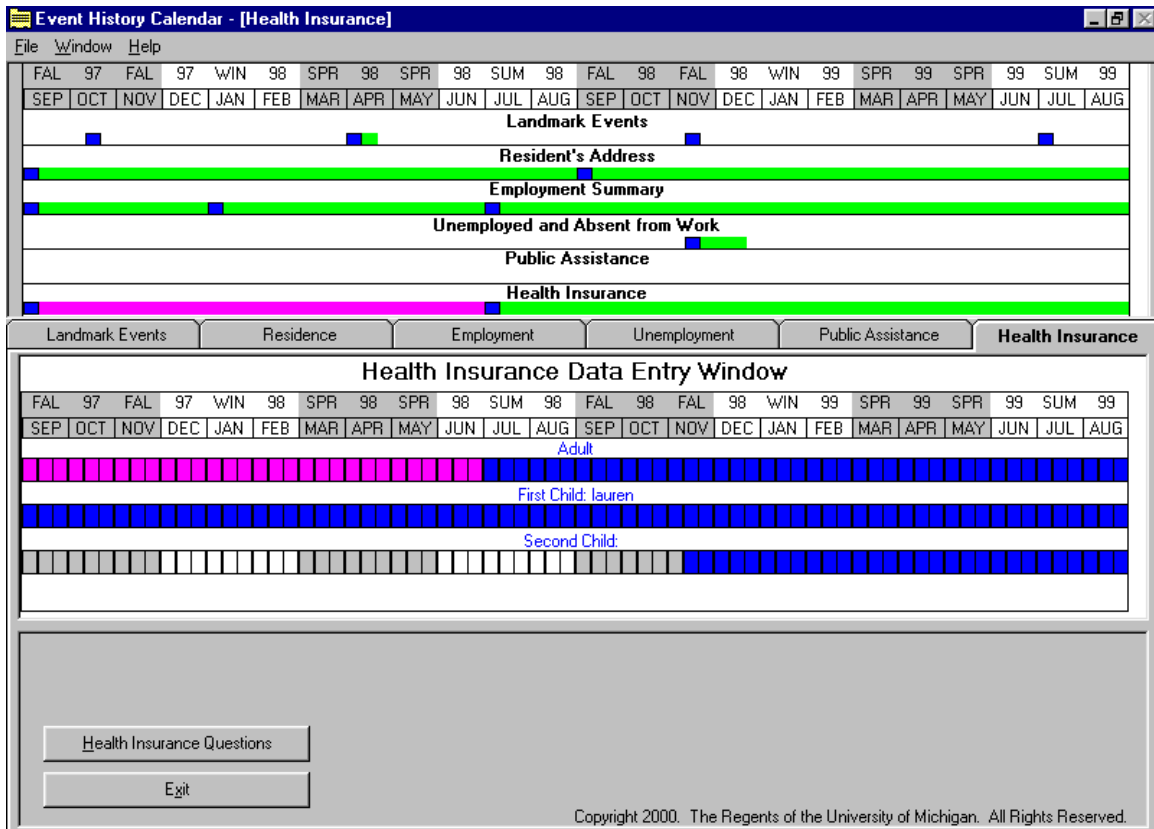
Type of Health Insurance: Not currently covered by health insurance

Main reason for no insurance: No health insurance offered by employer of self, spouse, or parent

Note: []

Save, Cancel, Delete, Questions

Both the type of health insurance (none) and the main reason for no insurance (none offered by employer) are recorded using the pull-down menus in the Detailed Data Entry window. Together, these two spells complete the respondent's health insurance time line. The first child's health insurance history parallels her father's, while the second child's health insurance history begins with his birth, as shown in the following screen:



The calendar is now complete. After the interviewer reviews the information with the respondent, she clicks on the “Exit” button in the bottom left of the screen and continues with the remainder of the questionnaire.

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SECTION I. INTENTIONALLY MISSING

SECTION J. RESIDENTIAL HISTORY FOLLOW-UP

TIME START

(NOTE: SECTION J GIVEN ONLY TO RSA)

J1. INTERVIEWER CHECK A1:

1. RESPONDENT IS RSA ONLY
2. RESPONDENT IS RSA AND PCG
3. RESPONDENT IS PCG ONLY (GO TO J8)

J2. CAPI CHECK CALENDAR RESPONSES: DID R MOVE SINCE [CALENDAR START DATE]?

1. YES (GO TO J6)
5. NO

[QUESTION ASKED ONLY FOR THOSE WHO DID NOT MOVE IN LAST TWO YEARS]

J3. What was your previous address before the place you now live?

_____ STREET ADDRESS

_____ CITY _____ STATE

_____ COUNTRY

J5. CAPI CHECK: CHECK EHC DATA FOR DATE R MOVED TO CURRENT RESIDENCE.

IF [DATE R MOVED TO CURRENT RESIDENCE] IS GREATER THAN OR EQUAL TO [DATE EXACTLY 5 YEARS BEFORE INTERVIEW], CONTINUE.

ELSE GO TO J8

Show Card #7 1. WANTED A BETTER NEIGHBORHOOD 2. WANTED A NICER HOUSE OR APARTMENT 3. TO BE CLOSER TO WORK/NEW JOB/BECAUSE OF WORK 4. BECAUSE OF HUSBAND/WIFE/PARTNER'S JOB 5. TO BE CLOSER TO SCHOOL OR COLLEGE 6. SCHOOLS WERE POOR/WANTED BETTER SCHOOL FOR KIDS 7. TO BE CLOSER TO FAMILY OR FRIENDS 8. TO LIVE WITH PARENTS OR OTHER FAMILY 9. TRANSPORTATION PROBLEMS 10. FINANCIAL SITUATION GOT WORSE 11. FINANCIAL SITUATION GOT BETTER 12. WANTED LESS EXPENSIVE PLACE TO

LIVE 13. DISASTER LOSS (FIRE, FLOOD EARTHQUAKE, ETC.) 14. TO MOVE INTO OWN APARTMENT OR HOUSE 15. NEEDED A LARGER HOUSE OR APARTMENT 16. MOVED IN WITH GIRLFRIEND OR BOYFRIEND 17. GOT MARRIED 18. BROKE UP WITH HUSBAND, WIFE, BOYFRIEND OR GIRLFRIEND 19. GOT DIVORCED 20. HAD A NEW BABY 21. MOVED TO LOS ANGELES/TO THE USA 22. OTHER

J6. Think about the place where you lived before moving your current address. Please look at this card and tell me why did you decide to move from that place?

PROBE: Any other reason?

(CODE ALL THAT ARE MENTIONED)

1. WANTED A BETTER NEIGHBORHOOD
2. WANTED A NICER HOUSE OR APARTMENT
3. TO BE CLOSER TO WORK/NEW JOB/BECAUSE OF WORK
4. BECAUSE OF HUSBAND/WIFE/PARTNER'S JOB
5. TO BE CLOSER TO SCHOOL OR COLLEGE
6. SCHOOLS WERE POOR/ WANTED BETTER SCHOOL FOR KIDS
7. TO BE CLOSER TO FAMILY OR FRIENDS
8. TO LIVE WITH PARENTS OR OTHER FAMILY
9. TRANSPORTATION PROBLEMS
10. FINANCIAL SITUATION GOT WORSE
11. FINANCIAL SITUATION GOT BETTER
12. WANTED LESS EXPENSIVE PLACE TO LIVE
13. DISASTER LOSS (FIRE, FLOOD, EARTHQUAKE, ETC.)
14. TO MOVE INTO OWN APARTMENT OR HOUSE
15. NEEDED A LARGER HOUSE OR APARTMENT
16. MOVED IN WITH GIRLFRIEND OR BOYFRIEND
17. GOT MARRIED
18. BROKE UP WITH HUSBAND, WIFE, BOYFRIEND OR GIRLFRIEND
19. GOT DIVORCED
20. HAD A NEW BABY
21. MOVED TO LOS ANGELES/ TO THE USA
22. OTHER, SPECIFY - LIMITED

Show Card #8 1. QUIET, CLEAN NEIGHBORHOOD 2. LOW CRIME NEIGHBORHOOD 3. CENTRALLY LOCATED NEIGHBORHOOD/ CLOSE TO STORES, ETC. 4. CLOSE TO MOUNTAINS OR BEACH 5. NEIGHBORHOOD HAS FAMILIES WITH KIDS 6. GOOD NEIGHBORHOOD TO RAISE CHILDREN 7. CLOSE TO YOUR WORK OR SCHOOL 8. CLOSE TO SPOUSE/PARTNER'S WORK OR SCHOOL 9. CLOSE TO KIDS' SCHOOL 10. SCHOOLS ARE GOOD 11. CLOSE TO FAMILY OR FRIENDS 12. MOVED HERE TO LIVE WITH PARENTS OR OTHER FAMILY 13. MOVED HERE TO LIVE WITH SPOUSE OR PARTNER 14. GOOD TRANSPORTATION 15. ETHNICITY/NATIONALITY OF

NEIGHBORHOOD 16. LIVED HERE BEFORE/ALREADY KNOW THE NEIGHBORHOOD
17. HOUSING RENTS OR PRICES ARE REASONABLE 18. LIKED THIS PARTICULAR
HOUSE OR APARTMENT 19. THERE WAS AN APARTMENT OR HOUSE AVAILABLE
HERE 20. EASY TO FIND A HOUSE OR APARTMENT 21. OTHER

J7. Now let me ask you about your move to this address. Please look at this other card and tell me why did you choose this neighborhood?

PROBE: Any other reason?

CODE ALL THAT APPLY

1. QUIET, CLEAN NEIGHBORHOOD
2. LOW CRIME NEIGHBORHOOD
3. CENTRALLY LOCATED NEIGHBORHOOD/CLOSE TO STORES, ETC.
4. CLOSE TO MOUNTAINS OR BEACH
5. NEIGHBORHOOD HAS FAMILIES WITH KIDS
6. GOOD NEIGHBORHOOD TO RAISE CHILDREN
7. CLOSE TO YOUR WORK OR SCHOOL
8. CLOSE TO SPOUSE/PARTNER'S WORK OR SCHOOL
9. CLOSE TO KIDS' SCHOOL
10. SCHOOLS ARE GOOD
11. CLOSE TO FAMILY OR FRIENDS
12. MOVED HERE TO LIVE WITH PARENTS OR OTHER FAMILY
13. MOVED HERE TO LIVE WITH SPOUSE OR PARTNER
14. GOOD TRANSPORTATION
15. ETHNICITY/NATIONALITY OF NEIGHBORHOOD
16. LIVED HERE BEFORE/ALREADY KNOW THE NEIGHBORHOOD
17. RENTS OR HOUSING PRICES ARE REASONABLE
18. LIKED THIS PARTICULAR HOUSE OR APARTMENT
19. THERE WAS AN APARTMENT OR HOUSE AVAILABLE HERE
20. EASY TO FIND A HOUSE OR APARTMENT
21. OTHER, SPECIFY - LIMITED

J8. Do you plan to move in the next year or two?

1. YES
5. NO

IF J8=D OR R, GO TO END

J9. How sure are you that you will [IF J8=5, FILL "not"] move? Are you:

1. Very sure

- 2. Moderately sure
- 3. Not at all sure?

TIME ENDED

SECTION K. EMPLOYMENT

TIME START

K1. CAPI: CHECK CALENDAR INFORMATION FOR WHETHER R IS CURRENTLY WORKING?

- 1. YES (GO TO K8)
- 5. NO

K2. CHECK: WAS ANY SPELL OF EMPLOYMENT RECORDED IN THE CALENDAR?

- 1. YES (GO TO K6)
- 5. NO

K3. When was the last time you were working for pay, full time or part time?

- 1. ____ MONTH ____ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER WORKED FOR PAY (GO TO SECTION L)

K4. Think about the last time you worked for pay. What kind of work were you doing? (For example: electrical engineer, stock clerk, typist, farmer)

_____ (VERBATIM-LIMITED)

K5. What were your most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

_____ (VERBATIM-LIMITED)

K6. [IF K2=1, FILL "Think about the last time you worked for pay."] What kind of business or industry was this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

K7. Were you....

- 1. An employee of a private company, business, or individual for wages, salary or commission?

2. A FEDERAL government employee?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF K7=5, CONTINUE. ELSE GO TO SECTION L

K7a. Was your own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

ALL GO TO SECTION L

(SECTION FOR THOSE CURRENTLY EMPLOYED)

Now I have a few more questions about your current job.

K8. CAPI CHECK CALENDAR:

1. R CURRENTLY HAS 1 JOB (GO TO K10)
2. R CURRENTLY HAS MORE THAN 1 JOB

K9. You told me that you have two or more jobs currently. Which one would you say is your main job? What is the name of the employer at that job?

LIST ALL CURRENT EMPLOYER NAMES FROM CALENDAR

K10. What kind of business or industry is this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

K11. Are you....

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee ?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm ?
6. Working without pay in a family business or farm?

IF K11=5, CONTINUE. ELSE GO TO K12

K11a. Is your own business incorporated or not incorporated?

1. Incorporated
2. Not incorporated
- DK

K12. For this job, do you usually work at one location, two different locations, or three or more different locations?

1. ONE LOCATION
2. TWO LOCATIONS
3. THREE OR MORE LOCATIONS

K13. Is your employer's address that you gave me before the same place where you work most of the time?

1. YES (GO TO K15)
5. NO

K14. What is the address of the place you actually work most of the time?

1. _____ (STREET NUMBER AND NAME)

_____ (CITY)

_____ (STATE AND COUNTRY)

OR

2. ON _____ (STREET) NEAR _____ (STREET)

IN _____ (CITY)

_____ (STATE AND COUNTRY)

OR

3. THERE IS NO MAIN PLACE R WORKS

K15. How do you usually get to work at this job: by driving your own car, by riding in someone else's car, by bus, by Metrorail, subway or train, or some other way?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. OWN CAR
2. SOMEONE ELSE DRIVES
3. CARPOOL/VANPOOL
4. BUS
5. METRORAIL/SUBWAY/TRAIN
6. BICYCLE
7. WALK
8. WORKS AT HOME
9. OTHER, SPECIFY - LIMITED

TIME ENDED

SECTION L. WELFARE

TIME START

L1. CHECK CALENDAR INFORMATION:

1. R HAS NOT RECEIVED TANF/CALWORKS IN PAST TWO YEARS AND HAS CHILDREN
2. R HAS NOT RECEIVED TANF/CALWORKS IN PAST TWO YEARS AND HAS NO CHILDREN (GO TO SECTION M)
3. R IS CURRENTLY RECEIVING TANF/CALWORKS (GO TO L4)
4. R IS NOT CURRENTLY RECEIVING TANF/CALWORKS, BUT HAS RECEIVED SOMETIME IN PAST TWO YEARS (GO TO L11)

(SECTION FOR THOSE WHO DID NOT GET CalWORKS IN LAST TWO YEARS BUT DO HAVE KIDS)

L2. Have you ever received AFDC, CalWORKS, TANF, or cash assistance for yourself and for your children?

1. YES
5. NO (GO TO SECTION M)

L3. When was the last time you received AFDC, CalWORKS, TANF, or cash assistance?

____ MONTH ____ YEAR
 (RANGE 1-12) (RANGE 1930-CURRENT YEAR)

ALL GO TO SECTION M

(SECTION FOR THOSE CURRENTLY RECEIVING CalWORKS)

Now I have a few questions about public assistance.

L4. Has your welfare worker or case manager told you that you are exempt from working?

1. YES
5. NO (GO TO L6)

L5. Why did they say you are exempt?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. PREGNANT AND UNABLE TO WORK
2. CARETAKER/PARENT OF CHILD 6 MONTHS OR YOUNGER
3. IN SCHOOL FULL TIME
4. PHYSICAL DISABILITY (OTHER THAN PREGNANCY)
5. MENTALLY DISABLED
6. CARETAKER OF DISABLED FAMILY MEMBER
7. NEED ALCOHOL OR OTHER DRUG TREATMENT
8. AGE
9. NON-PARENT RELATIVE CARETAKER OF AN AT-RISK CHILD
10. DOMESTIC ABUSE
11. DEFERRAL (TEMPORARY EXEMPTION) FOR SICK RELATIVE
12. DEFERRAL (TEMPORARY EXEMPTION) FOR LACK OF CHILD CARE
13. OTHER (SPECIFY-LIMITED)

L6. To the best of your knowledge, are you currently meeting the CalWORKs requirements to work or go to school, or to look for a job?

1. YES
5. NO

L7. What are you currently required to do as part of your welfare-to-work plan?

INTERVIEWER: DO NOT READ RESPONSES.

CODE ALL THAT APPLY

PROBE: Anything else?

WORK/TRAINING

1. PREPARING TO LOOK FOR A JOB
2. LOOKING FOR A JOB

3. CONTINUE WITH JOB
4. GET WORK EXPERIENCE FOR BASIC SKILLS OR ON-THE-JOB TRAINING
5. COMMUNITY SERVICE
6. GO TO POST-EMPLOYMENT/JOB RETENTION CLASSES (BUDGETING, SUPPORT GROUPS)
7. FIND CHILD CARE
8. WORK MORE HOURS OR WORK A SECOND JOB

EDUCATION

9. WORK-STUDY, THROUGH THE SCHOOL
10. SELF-INITIATED PROGRAM (SIP) APPROVED TRAINING FOR WORK
11. ADULT BASIC EDUCATION OR HIGH SCHOOL CLASSES
12. GED CLASSES (HIGH SCHOOL EQUIVALENCY CERTIFICATE)
13. ENGLISH AS A SECOND LANGUAGE (ESL)
14. CLASSROOM OR HANDS-ON TRAINING FOR AN OCCUPATION

OTHER SERVICES

15. MENTAL HEALTH ASSESSMENT, CASE MANAGEMENT, COUNSELING OR TREATMENT
16. ALCOHOL AND/OR DRUG ABUSE ASSESSMENT, CASE MANAGEMENT, OR SERVICES
17. PHYSICAL VIOLENCE IN YOUR HOME (DOMESTIC VIOLENCE) ASSESSMENT, CASE MANAGEMENT, OR SERVICES

OTHER COMMITMENTS

18. CHILD PROTECTIVE SERVICES MANDATE
19. CRIMINAL JUSTICE MANDATE
20. OTHER, SPECIFY-LIMITED

L8. Do you think that you are putting in enough time to meet the requirements in your welfare-to-work plan?

1. Yes
5. No
- DK

L9. Is there a time limit on how long you and your children can stay on welfare?

1. YES
5. NO (GO TO L13)

IF L9=D OR R, CONTINUE

L10. How much time do you have left before you reach this time limit?

____ MONTHS
(RANGE 1-12)

____ YEARS
(RANGE 1-15), VERIFY AFTER 5)

ALL GO TO L13

(SECTION FOR THOSE WHO WERE ON WELFARE DURING PAST 2 YEARS BUT NOT CURRENTLY)

Now I have a few questions about public assistance.

L11. If you went back on welfare, would there be a limit to the time you or your children could be on welfare?

1. YES
5. NO (GO TO L13)

IF L11=D OR R, CONTINUE

L12. How much time would you have left before you reach this time limit?

____ MONTHS
(RANGE 1-12)

____ YEARS
(RANGE 1-15), VERIFY AFTER 5)

L13. During the past two years, has your aid ever been reduced or denied by the welfare office?

INTERVIEWER: IF YES, ASK "Was it reduced or denied?"

1. YES, DENIED
2. YES, REDUCED
3. NO (GO TO L16)

L14. Why did the welfare office say your benefits were reduced or denied?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. NOT ELIGIBLE BECAUSE R's OR OTHER FAMILY MEMBER'S INCOME
2. GOT MARRIED AND SPOUSE'S INCOME TOO HIGH
3. NOT ELIGIBLE BECAUSE OF IMMIGRATION STATUS
4. NOT ELIGIBLE, NO REASON GIVEN
5. DID NOT FILE CA7 (MONTHLY EARNINGS REPORT)
6. R DID NOT PROVIDE ALL THE INFORMATION REQUESTED
7. CHILD TURNED 18
8. CHILD MOVED TO ANOTHER HOUSEHOLD
9. R EARNED MORE MONEY FROM A JOB
10. FAMILY MEMBER EARNED MORE MONEY FROM A JOB
11. NOT ATTENDING MEETINGS WITH CASEWORKER
12. NOT PARTICIPATING IN PROGRAMS
13. NOT COOPERATING WITH CHILD SUPPORT REQUIREMENTS
14. NOT COOPERATING WITH CHILD IMMUNIZATION OR SCHOOL ATTENDANCE REQUIREMENTS
15. NOT LIVING IN AN ADULT-SUPERVISED HOUSEHOLD
16. CONVICTED OF A DRUG FELONY
17. HAD ALREADY RECEIVED MAXIMUM ASSISTANCE (TIME AND MONEY LIMITS)
18. OTHER, SPECIFY-LIMITED

L15. What did you do to get by when your benefits were reduced or denied?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. CUT BACK ON NECESSITIES
2. CUT BACK ON EXTRAS
3. DELAYED OR STOPPED PAYING BILLS
4. GOT A JOB/WORKED MORE HOURS
5. GOT MONEY FROM FRIENDS OR FAMILY
6. CHILD SUPPORT OR IN KIND HELP
7. GOT BENEFITS FROM ANOTHER PROGRAM
8. GOT HELP FROM CHARITY
9. GOT CHEAPER HOUSING, MOVED IN WITH OTHERS
10. PUT CHILD(REN) IN SOMEONE ELSE'S CARE
11. WENT TO A SHELTER
12. OTHER, SPECIFY-LIMITED

L16. During the last two years, did you ever voluntarily go off welfare?

1. YES
5. NO (GO TO L18)

L17. The last time you voluntarily went off welfare, what was the main reason?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ONE

1. REACHED A TIME LIMIT
2. 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. RECEIVED CHILD SUPPORT
8. RECEIVED BENEFITS FROM ANOTHER PROGRAM
9. MOVED OUT OF THE AREA R WAS LIVING IN (including out of US)
10. GOT MARRIED
11. WANTED TO SAVE UP ELIGIBILITY FOR MONTHS WHEN R MIGHT NEED IT
12. RULES WERE TOO MUCH OF A HASSLE
13. TOO MUCH PAPERWORK
14. RETURN OF PARENT/FAMILY REUNIFICATION
15. CHILD UNDER 18 MOVED OUT OF HOUSEHOLD
16. OTHER, SPECIFY-LIMITED

L18. Have you ever been required to attend job club?

1. YES
5. NO (GO TO SECTION M)

L19. Did you go the first time you were required to go?

1. YES
5. NO (GO TO L21)

L20. Did you complete job club?

1. YES (GO TO SECTION M)
5. NO

L21. Why didn't you [IF L19=5, SHOW "go", IF L20=5, SHOW "complete, job club"]?

1. R WAS SICK AND COULD NOT GET THERE
2. SICK CHILD
3. HAD TO CARE FOR OTHER SICK FAMILY MEMBER
4. NO TRANSPORTATION
5. CHILD CARE PROBLEM
6. SCHEDULING CONFLICT (WAS SCHEDULED TO DO SOMETHING ELSE)
7. DOMESTIC ABUSE

8. HOMELESS
9. R DID NOT RECEIVE LETTER TELLING HER TO ATTEND OR RECEIVED LETTER TOO LATE
10. R TRIED UNSUCCESSFULLY TO RESCHEDULE THIS ACTIVITY
11. DID NOT UNDERSTAND THAT IT WAS REQUIRED (INCLUDING BECAUSE OF LANGUAGE)
12. GETTING A JOB WAS EASIER/WANTED TO WORK RATHER THAN ATTEND
13. DID NOT WANT TO SIT IN CLASSROOM
14. DID NOT WANT TO WORK
15. OTHER, SPECIFY

L22. Did you go later?

1. YES
5. NO

TIME ENDED

SECTION M. HEALTH STATUS

TIME START

[NOTE: NEED TO RETRANSLATE "FAIR" IN RESPONSES TO M1 AND M2 – SEE MEMO ON QUESTIONNAIRE CHANGES]

M1. Now I have a few questions about your health. Would you say your health in general is excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

M2. Think about your health while you were growing up, from birth to age 14. Would you say that your health during that time was excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

M3. Do you have any physical, psychological or nervous condition that limits the type of work or the amount of work you can do?

- 1. YES
- 5. NO

M4. Has a doctor ever told you that you have....

a. High blood pressure or hypertension?

- 1. YES
- 5. NO

b. Diabetes or high blood sugar?

- 1. YES
- 5. NO

c. Cancer or a malignant tumor, excluding skin cancer?

- 1. YES
- 5. NO

d. Chronic lung disease such as chronic bronchitis or emphysema?

- 1. YES
- 5. NO

e. A heart attack?

- 1. YES
- 5. NO

f. Coronary heart disease, angina, congestive heart failure or other heart problems?

- 1. YES
- 5. NO

g. Any emotional, nervous, or psychiatric problems?

- 1. YES
- 5. NO

h. Arthritis or rheumatism?

- 1. YES
- 5. NO

i. Asthma?

- 1. YES
- 5. NO

j. Permanent loss of memory or loss of mental ability?

- 1. YES
- 5. NO

k. A learning disorder?

1. YES 5. NO

l. Excess weight? That you need to lose weight?

1. YES 5. NO

m. Major depression?

1. YES 5. NO

M5. Do you smoke cigarettes?

1. YES

5. NO (GO TO M8)

M6. On the average, how many cigarettes per day do you usually smoke?

____ NUMBER PER DAY

(RANGE 0-100, VERIFY AT 60 IF UNIT IS CIGARETTES. VERIFY AT 5 IF THE UNIT IS PACKS)

CODE UNIT

1. PACKS

2. CIGARETTES

M7. How old were you when you first smoked cigarettes regularly?

___ YEARS OLD

AMOUNT CANNOT BE MORE THAN R'S AGE

(ALL GO TO M11)

M8. Did you ever smoke cigarettes?

1. YES

5. NO (GO TO M11)

M9. On the average, how many cigarettes per day did you usually smoke?

____ NUMBER PER DAY

(RANGE 0-100, VERIFY AT 60 IF UNIT IS CIGARETTES. VERIFY AT 5 IF THE UNIT IS PACKS)

CODE UNIT

1. PACKS
2. CIGARETTES

M10. How old were you when you first smoked cigarettes regularly?

__ __ YEARS OLD

AMOUNT CANNOT BE MORE THAN R'S AGE

M11. In the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. YES
5. NO (GO TO M15)

IF M11=D, GO TO M12

IF M11=R, GO TO M15

M12. In the past 30 days, how many days did you drink any alcoholic beverage?

__ __ DAYS IN THE LAST 30 DAYS
(RANGE 1-30)

IF M12=0, ASK M12VER: You told me in the last question that you did have at least one drink of alcohol in the last 30 days, but here you say you have not. Which one is correct?

1. Had at least 1 drink of alcohol (you'll be taken back to M12)
5. Have not had a drink in last 30 days (you'll be taken back to M11)

IF M12=D, GO TO M13

IF M12=R, GO TO M15

M13. On the days your drank alcohol, about how many drinks did you have on average? A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

__ __ DRINKS
(RANGE 1-30)

OR

__ __ TO __ __ DRINKS
(RANGE 1-30)

ANSWER CAN ONLY BE NUMBER OF DRINKS OR RANGE, NOT BOTH

IF M13=D, GO TO M14

IF M13=R, GO TO M15

M14. In the past 30 days, how many times did you have 5 or more drinks on one occasion?

____ NUMBERS OF TIMES
(RANGE 0-60)

M15. Now let me ask about another topic.

About how much do you weigh?

____ AMOUNT
(RANGE 35-999, VERIFY AT 500)

CODE UNIT

1. POUNDS
2. KILOS

M16. How tall are you?

____ FEET ____ INCHES
(RANGE 3-7) (RANGE 0-11)

OR

____ CENTIMETERS
(RANGE 100-250)

the next questions are about health care.

M17. Is there a place that you usually go to when you are sick or need advice about your health?

INTERVIEWER: IF YES, ASK "Do you have one place, or more than one place?"

1. YES, ONE PLACE
2. YES, MORE THAN ONE PLACE
3. NO (GO TO M22)

M18. [IF M17 EQUALS 1 ASK:] What kind of place is it? Is it a...

[IF M17 EQUALS 2 ASK:] What kind of place do you go to most often? Is it a...

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?? SPECIFY

IF M18=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO M21)

M19. What is the name of this place?

_____ (VERBATIM-LIMITED)

M20. Where is this place located? What street is it on? What is the nearest cross-street? What city is it in?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

IN _____ (CITY) _____ (STATE)

M21. Is that the same place you usually go when you need routine or preventive care, such as physical examination or check up?

1. YES (GO TO M25)
2. NO

M22. What kind of place do you go to when you need routine preventive care, such as a physical examination or check-up? Is it a...

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?? SPECIFY

IF M22=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- D. DON'T KNOW
- R. REFUSED (GO TO M25)
6. DOESN'T GET PREVENTIVE CARE ANYWHERE

IF M22=6, GO TO M25

M23. What is the name of this place?

_____ (VERBATIM-LIMITED)

M24. Where is this place located? What street is it on? What is the nearest cross-street? What city is it in?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

IN _____ (CITY) _____ (STATE)

M25. During the past 2 years, that is since [MONTH AND YEAR EXACTLY TWO YEARS BEFORE THE INTERVIEW], how many different times have you been hospitalized? This includes any times you stayed in a regular hospital or mental health facility overnight or longer.

99 NOT HOSPITALIZED IN PAST 2 YEARS.

____ (NUMBER OF TIMES)
(RANGE 1-24, VERIFY AT 10)

IF M25=99 GO TO M28

M26. When was the last time you were hospitalized for any reason?

____ (MONTH)
(RANGE 1-12)

____ (YEAR)
(2 YEARS AGO-CURRENT YEAR)

M27. What was the reason for this hospitalization?

1. HAD A BABY, CHILDBIRTH
2. OTHER PROBLEMS DURING PREGNANCY (NOT CHILDBIRTH)
3. OTHER, SPECIFY (LIMITED)

M28. When was the last time you saw a doctor, nurse or other health care professional for illness, injury or a routine check-up?

1. ____ MONTH ____ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER (GO TO M31)

M29. For what illness, injury or other reason did you see the doctor, nurse, or other health care professional?

1. ROUTINE CHECK-UP OR PHYSICAL
2. OTHER REASON, SPECIFY (LIMITED)

M30. In the past 12 months, that is since [FILL MONTH4] last year, about how many times have you seen a doctor, nurse, or other health professional about your health?

1. ___ NUMBER OF TIMES
(RANGE 1-50, VERIFY AT 12)
0. NEVER

RSAM30ver. I want to verify that you said you have seen a doctor, nurse or other health care professional [FILL M30] times in the past 12 months. Is that correct?

CHECK: IF M29=1 GO TO M32, ELSE CONTINUE

M31. Not including visits for illness or injury, when was the last time you saw a doctor or clinic for a routine health check-up?

1. ___ MONTH ___ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)
5. NEVER, DON'T GET CHECK-UPS

M32. During the past 12 months, have you ever gone to see any of the following types of people about a health problem or for a check-up:

- a. Dentist?
1. YES 5. NO
- b. Optometrist or Ophthalmologist or Eye Doctor?
1. YES 5. NO
- c. Psychiatrist, psychologist, or a counselor?
1. YES 5. NO
- d. Pharmacist?
1. YES 5. NO
- e. Healer?
1. YES 5. NO

f. Specialist in biofeedback, energy healing or hypnosis?

1. YES 5. NO

g. Acupuncturist?

1. YES 5. NO

h. Homeopath?

1. YES 5. NO

i. Herbalist or Chinese medicine specialist?

1. YES 5. NO

j. Chiropractor?

1. YES 5. NO

k. Massage therapist?

1. YES 5. NO

Finally, I have a question on your opinions about different things.

M33. People differ in whether or not they disapprove of certain things. Would you disapprove of people who are 18 or older doing each of the following?

INTERVIEWER: IF DISAPPROVE, ASK "Would you disapprove or strongly disapprove?"

1. Smoking one or more packs of cigarettes per day?

1. Don't Disapprove

2. Disapprove

3. Strongly Disapprove

2. Trying marijuana once or twice?

1. Don't Disapprove

2. Disapprove

3. Strongly Disapprove

3. Smoking marijuana occasionally?

1. Don't Disapprove

2. Disapprove

3. Strongly Disapprove

4. Smoking marijuana regularly?

1. Don't Disapprove

- 2. Disapprove
- 3. Strongly Disapprove

5. Taking 1-2 drinks of an alcoholic beverage occasionally, that is beer, wine or liquor?

- 1. Don't Disapprove
- 2. Disapprove
- 3. Strongly Disapprove

6. Taking 1-2 drinks nearly every day?

- 1. Don't Disapprove
- 2. Disapprove
- 3. Strongly Disapprove

7. Taking 4-5 drinks nearly every day?

- 1. Don't Disapprove
- 2. Disapprove
- 3. Strongly Disapprove

TIME ENDED

SECTION N. RELOCATION INFORMATION

TIME STARTED

That's all the survey questions I have, but now I need to get some information to help us contact you in the future. As I mentioned at the beginning, we would like to interview you again around this time next year. This information, like your responses to all questions in the interview, is completely confidential.

IF NECESSARY: You are very important to this study. Your experiences over the next year will be very important in understanding how families and neighborhoods in Los Angeles are changing. We will only contact you about the survey, and you can decide if you want to participate at that time.

N1. Is your mailing address the same as your home address?

- 1. YES (GO TO N3)
- 5. NO

N2. What is your mailing address?

_____ STREET ADDRESS

_____ CITY _____ STATE

_____ COUNTRY

_____ ZIPCODE

N3. May I have your home telephone number?

1. YES
3. NO, does not want to give out phone number (GO TO N6)
5. NO, does not have a phone (GO TO N7)

N4. What is your correct telephone number, including area code?

|_|_|_| (Area Code) |_|_|_| - |_|_|_|_|

N5. Is this telephone number listed in your name?

1. YES (GO TO N7)
5. NO

N6. In whose name is the telephone number listed?

INTERVIEWER: WRITE FULL NAME VERBATIM. CHECK WITH R TO MAKE SURE YOU HAVE FULL NAME AND CORRECT SPELLING

_____ (VERBATIM-LIMITED)

N7. Do you have an e-mail address you use at home?

1. YES
5. NO (GO TO N9)

N8. What is this e-mail address?

_____@_____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N9. Earlier you told me that you have (IF J8=5, D, R, FILL "no") plans to move in the next year or two. Is that correct?"

1. YES
5. NO

IF J8=1 AND N9=1, GO TO N12

IF J8=5, D, R AND N9=1, CONTINUE

IF J8=1 AND N9=5, CONTINUE

IF J8=5, D, OR R AND N9=5, GO TO N12

IF N9=D, GO TO N12

IF N9=R, CONTINUE

N10. Will your address next [TIME PERIOD NEXT YEAR] be the same as this one?

CAPI NOTE: [TIME PERIOD NEXT YEAR] IS A CAPI FILL WHICH CONSISTS OF THE MONTH NAME IN WHICH THIS INTERVIEW IS

CURRENTLY TAKING PLACE PLUS THE MONTH BEFORE AND AFTER. SO IF THE INTERVIEW IS TAKING PLACE IN FEBRUARY 2000,

THIS FILL WILL BE "January, February and March."

1. YES (GO TO N14)
2. NO (GO TO N12)
3. NOT SURE

N11. Is there another place either inside or outside the United States where you might be living at this time next year?

1. YES
5. NO (GO TO N14)

IF N11=D, CONTINUE

IF N11=R, GO TO N14

N12. [(IF N9=D) OR N11=1 OR D, FILL "If you are living at another address at this time next year,"] what address [(IF N9=D) OR N11=1 OR D, FILL "would", ELSE FILL "will"] you be living at about this time next year?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE EXACT ADDRESS, ASK:
What city, town, or state would you be living in?

_____ STREET ADDRESS

_____ CITY _____ STATE/PROVINCE

_____ COUNTRY

N13. When do you think you would start living at this address this address in [CITY NAME FROM N12]?

____ MONTH ____ YEAR
(RANGE 1-12) (RANGE CURRENT YEAR – 2002)

N14. CAPI CHECK CALENDAR: IS R CURRENTLY WORKING?

1. YES
5. NO (GO TO N21)

N15. If we are unable to reach you at home next year, is it ok if we contact you at work?

PROBE: We would contact you at work only to set up an appointment for an interview.

1. YES
2. PREFER NOT TO BE CONTACTED AT WORK
3. DEFINITELY DOES NOT WANT TO BE CONTACTED AT WORK (GO TO N21)

N16. [IF N15=2, FILL "Alright, we won't contact you at work unless we absolutely have to, but just in case, let me check some information."] We have recorded your employer's name and address as [EMPLOYERS NAME AND ADDRESS]. Is that the best place to contact you at work?

1. YES (GO TO N18)
5. NO

N17. What is the best place to contact you at work?

_____ (EMPLOYER'S NAME)
_____ (EMPLOYER'S STREET ADDRESS)
_____ (CITY) _____ (STATE)

N18. What is your telephone number at work?

(____) _____ - _____ EXT _____

N19. Do you have an e-mail address at work where we can contact you?

1. YES
5. NO (GO TO N21)

N20. What is your e-mail address at work?

1. SAME EMAIL AS HOME EMAIL

OR

2. _____@_____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N21. CAPI CHECK:

1. R IS MARRIED OR LIVING WITH A PARTNER
2. R IS NOT MARRIED AND NOT LIVING WITH A PARTNER (GO TO N27)

N22. If we are unable to reach you at home next year, is it ok if we contact your [FILL APPROPRIATE husband/wife/partner] at work?

PROBE: We would contact your [FILL APPROPRIATE husband/wife/partner] at work only to find out how to reach you to set up an interview.

1. YES
2. PREFER SPOUSE/PARTNER NOT TO BE CONTACTED AT WORK
3. DEFINITELY DOES NOT WANT SPOUSE/PARTNER TO BE CONTACTED AT WORK (GO TO N27)
4. SPOUSE NOT CURRENTLY EMPLOYED (GO TO N27)

N23. [IF N22=2, FILL "Alright, we won't contact your [FILL APPROPRIATE husband/wife/partner] at work unless we absolutely have to, but just in case, let me get some information."] Can you give me the name and address of your [FILL APPROPRIATE husband/wife/partner]'s employer?

_____ (EMPLOYER'S NAME)

_____ (EMPLOYER'S STREET ADDRESS)

_____ (CITY) _____ (STATE)

N24. What is your [FILL APPROPRIATE husband/wife/partner]'s telephone number at work?

(____) _____ - _____ EXT _____

N25. Does your [FILL APPROPRIATE husband/wife/partner] have an e-mail address at work?

1. YES
5. NO (GO TO N27)

N26. What is your [FILL APPROPRIATE husband/wife/partner]'s e-mail address at work?

_____@_____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N27. In case we have difficulty getting in touch with you in the future, could you give me the name, address, and phone number of two people not currently living with you who will always know your whereabouts?

PROBE: This might be a family member or a close friend or someone else who knows where you are.

IF NECESSARY: We would only get in touch with these people if we could not reach you.

1. YES
5. NO (GO TO N30)

NOTE: ASK N28 AND N29 FOR EACH OF TWO PEOPLE

N28. What is the name, address, and phone number of the person who will always know how to contact you?

_____ (NAME)

_____ (ADDRESS)

_____ (CITY) _____ (STATE)

_____ (COUNTRY)

(____) _____ - _____ EXT. _____ (PHONE NUMBER)

N29. How is this person related to you?

DO NOT READ ANSWERS. CODE R'S RESPONSE.

INTERVIEWER NOTE: THIS SHOULD BE A PERSON NOT CURRENTLY LIVING WITH R

1. MOTHER
2. FATHER
3. STEPMOTHER
4. STEPFATHER
5. GRANDMOTHER
6. GRANDFATHER
7. DAUGHTER
8. SON
9. AUNT
10. UNCLE
11. SISTER (INCLUDING HALF SISTER, STEP SISTER)

- 12. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
- 13. OTHER RELATIVES
- 14. FRIEND
- 15. GIRLFRIEND (NOT LIVING WITH R)
- 16. BOYFRIEND (NOT LIVING WITH R)
- 17. COWORKER
- 18. HUSBAND/WIFE (NOT LIVING WITH R)
- 19. EX-HUSBAND OR WIFE
- 20. OTHER, SPECIFY-LIMITED

N30. (IF NECESSARY, SAY "You may have told me this already, but ...") Is there any chance that you will move outside of the United States in the next year?

- 1. YES
- 2. NO (GO TO N36)
- 3. MAYBE, UNCERTAIN

N31. If you moved outside of the United States, where would you move to?

PROBE: What country would you most likely move to?

_____ (TOWN OR CITY)

_____ (COUNTRY)

N32. CAPI CHECK: IS N31 COUNTRY THE SAME COUNTRY THAT PERSON IN N28 LIVES IN?

- 1. YES (GO TO N36)
- 5. NO

N33. Can you give me the name and address of a person in [COUNTRY IN N31] who will always know how to contact you?

- 1. YES
- 5. NO (GO TO N36)

N34. What is the name, address, and phone number of the person in [COUNTRY IN N31] who will always know how to contact you?

_____ (NAME)

_____ (ADDRESS)

_____ (CITY) _____ (STATE)

_____ (COUNTRY)

(____) _____ - _____ EXT. _____ (PHONE NUMBER)

N35. How is this person related to you?

DO NOT READ ANSWERS. CODE R'S RESPONSE.

1. MOTHER
2. FATHER
3. STEPMOTHER
4. STEPFATHER
5. GRANDMOTHER
6. GRANDFATHER
7. DAUGHTER
8. SON
9. AUNT
10. UNCLE
11. SISTER (INCLUDING HALF SISTER, STEP SISTER)
12. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
13. OTHER RELATIVES
14. FRIEND
15. GIRLFRIEND (NOT LIVING WITH R)
16. BOYFRIEND (NOT LIVING WITH R)
17. COWORKER
18. HUSBAND/WIFE (NOT LIVING WITH R)
19. EX-HUSBAND OR WIFE
20. OTHER, SPECIFY-LIMITED

N36. Do you ever use a nickname or any first or last names other than [NAME OF R]? [IF R CURRENTLY MARRIED AND FEMALE, FILL "For example, do you use both your maiden name and your married name on different occasions?"]

1. YES
5. NO (GO TO N38)

N37. What nicknames or other names do you use?

PROBE: Any others?

_____ (VERBATIM-LIMITED)

N38. May we have your Social Security number? We often find it is useful when trying to locate people for their next interview.

PROBE: We would only use your Social Security number if we couldn't contact you in any other way. Like all other information, it will be kept completely confidential.

1. YES, NUMBER IS ____ - ____ - ____
2. NO, DOESN'T WANT TO PROVIDE THE SSN
3. NO, DOESN'T HAVE AN SSN
4. NO, DOESN'T KNOW SSN

N39. Can you give me your driver's license number?

1. YES, IT'S ____
2. NO, DOESN'T HAVE A DRIVER'S LICENSE
3. NO. DOESN'T WANT TO PROVIDE DRIVER'S LICENSE.

IF N39=2, 3, OR D, GO TO END

N40. Which state is that from?

____ STATE

Thank you for providing this information. You have been very helpful.

Here is a card I want to leave with you. Please hold on to it. If you move or plan to move in the next year, please send us your new address on this card. I also have this magnet that has our phone number on it. The card and this magnet give information about how to contact us if you are moving or have questions.

TIME ENDED

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5. PARENT QUESTIONNAIRE

Notes:

* This questionnaire will be filled out once for the RSC and once for the SIB (if any) by the PCG (generally the mother)

* This questionnaire assumes that PCG will complete the questionnaire first for the RSC and then for the SIB (If any). The questionnaire is structured to avoid collecting information for the SIB that is the same for the RSC and SIB.

* We will also create a variable called STARTDATE which is two years before the PCG's adult interview question. It's the date on which the calendar in the adult questionnaire starts.

Preloaded from HH Roster:

1. Is this questionnaire being completed for RSC or SIB?
2. RSC's first name
3. (If this is for SIB) SIB's first name
4. Is this child's (bio/adoptive) mother in HH?
5. Is this child's (bio/adoptive) father in HH?
6. (If this is for SIB) do SIB and RSC have the same father?
7. What is this child's relationship with PCG (i.e., mother or other relationship code)?
8. Respondent (PCG)'s current marital status (never married, married, divorced, separated, living with someone)
9. Does CHILD have ANY brothers and sisters (i.e., people with the same mother) in the HH (List 2)

****NOTE: USE CHILD AGE CALCULATED FROM A7 RATHER THAN PRELOADED AGE FROM HH ROSTER

****WE ALSO WANT TO PRELOAD RSC'S AGE FROM THIS QUESTIONNAIRE INTO SIB QUESTIONNAIRE

SECTION A. RELATIONSHIP CHECK

A1. Let me make sure my information is correct. You are [FILL HH PRELOADED CHILD'S NAME]'s [FILL APPROPRIATE HH PRELOADED RELATIONSHIP TO CHILD: "mother/stepmother/other relationship"]. Is that correct?

1. YES (GO TO A3)
5. NO

A2. How is [CHILD] related to you?

[USE SAME RELATIONSHIP CODES AS IN HH ROSTER]

A3. CAPI: CHECK HH ROSTER AND A2:

1. R IS CHILD'S MOTHER, STEPMOTHER OR FOSTER MOTHER (GO TO A7)
2. R IS SOMEONE ELSE AND NO MOTHER STEPMOTHER OR FOSTER MOTHER IN HH (GO TO A5)
3. R IS SOMEONE ELSE BUT THE [MOTHER/STPMOTHER/FOSTER MOTHER] IS IN THE HH

A4. INTERVIEWER: SELECT THE REASON THAT THE [FILL APPROPRIATE "MOTHER/STPMOTHER/FOSTER MOTHER"] IS NOT THE RESPONDENT:

1. [MOTHER/STPMOTHER/FOSTER MOTHER] IS INCAPACITATED, SPECIFY REASON: _____
2. [MOTHER/STPMOTHER/FOSTER MOTHER] USUALLY LIVES IN THE HOUSEHOLD BUT IS AWAY FOR AN EXTENDED PERIOD
3. [MOTHER/STPMOTHER/FOSTER MOTHER] NOT INVOLVED IN CARING FOR CHILD
4. OTHER, SPECIFY: _____

A5. You are the person in this household who has primary responsibility for [CHILD]. Is that correct?

PROBE: Are you the person primarily responsible for [CHILD] when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] stays here?

1. YES (GO TO A7)
5. NO

A6. INTERVIEWER: RESOLVE WHO ACTUALLY HAS PRIMARY RESPONSIBILITY IN THIS HOUSEHOLD FOR CHILD. MAKE CORRECTIONS AND BEGIN WITH CORRECT RESPONDENTS.

A7. When was [CHILD] born?

_____ DAY _____ MONTH _____ YEAR

A7ck. CAPI: CALCULATE [CHILD]'S CURRENT AGE (TODAY'S INTERVIEW DATE - BIRTHDATE = AGE AT LAST BIRTHDAY --> DO NOT ROUND UP)

A8. So this means that [CHILD] is [IF CHILD IS ONE YEAR OR OLDER, FILL A7ck "[AGE AT LAST BIRTHDAY] years old"; IF TODAY'S DATE MINUS BIRTHDATE IS LESS THAN ONE YEAR, FILL "less than one year old"]. Is that correct?

1. YES
5. NO (RETURN TO A7 AND CORRECT YEAR OF BIRTH)

SECTION B. LIVING ARRANGEMENTS

B1. Let me begin by asking you about [CHILD]'s living arrangements.

Some kids have two or more homes that they stay at regularly.

Does [CHILD] always stay here at night, or is there another home where [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] regularly spends the night?

[DO NOT INCLUDE OCCASIONAL SLEEPOVERS AT FRIENDS' OR RELATIVES' HOMES]

1. THIS IS THE ONLY PLACE CHILD STAYS REGULARLY AT NIGHT
(GO TO SECTION C)
2. CHILD ALSO STAYS AT ANOTHER HOME REGULARLY

B2. How often does [CHILD] spend the night here in this (house/apartment)?

1. _____ NIGHTS PER WEEK
2. _____ NIGHTS PER MONTH
3. _____ NIGHTS PER YEAR
- d. DON'T KNOW

B3. How many other places does [CHILD] stay on a regular basis?

_____ NUMBER OF PLACES
d. DON'T KNOW

B4. CAPI CHECK B3: IF B3 = 1, ASK:

Who does [CHILD] stay with when he stays somewhere else? SELECT ALL THAT APPLY
IF B3 = 2 OR MORE, ASK: Think about the place other than this household where [CHILD] spends the most time.

Who does [CHILD] stay with there?

CODE ALL THAT APPLY

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER

9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED

IF B4=21, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

B5. Where is the place located where [CHILD] stays part-time? What street is this place on? What is the nearest cross-street? What city is that in?

ENTER ALL THAT R KNOWS

ON _____ STREET
 NEAR CORNER OF _____ STREET
 IN _____ CITY _____ STATE
 _____ COUNTRY (IF NOT U.S.)

d. DON'T KNOW

SECTION C. RESIDENTIAL HISTORY--LAST TWO YEARS

Intresid. This section obtains information on where [CHILD] lived two years before survey - i.e., between [FILL STARTDATE**] and the present.

**NOTE: STARTDATE IS THE VARIABLE USED IN THE ADULT QUESTIONNAIRE CALENDAR AND IS EQUAL TO TWO YEARS BEFORE THE INTERVIEW DATE. [STARTDATE] SHOULD BE SET BY THE HH ROSTER CAPI PROGRAM.

CHILDREN ARE SKIPPED OUT OF THIS HISTORY SECTION IF:

1. THEY HAVE LIVED WITH PCG SINCE THE DATE THEY WERE BORN (INCLUDING BIRTHDAYS POST-STARTDATE)
2. IF THEY HAVE LIVED WITH PCG SINCE STARTDATE

3. IF THEY ARE THE SIB AND HAVE LIVED WITH RSC SINCE THEY WERE BORN OR SINCE STARTDATE

C1. Has [CHILD] been living with you all the time since [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] was born? Do not include time away at summer camp, short trips [CHILD] has taken, or periods of less than one month spent with relatives.

- 1. YES (GO TO SECTION D)
- 5. NO

C2. CAPI CHECK AGAINST A7ck: WAS [CHILD] BORN BEFORE [STARTDATE]?

- 1. YES
- 5. NO (GO TO C4)

C3. Has [CHILD] been living with you all the time since [STARTDATE]?

- 1. YES (GO TO SECTION D)
- 5. NO

C4. CAPI CHECK: IS THIS CHILD THE SIB?

- 1. YES
- 5. NO (GO TO C6)

C5. Has [CHILD] been living with [RSC NAME] all the time since [FILL "[STARTDATE]" IF CHILD WAS BORN BEFORE STARTDATE. FILL "[CHILD] was born" IF CHILD WAS BORN AFTER START DATE]?

- 1. YES (GO TO SECTION D)
- 5. NO

C6. When did [CHILD] start living with you?

INTERVIEWER: IF R SAYS CHILD HAS LIVED WITH R BEFORE, ASK: When did [CHILD] start living with you again this time?

SINCE _____ MONTH _____ YEAR
d. DON'T KNOW

C7. Where did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live just before moving in with you (this time)?

PROBE: What was the address? What city and state was that?

ENTER ALL THAT R KNOWS

_____ STREET ADDRESS
_____ CITY OR TOWN _____ STATE
_____ COUNTRY (IF NOT THE U.S.)

d. DON'T KNOW

C8. Who was [CHILD] living with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] lived at that address? PROBE: Anyone else?

CODE ALL THAT APPLY

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED

IF C8=23, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

C9. When did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] start living at [FILL STREET ADDRESS IN C7]?

_____ MONTH _____ YEAR

C10. CAPI: CHECK C9. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD'S BIRTHDATE]?

1. YES (GO TO SECTION D)
5. NO

C11. Where did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live just before moving to that place at [STREET ADDRESS IN C7]?

PROBE: What was the street address? What city and state was that?

ENTER AS MUCH AS R KNOWS

_____ STREET ADDRESS
_____ CITY OR TOWN _____ STATE
_____ COUNTRY (IF NOT THE US)

d. DON'T KNOW

C12. Who was [CHILD] living with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] lived at [FILL STREET ADDRESS IN C11]? PROBE: Anyone else?

(SELECT ALL THAT APPLY)

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

DK. DON'T KNOW

1. WITH RESPONDENT
2. BIOLOGICAL MOTHER
3. BIOLOGICAL FATHER
4. ADOPTIVE MOTHER
5. ADOPTIVE FATHER
6. STEPMOTHER
7. STEPFATHER
8. MOTHER'S BOYFRIEND/PARTNER
9. FATHER'S GIRLFRIEND/PARTNER
10. GRANDMOTHER
11. GRANDFATHER
12. AUNT
13. UNCLE
14. SISTER (INCLUDING HALF SISTER, STEP SISTER)
15. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
16. HUSBAND/WIFE
17. OTHER RELATIVES

- 18. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
- 19. FRIENDS
- 20. WITH HIS/HER BOYFRIEND/GIRLFRIEND
- 21. LIVING BY HIMSELF/HERSELF
- 22. LIVING IN A SCHOOL DORMITORY
- 23. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
- 24. SOMEWHERE ELSE, SPECIFY LIMITED

22. SOMEWHERE ELSE -->SPECIFY

IF C12=24, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

C13. When did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] start living at [FILL ADDRESS IN C11]?

_____ MONTH _____ YEAR

C14. CAPI: CHECK C13. IS THIS DATE PRIOR TO [STARTDATE] OR WITHIN 1 MONTH AFTER [CHILD'S BIRTHDATE]?

- 1. YES (GO TO SECTION D)
- 5. NO

C15. Aside from the places we just talked about, how many other addresses has [CHILD] lived since [FILL "[STARTDATE]" IF CHILD BORN BEFORE STARTDATE; IF CHILD BORN AFTER STARTDATE, FILL "[IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] was born"]?

_____ # OF OTHER ADDRESSES

SECTION D. PLACE OF BIRTH AND IMMIGRANT STATUS

D1. Please tell me where [CHILD] was born.

NOTE: DO NOT ENTER STREET ADDRESS

_____ CITY
 _____ STATE/PROVINCE/TERRITORY
 _____ COUNTRY (IF NOT THE U.S.)

D2. INTERVIEWER CHECK: WAS CHILD BORN IN THE UNITED STATES?

- 1. YES (GO TO SECTION E)
- 5. NO

D3. Is [CHILD] a U.S. citizen, a permanent resident, on a visa, or something else?

1. U.S. CITIZEN --> GO TO SECTION E
2. PERMANENT RESIDENT (GREEN CARD HOLDER) --> GO TO SECTION E
3. VISA --> GO TO D3A
4. [IF VOLUNTEERED] DOES NOT HAVE PAPERS OR DOCUMENTS (r) GO TO SECTION E
5. OTHER STATUS -->SPECIFY _____
- d. DON'T KNOW --> GO TO SECTION E
- REFUSED --> GO TO SECTION E

D3a. What type of visa is [CHILD] on? TYPE IN VISA TYPE (VERBATIM)_____

SECTION E. CHILD SUPPORT, PATERNITY, CONTACT WITH ABSENT PARENT, FATHER INVOLVEMENT

E1. CAPI CHECKPOINT: CHECK HH ROSTER - MOTHER/FATHER = BIOLOGICAL OR ADOPTIVE (rachel)

1. CHILD'S MOTHER AND FATHER ARE LIVING IN THIS HOUSEHOLD (GO TO E57)
2. CHILD LIVES WITH MOTHER ONLY (NO FATHER IN HH)
3. CHILD LIVES WITH FATHER ONLY (NO MOTHER IN HH)
4. NEITHER MOTHER NOR FATHER LIVE IN HH (GO TO E23)

(SECTION FOR KIDS WITH ONLY MOTHERS OR ONLY FATHERS IN THE HH)

E2. Is [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] alive?

1. YES
2. NO
3. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] (GO TO E57)
4. [IF VOLUNTEERED] MOTHER DOESN'T KNOW WHO CHILD'S FATHER IS (GO TO SECTION F)

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E2a. Please look at this list and tell me what group or groups describe [CHILD]'s [IF MOTHER ONLY HH, FILL "father's"; IF FATHER ONLY HH, FILL "mother's"] race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

E2b. CHECK E2a.

1. ONLY ONE GROUP IS CIRCLED (GO TO E20)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED (GO TO E2d)

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E2c. Which one group on that card best describes [CHILD]'s [IF MOTHER ONLY HH, FILL "father's"; IF FATHER ONLY HH, FILL "mother's"] race or ethnic origin.

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT

- 13. HAWAIIAN
- 14. PACIFIC ISLANDER
- 15. OTHER, SPECIFY

E2d. CHECK E2:

- 1. E2=1, CONTINUE
- 2. E2=5, GO TO E57

E3. CAPI CHECK:

- 1. CHILD IS RSC
- 2. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E8)
- 3. CHILD IS SIB AND SIB AND RSC DO NOT HAVE SAME FATHER

E4. CAPI: CHECK B4 AND B5:

- 1. CHILD STAYS PART OF THE TIME WITH OTHER PARENT AND WE ALREADY HAVE OTHER PARENT'S ADDRESS IN B5 (GO TO E8)
- 2. OTHERWISE

E5. Where does [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] live? What city and state?

_____ CITY OR TOWN
 _____ STATE
 _____ COUNTRY (IF NOT THE U.S.)

- 1. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] (GO TO E57)
- 2. [IF VOLUNTEERED] MOTHER DOESN'T KNOW WHO CHILD'S FATHER IS (GO TO SECTION F)
- 3. ENTERED ADDRESS INFORMATION
- d. DON'T KNOW (GO TO E8)

E6. [ASK ONLY IF NECESSARY]: Is this in Southern California?

- 1. YES
- 5. NO (GO TO E8)

E7. What street does "[IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] live on? What is the nearest cross-street?

ON _____ STREET
 NEAR CORNER OF _____ CROSS-STREET

E8. CAPI: CHECK R'S MARITAL STATUS

1. R NEVER MARRIED (GO TO E11)
2. R MARRIED, SEPARATED, DIVORCED, WIDOWED, OR CURRENTLY LIVING WITH A PARTNER
3. R IS FEMALE AND NOT MOTHER OR R IS MALE AND NOT FATHER (GO TO E11)

E9. Were you married to [CHILD]'S biological [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] when [CHILD] was born?

1. YES (GO TO E15)
2. NO
3. [IF VOLUNTEERED] CHILD WAS ADOPTED BY R AND HAS NO ADOPTIVE [FATHER/MOTHER] (GO TO E57)

E11. A child's natural birth father can be made the child's legal father by going to a judge in a court, going to the child support office, or signing a special form in front of witnesses or a notary public.

Have any of these things been done to try to make [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] [CHILD]'s legal father, no matter what the outcome was?

1. YES (GO TO E14)
2. NO (GO TO E15)
3. [IF VOLUNTEERED] R DOESN'T KNOW WHO THE FATHER IS (GO TO SECTION F)
4. [IF VOLUNTEERED] R SAYS FATHER'S NAME/OWN NAME WAS ON BIRTH CERTIFICATE

E12. Aside from the birth certificate, was anything else done to make [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] [CHILD]'s legal father?

1. YES
5. NO (GO TO E15)

E13. What was that?

1. [R/FATHER] WENT TO COURT OR SAW A JUDGE
2. [R/FATHER] WENT TO CHILD SUPPORT OFFICE
3. [R/FATHER] SIGNED A SPECIAL FORM
4. SOMETHING ELSE -->SPECIFY IF E13=4, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E14. As a result of what happened [IF R IS THE BIRTH FATHER, FILL "were"; OTHERWISE, FILL "was"] [IF R IS THE BIRTH FATHER, FILL "you"; OTHERWISE, FILL "the birth father"] judged or declared to be [CHILD]'s legal father? This is sometimes referred to as establishing paternity.

1. YES
5. NO

E15. CAPI: CHECK E8 AND E9:

1. R WAS NEVER MARRIED (GO TO E19)
2. R WAS MARRIED TO CHILD'S [FATHER/MOTHER] WHEN CHILD WAS BORN (E9=1 --> GO TO E17)
3. R WAS NOT MARRIED TO CHILD'S [FATHER/MOTHER] WHEN CHILD WAS BORN BUT CURRENT MARITAL STATUS IS MARRIED, SEPARATED, DIVORCED, WIDOWED, OR LIVING WITH A PARTNER (E8=2 & E9=2)

E16. Did you marry [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] after [CHILD] was born?

1. YES
5. NO (GO TO E19)

E17. Are you currently divorced or separated from [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]?

1. DIVORCED (GO TO E19)
2. SEPARATED (GO TO E19)
3. STILL MARRIED BUT [IF MOTHER ONLY HH, FILL "FATHER"; IF FATHER ONLY HH, FILL "MOTHER"] LIVES ELSEWHERE

E18. Why does [CHILD]'s [[IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]] live somewhere else?

1. BECAUSE OF WORK/SCHOOL/ MILITARY SERVICE/ HOSPITALIZATION / JAIL OR PRISON (GO TO E39)
2. PREFER TO MAINTAIN SEPARATE HOUSEHOLDS (GO TO E39)
3. LIVES WITH SOMEONE ELSE (GIRLFRIEND/BOYFRIEND, ANOTHER WOMAN/MAN, PARTNER)
4. MARITAL PROBLEMS
5. NO LONGER ROMANTICALLY INVOLVED
6. OTHER --> SPECIFY

IF E18=6, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E19. CAPI: CHECK PRELOAD (rachel)

1. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E39)
2. OTHERWISE

E20. During the past 12 months, that is since [FILL DATE 12 MONTHS AGO] did you receive any child support payments, even one, from [CHILD]'s [[IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"]] for [CHILD] [IF CHILD HAS SIBLINGS IN HH, FILL "and [[IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]]] brothers and sisters""]?

1. YES
5. NO (GO TO E22)

E21. Now think about just the last 30 days, since [FILL DATE 30 DAYS AGO]. How much, if any, child support did you receive from [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] in the past 30 days for [CHILD] [IF CHILD HAS SIBLINGS IN HH, FILL "and [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]]] brothers and sisters""]? PROBE: Just give me your best estimate.

1. NONE
 2. _____ per week
 3. _____ every other week/every two weeks
 4. _____ in total
 5. Other, specify (limited)
- r. REFUSED
d. DON'T KNOW

E22. Now I want to ask you about conflict you may have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"].

E22a. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how [CHILD] is raised? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22b. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how you spend money on [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22c. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how much child support [IF MOTHER ONLY

HH, FILL "he"; IF FATHER ONLY HH, FILL "she"] pays? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E22d. How much conflict do you have with [CHILD]'s [IF MOTHER ONLY HH, FILL "father"; IF FATHER ONLY HH, FILL "mother"] over how much time [IF MOTHER ONLY HH, FILL "he"; IF FATHER ONLY HH, FILL "she"] spends with [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING

ALL (GO TO E39)

(SECTION FOR KIDS WITH NEITHER PARENT IN THE HH)

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E23. Please look at this list and tell me what group or groups describe [CHILD]'s mother's race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT

13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

E23b. CHECK E23.

1. ONLY ONE GROUP IS CIRCLED (GO TO E23d)
2. 2 OR MORE=NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E23C. Which one group on that card best describes [CHILD]'s mother's race or ethnic origin?

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E23d. Now, please look at the list and tell me what group or groups describe [CHILD]'s father's race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

E23e. CHECK E23d.

1. ONLY ONE GROUP IS CIRCLED (GO TO E24a)
2. 2 OR MORE=NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE LATINO/HISPANIC/LATIN AMERICAN ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANSE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

E23f. Which one group on that card best describes [CHILD]'s father's race or ethnic origin?

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT

- 13. HAWAIIAN
- 14. PACIFIC ISLANDER
- 15. OTHER, SPECIFY

E24a. CAPI: CHECK B4 AND B5:

- 1. CHILD STAYS WITH MOTHER SOMEWHERE ELSE PART TIME AND WE HAVE HER ADDRESS (CODE E24 = 1 AND GO TO E28)
- 2. OTHERWISE

E24b. Is [CHILD]'s biological mother alive?

- 1. YES
- 5. NO (GO TO E28)

E25. Where does [CHILD]'s mother live? In what city and state?

_____ CITY AND STATE
_____ COUNTRY (IF NOT U.S.)

d. DON'T KNOW

E26. [ASK IF NECESSARY]: Is this in Southern California?

- 1. YES
- 5. NO (GO TO E28)

E27. What street does she live on? What is the nearest cross-street?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET

E28. CAPI: CHECK B4 AND B5:

- 1. CHILD STAYS WITH FATHER SOMEWHERE ELSE PART TIME AND WE HAVE HIS ADDRESS (CODE E29 = 1 AND GO TO E33)
- 2. OTHERWISE

E29. Is [CHILD]'s biological father alive?

- 1. YES
- 5. NO (GO TO E33)

E30. Where does [CHILD]'s father live? In what city and state?

_____ CITY AND STATE
_____ COUNTRY

6. SAME PLACE AS CHILD'S MOTHER (GO TO E33)
d. DON'T KNOW (GO TO E33)

E31. [ASK IF NECESSARY]: Is this in Southern California?

1. YES
5. NO (GO TO E33)

E32. What street does he live on? What is the nearest cross-street?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET

E33. CAPI CHECK E24 AND E29:

1. NEITHER PARENT IS ALIVE (GO TO SECTION F)
2. MOTHER ONLY IS ALIVE
3. FATHER ONLY IS ALIVE
4. BOTH MOTHER AND FATHER ARE ALIVE

E34. Why is [CHILD] living here with you rather than with [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] [IF FATHER DECEASED (E33=2), FILL "mother"; IF MOTHER DECEASED (E33=3), FILL "father"; IF BOTH PARENTS ARE ALIVE (E33=4), FILL "parents"]?

(SELECT ALL THAT APPLY)

1. CLOSER TO CHILD'S SCHOOL OR JOB
2. CHILD LIVING HERE TO HELP R OR ANOTHER PERSON IN HH
3. PARENT IN PRISON OR JAIL
4. PARENT (PHYSICALLY) ILL
5. PARENT MENTAL ILLNESS
6. PARENT DRUG OR ALCOHOL USE
7. PARENT BEAT, ABUSED OR NEGLECTED CHILD
8. PARENT AND CHILD CAN'T GET ALONG
9. PARENT FINANCIAL PROBLEMS
10. PARENT HAS LEFT THE COUNTRY (VOLUNTARILY, DEPORTED, OTHER)
11. PARENT MOVED AWAY FOR WORK/SCHOOL
12. PARENT TRAVELS FOR WORK
13. FOSTER CARE
14. OTHER--> SPECIFY

IF E34=14, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

E35. CAPI CHECK E1 AND E3:

1. CHILD IS SIB, AND SIB AND RSC HAVE SAME FATHER (GO TO E39)
2. OTHERWISE

E36. During the past 30 days, that is since [FILL DATE 30 DAYS AGO], did you receive any child support payments from [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] for [CHILD] [IF CHILD HAS SIBLINGS OF SAME MOTHER IN HH, FILL "and his brothers and sisters"]?

1. YES
5. NO (GO TO E38)

E37. What was the total amount of child support payments you received from [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] in the past 30 days for [CHILD] [IF CHILD HAS SIBLINGS OF SAME MOTHER IN HH, FILL "and his/her brothers and sisters"]? PROBE: Just give me your best estimate.

\$ _____ TOTAL RECEIVED IN [LAST MONTH]
r. REFUSED
d. DON'T KNOW

E38. Now I want to ask you about conflict you may have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"].

E38a. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how [CHILD] is raised? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38b. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how you spend money on [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38c. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how much child support [IF E33=2, FILL "she", IF E33=3, FILL "he", IF E33=4, FILL "they"] pays? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

E38d. How much conflict do you have with [CHILD]'s [IF E33=2, FILL "mother", IF E33=3, FILL "father", IF E33=4, FILL "parents"] over how much time [IF E33=2, FILL "she", IF E33=3, FILL "he", IF E33=4, FILL "they"] spends with [CHILD]? Would you say no conflict, some conflict, or a great deal of conflict?

1. NONE
2. SOME
3. A GREAT DEAL
4. [IF VOLUNTEERED]: NO CONFLICT ABOUT ANYTHING (GO TO E39)

(ABSENT PARENT CONTACT SECTION)

E39. CAPI CHECK HH ROSTER PRELOAD AND E2 AND E29: (rachel)

1. [CHILD]'S FATHER IS ALIVE BUT DOES NOT LIVE IN THE HH
2. [CHILD]'S FATHER IS ALIVE AND LIVES IN HH (GO TO E48)
3. [CHILD]'S FATHER HAS DIED (E29=2 -->GO TO E48)

(ABSENT FATHER)

E40. How old was [CHILD]'s father when [CHILD] was born? PROBE: Give me your best estimate.

_____ YEARS OLD
 d. DON'T KNOW

E41. How much school did [CHILD]'s father complete?

1. NONE
2. _____ (GRADES 1 THROUGH 11)
3. HIGH SCHOOL GRADUATE OR COMPLETED GED
4. SOME VOCATIONAL SCHOOL
5. COMPLETED VOCATIONAL SCHOOL
6. SOME COLLEGE
7. ASSOCIATES' DEGREE (AA)
8. BACHELORS' DEGREE (BA, BS)
9. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
10. COMPLETED GRADUATE/PROFESSIONAL DEGREE

E42. Is he currently married?

1. YES
5. NO

E43. CAPI CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO E45)
2. CHILD IS ONE YEAR OLD OR OLDER

E44. During the past 12 months, that is since [DATE 12 MONTHS AGO], about how often did [CHILD] talk on the telephone or receive a letter from [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL
2. ABOUT ONCE A YEAR
3. SEVERAL TIMES A YEAR
4. ONE TO THREE TIMES A MONTH
5. ABOUT ONCE A WEEK
6. SEVERAL TIMES A WEEK

E45. In what month and year did [CHILD] last see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] father?

1. _____ MONTH _____ YEAR
5. NEVER (GO TO E48)

E46. CAPI CHECKPOINT: HAS FATHER SEEN [CHILD] IN LAST 12 MONTHS? CHECK E45.

1. YES
5. NO (GO TO E48)

E47. [IF CHILD 1 YEAR OLD OR OLDER, FILL "During the past 12 months, that is since [DATE 12 MONTHS AGO],"; IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born",] how often did [CHILD] see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] father? Did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] she him.... [READ LIST]?

1. About once a year,
2. Several times a year,
3. One to three times a month,
4. About once a week, or
5. Several times a week?

(ABSENT MOTHER SECTION)

E48. CHECK E2 AND E24:

1. [CHILD]'S MOTHER IS ALIVE BUT DOES NOT LIVE IN THE HH
2. [CHILD]'S MOTHER IS ALIVE AND LIVES IN HH (GO TO E57)
3. [CHILD]'S MOTHER HAS DIED (GO TO E57)

E49. How old was [CHILD]'s mother when [CHILD] was born? PROBE: Give me your best estimate.

_____ YEARS OLD
d. DON'T KNOW

E50. How much school did [CHILD]'s mother complete?

0. None
- 1 TO 11. ____ (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

E51. Is she currently married?

1. YES
5. NO

E52. INTERVIEWER CHECK:

1. CHILD IS LESS THAN ONE YEAR OLD (GO TO E54)
2. CHILD IS ONE YEAR OLD OR OLDER

E53. During the past 12 months, that is since [DATE 12 MONTHS AGO], about how often did [CHILD] talk on the telephone or receive a letter from [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] mother? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL
2. ABOUT ONCE A YEAR
3. SEVERAL TIMES A YEAR
4. ONE TO THREE TIMES A MONTH
5. ABOUT ONCE A WEEK

6. SEVERAL TIMES A WEEK

E54. In what month and year did [CHILD] last see her?

1. _____ MONTH _____ YEAR
5. NEVER (GO TO E57)

E55. CHECKPOINT: HAS MOTHER SEEN [CHILD] IN LAST 12 MONTHS?

1. YES
5. NO (GO TO E57)

E56. [IF CHILD 1 YEAR OLD OR OLDER, FILL "During the past 12 months, that is since [DATE 12 MONTHS AGO],"; IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born",] how often did [CHILD] see [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] mother? Did [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] see her... [READ LIST]?

1. About once a year,
2. Several times a year,
3. One to three times a month,
4. About once a week, or
5. Several times a week?

E57. CAPI CHECK:

1. CHILD IS SIX YEARS OLD OR OLDER
2. CHILD IS LESS THAN SIX YEARS OLD (GO TO SECTION F)

E58. CAPI CHECK E2, E29, E39 AND E46:

1. R IS CHILD'S MOTHER OR STEPMOTHER AND FATHER LIVES IN THE HOUSEHOLD
2. R IS CHILD'S MOTHER OR STEPMOTHER, FATHER IS ALIVE, FATHER DOES NOT LIVE IN HH, AND CHILD HAS SEEN FATHER IN LAST 12 MONTHS
3. R IS CHILD'S FATHER
4. OTHER (GO TO SECTION F)

E59. During the past 12 months, did [IF R IS CHILD'S FATHER, FILL "you"; OTHERWISE, FILL "[CHILD]'s father"] ever:

(CODES ARE: 1=YES 5=NO)

- a. work on homework or school projects with [CHILD]?
- b. look at books or read with [CHILD]?
- c. go to school-related events with [CHILD]?

d. do activities outdoors with [CHILD] like sports, hiking, going to parks, etc.?

SECTION F. SCHOOL

F1. CAPI CHECK AGAINST A8: AGE OF CHILD

1. CHILD IS 3 OR YOUNGER (GO TO SECTION G)
2. CHILD IS 4 TO 6
3. CHILD IS 7 OR OLDER (GO TO F3)

F2. Now I have some questions about [CHILD]'s school.

Has [CHILD] started kindergarten or first grade yet?

1. YES
5. NO (GO TO SECTION G)
6. IF VOLUNTEERED: HOME SCHOOLED

F3. Is [CHILD] currently in school, on summer vacation or off-track from school, or something else?

1. CURRENTLY IN SCHOOL (INCLUDING COLLEGE OR UNIVERSITY)
2. ON SUMMER VACATION
3. IN SUMMER SCHOOL OR INTERSESSION CLASSES
4. NO LONGER IN SCHOOL (GRADUATED FROM HIGH SCHOOL) (GO TO F32)
5. NO LONGER IN SCHOOL (LEFT BEFORE GRADUATING) (GO TO F29)
6. HOME SCHOOLED
7. OFF-TRACK FROM SCHOOL

F4. [IF F3=1 OR F3=7 OR F3=6, FILL "What grade is [CHILD] attending in school"; IF F3=2 OR F3=3, FILL "What grade was [CHILD] attending this past spring"]?

0. KINDERGARTEN

1. _____ (GRADE OF REGULAR SCHOOL)
20. COLLEGE
30. OTHER --> SPECIFY _____

INTERVIEWER: FOR HOME SCHOOL (IF NECESSARY) ASK: What grade or grade-equivalent is [CHILD] in?

F5. [IF F3=1 OR F3=7 OR F3=6, FILL "For this school year"; IF F3=2 OR F3=3, FILL "this past school year"], which school [IF F3=1 OR F3=7 OR F3=6, FILL "is"; IF F3=2 OR F3=3, FILL "was"] [CHILD] attending?

[INTERVIEWER: IF ATTENDED SEVERAL SCHOOLS THIS YEAR OR LAST SPRING, GET CURRENT OR MOST RECENT SCHOOL ATTENDED.]

INTERVIEWER: MAKE SURE YOU OBTAIN FULL EXACT SCHOOL NAME. SCHOOL NAME SHOULD INCLUDE EITHER "ELEMENTARY", "MIDDLE", "JUNIOR HIGH", "HIGH SCHOOL", OR "SENIOR HIGH". MANY SCHOOL NAMES ALSO INCLUDE "MAGNET", "ALTERNATIVE", OR "CONTINUATION".

FOR COLLEGE, NAME SHOULD INCLUDE "COLLEGE" OR "UNIVERSITY"

1. _____ (NAME OF SCHOOL)
2. HOME SCHOOLED (GO TO F25)

F6. Is this a regular public school, a magnet program, a charter school, a private school, a religious school, or some other type of special program?

1. REGULAR PUBLIC SCHOOL
2. MAGNET PROGRAM OR SCHOOL
3. A CHARTER SCHOOL
4. A PRIVATE SCHOOL
5. A RELIGIOUS SCHOOL
6. [IF VOLUNTEERED] COLLEGE AND UNIVERSITY
7. OTHER SPECIAL PROGRAM OR SCHOOL--> SPECIFY

IF F6=7, SHOW "TYPE IN OTHER SPECIAL PROGRAM OR SCHOOL (VERBATIM)"

F7. Where is this school located? Can you give me name of the street on which it's located? What is the nearest cross-street? What city is that?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
_____ CITY _____ STATE

F8. Is this the only school [CHILD] has attended during the past 12 months, that is since [FILL DATE 12 MONTHS AGO]?

1. YES (GO TO F10)
5. NO

F9. How many other schools has [CHILD] attended in the past 12 months, that is since [FILL DATE 12 MONTHS AGO]?

_____ (NUMBER OF SCHOOLS)
d. DON'T KNOW

F10. How many schools has [CHILD] attended in total since [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] first started school?

[INCLUDE CURRENT SCHOOL AND ALL OTHER SCHOOLS ATTENDED THIS YEAR AND IN OTHER SCHOOL YEARS. IF APPLICABLE, ALSO INCLUDE SCHOOLS OUTSIDE THE U.S.]

_____ (NUMBER OF SCHOOLS)
d. DON'T KNOW

F11. [IF F3=1 OR F3=7 OR F3=6, FILL "During the current school year"; IF F3=2 OR F3=3, FILL "During this past school year", did you participate in any of the following activities at [CHILD]'s school?

CODE: YES = 1; NO = 5

Did you... [READ LIST]?:

- a. Volunteer in the classroom, school office or library?
- b. Have a conference with [CHILD]'s teacher?
- c. Talk to [CHILD]'s principal?
- d. Attend a school event in which [CHILD] participated?
- e. Attend a PTA, PTO, or other such meeting?

F12. Has [CHILD] ever attended a special or advanced class or school for gifted students?

1. YES
5. NO

F13. Has [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] ever been classified by the school as needing special education?

1. YES
5. NO

F14. Does [CHILD] currently have any physical or mental condition that would limit or prevent [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]ability to... [READ LIST]?

CODE: 1=YES; 5=NO

- a. do usual childhood activities such as play, or participate in games or sports?
- b. attend school regularly?
- c. do regular school work?

F15. Has [CHILD] ever repeated a grade?

1. YES
- . NO (GO TO F17)

F16. Which grades did he/she repeat?

- a. _____ GRADE
- b. _____ GRADE
- c. _____ GRADE

F17. Has [CHILD] ever been suspended or expelled from school?

- 1. YES
- 5. NO (GO TO F20)

F18. Has this happened more than once?

- 1. ONLY ONCE
- 2. MORE THAN ONCE

F19. How old was [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] when it happened [IF F18=2, FILL "the last time"]?

- _____ YEARS OLD
- d. DON'T KNOW

F20. Please tell me whether the next two statements about [CHILD] are often true, sometimes true, or not true.

a. IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is disobedient at school

- 1. Often True
- 2. Sometimes true
- 3. Not True

b. IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has trouble getting along with teachers.

- 1. Often True
- 2. Sometimes true
- 3. Not True

F21. Is [CHILD] currently involved in any clubs, teams, extracurricular programs or groups, either at school or outside of school?

PROBE: For example, clubs, sports teams, boy/girl scouts, church groups, youth centers, or volunteer activities.

- 1. Yes
- 5. No (GO TO F37)

F22. In what clubs, teams, groups, or other activities is [CHILD] involved?

(SELECT ALL THAT APPLY)

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes/ Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League/PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify _____ (limited)

ALL GO TO F37

[QUESTIONS FOR HOME SCHOOLED KIDS]

F25. Has [CHILD] ever attended a public or private school?

1. Attended a public school
2. Attended a private school
3. Attended both
4. Always home schooled (GO TO F27)

F26. What grade(s) did [CHILD] attend [IF F25=1, FILL "public"; IF F25=2, FILL "private"; IF F25=3, FILL " public and private"] school?

1. _____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE
_____ GRADE

_____ GRADE

(USE 0 FOR KINDERGARTEN)

OR

2. _____ THROUGH _____
BEGINNING GRADE ENDING GRADE

F27. Is [CHILD] currently involved in any clubs, teams, extracurricular programs or groups?

PROBE: For example, clubs, sports teams, boy/girl scouts, church groups, youth centers, or volunteer activities.

1. Yes
5. No (GO TO F37)

F28. In what clubs, teams, groups, or other activities is [CHILD] involved?

(SELECT ALL THAT APPLY)

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes/ Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League/PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify (limited)

ALL GO TO F37

[FOR KIDS NOT CURRENTLY ENROLLED IN SCHOOL]

Show Card #10 1. HEALTH PROBLEMS 2. DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK 3. DROPPED OUT OF SCHOOL BECAUSE I

DIDN'T LIKE SCHOOL 4. EXPELLED OR SUSPENDED 5. PARENTAL DECISION 6. PREGNANCY/CHILDBIRTH 7. OTHER

F29. Why doesn't [CHILD] attend school? Choose your answer from this card.

1. HEALTH PROBLEMS
2. DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK
3. DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL
4. EXPELLED OR SUSPENDED
5. PARENTAL DECISION
6. PREGNANCY/CHILDBIRTH
7. OTHER --> SPECIFY

IF F29=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

F30. What grade was [CHILD] in when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] was last in school?

_____ GRADE (1-12)
30. OTHER --> SPECIFY

IF F30=30, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

F31. What was the highest grade of school that [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] completed?

_____ HIGHEST GRADE COMPLETED (1-12)

F32. In what year did [CHILD] last attend school?

_____ YEAR (1980-present)
5. NEVER ATTENDED SCHOOL

F33. Do you expect that [CHILD] will go back to school sometime in the future?

1. YES
5. NO

F34. Is [CHILD] currently involved in any clubs, teams, programs or groups?

PROBE: For example, clubs, sports teams, boy/girl scouts, church groups, youth centers, or volunteer activities.

1. YES

5. NO (GO TO F37)

F35. In what clubs, teams, groups, or other activities is [CHILD] involved?

(SELECT ALL THAT APPLY)

1. Sports teams or athletics (such as soccer team, swim team, baseball team)
2. Sports lessons (such as tennis, swimming, aerobics, dance, skiing, skating)
3. Piano lessons, guitar lessons, other music lessons
4. Glee Club, choir, band, music group
5. Drama Club, Art Club
6. Chess, Bridge or other game-related club
7. Student government or council
8. Hobby-related clubs (such as photography club, computer club, radio club)
9. Outdoor clubs (such as hiking club, sailing club)
10. Drill team, cheerleading
11. Girl scouts or boy scouts (or similar organization)
12. Church Youth Groups
13. Religious education groups or classes/ Sunday school or equivalent
14. Girls and Boys Club
15. Police Athletic League/PAL
16. YMCA, YWCA, YMHA
17. Volunteer activities (tutoring, working in hospital, etc.)
18. Other, specify _____ (limited)

F36. CAPI CHECK F33:

1. R EXPECTS CHILD TO RETURN TO SCHOOL (F33=1)
2. R DOES NOT EXPECT CHILD TO RETURN TO SCHOOL (F33=2 --> GO TO SECTION G)

F37. How much schooling do you expect that [CHILD] will complete?

0. NONE
- 1 TO 11 ___ (GRADES 1 THROUGH 11)(CAPI RANGE 1-11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE
20. OTHER, SPECIFY

IF F37=20, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

SECTION G. CHILD CARE, BEFORE/AFTER SCHOOL CARE, AND EARLY CHILDHOOD EDUCATION

G1. INTERVIEWER CHECK:

1. CHILD IS 0-6 YEARS OLD AND NOT YET IN SCHOOL, KINDERGARTEN, OR HOME SCHOOL
2. CHILD IS ENROLLED IN SCHOOL BUT HAS NOT YET COMPLETED 6TH GRADE (GO TO G9)
3. CHILD HAS COMPLETED 6TH GRADE OR HAS DROPPED OUT OF SCHOOL (GO TO G67)

(THIS SECTION FOR KIDS NOT YET IN SCHOOL):

G2. I'd like to talk with you about all child care [CHILD] has received on a regular basis during the past 4 weeks from someone other than you [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"]. This does not include occasional babysitting or backup care providers, but does include any nursery school or pre-school [CHILD] may attend.

Has [CHILD] received care from someone other than you [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"] on a regular basis during the past 4 weeks?

1. YES
5. NO (GO TO G7)

G3. How many different regular child care arrangements have you had for [CHILD] in the past 4 weeks?

PROBE: This includes regular care from relatives, non-relatives, child care centers, Head Start and other programs.

_____ NUMBER

G4. [IF MORE THAN ONE ARRANGEMENT]: Let's start with the person or center that provided the most care during the past 4 weeks.

Who provided this care for [CHILD]?

LIMIT TO THE THREE MOST COMMON ARRANGEMENTS

a.

b.

c.

CODES FOR G4

CHILD'S RELATIVES

- 01. MATERNAL GRANDMOTHER
- 02. MATERNAL GRANDFATHER
- 03. PATERNAL GRANDMOTHER
- 04. PATERNAL GRANDFATHER
- 05. [CHILD]'S BROTHER
- 06. [CHILD]'S SISTER
- 07. AUNT OR UNCLE
- 08. OTHER RELATIVE

NON-RELATIVES

- 11. REGULAR BABYSITTER OR DAY CARE PROVIDER
- 12. MAID, NANNY, AU PAIR
- 13. NEIGHBOR
- 14. FRIEND
- 15. OTHER --> SPECIFY

IF G4=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

CENTERS OR NURSERY SCHOOLS

- 21. CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL
- 22. HEAD START PROGRAM

G5. What is the name of this person, center or program?

a. _____ NAME

b. _____ NAME

c. _____ NAME

G6. CHECK G4:

- 1. HEAD START PROGRAM LISTED ABOVE (I.E., CODE 22 IN G4) (GO TO G13)
- 2. NO HEAD START PROGRAM LISTED

G7. In the last 4 weeks, did [CHILD] attend Head Start?

- 1. YES
- 5. NO (GO TO G13)

G8. What is the name of this program?

_____ NAME

G8add. CAPI INSTRUCTION: CODE PROGRAM IN G8 AS ANOTHER PROVIDER IN THE TABLE ABOVE - G4=22 AND G5=NAME IN G8. - SO THAT APPROPRIATE QUESTIONS BELOW WILL BE ASKED

G9. (THIS SECTION IS FOR KIDS IN SCHOOL WHO HAVE NOT YET COMPLETED 6TH GRADE)

I'd like to talk with you about all child care that [CHILD] has received during the past 4 weeks when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is not in school. I am interested only in care that [CHILD] has received during the past 4 weeks on a regular basis from someone other than you [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"]. This includes before and after school programs, weekend care, child care during the summer, and all regular care. This does not include occasional babysitting or backup care providers.

Has [CHILD] received care from someone other than you [IF CHILD HAS ANOTHER LIVING PARENT OR GUARDIAN THAT EITHER 1) LIVES IN HH; OR 2) IF NOT LIVING IN HH, EITHER E46=1 OR E55=1, FILL "and (IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her") other parent (or guardians)"] on a regular basis during the past 4 weeks?

- 1. YES
- 5. NO (GO TO G67)

G10. How many different regular child care arrangements have you had for [CHILD] in the past 4 weeks?

PROBE: This includes regular care from relatives, non-relatives, child care centers, after school programs, weekend care and other programs.

_____ NUMBER

G11. [IF MORE THAN ONE ARRANGEMENT]: Let's start with the person or center that provided the most care during the past 4 weeks.

Who provided this care for [CHILD]?

LIMIT TO THREE MOST COMMON ARRANGEMENTS

a.

b.

c.

CODES FOR G11

CHILD'S RELATIVES

01. MATERNAL GRANDMOTHER
02. MATERNAL GRANDFATHER
03. PATERNAL GRANDMOTHER
04. PATERNAL GRANDFATHER
05. [CHILD]'S BROTHER
06. [CHILD]'S SISTER
07. AUNT OR UNCLE
08. OTHER RELATIVE

NON-RELATIVES

11. REGULAR BABYSITTER OR DAY CARE PROVIDER
12. MAID, NANNY, AU PAIR
13. NEIGHBOR
14. FRIEND
15. OTHER -->SPECIFY

IF G11 NON-RELATIVES=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

CENTERS

21. CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL
22. (NOT USED)
23. BEFORE/AFTER SCHOOL PROGRAM
24. CAMP
25. OTHER CENTER OR PROGRAM --> SPECIFY

IF G11 =15 OR 25, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G12. What is the name of this person, center or program?

a. _____NAME

b. _____ NAME

c. _____ NAME

G13. CHECK G4 AND G11:

1. ONE OR MORE=NUMBER OF ARRANGEMENTS WITH A RELATIVE LISTED
0. NO ARRANGEMENTS WITH RELATIVES ARE LISTED (GO TO G26)

[THIS SECTION IS REPEATED FOR EACH RELATIVE CARE ARRANGEMENT LISTED IN G4 OR G11 UP TO 3 MAX]

G14. Does [CHILD]'s [FILL [FIRST] RELATIVE TYPE FROM G4 OR G11 CODES], that is, [FILL G4 OR G11 RELATIVE'S NAME], live in this household?

1. YES
5. NO

G15. Does [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD] in your home or another home?

1. OWN HOME (GO TO G17)
2. OTHER HOME
3. BOTH/VARIES (GO TO G17)

G16. Where does [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD]? What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
_____ CITY _____ STATE

G17. When did [FILL G4 OR G11 RELATIVE'S NAME] first start taking care of [CHILD]? What month and year?

1. _____ MONTH _____ YEAR
2. SINCE BIRTH

G18. In the past 4 weeks, how many days has [FILL G4 OR G11 RELATIVE'S NAME] taken care of [CHILD]?

1. _____ TOTAL DAYS IN THE PAST 4 WEEKS OR
2. _____ # OF DAYS PER WEEK IN THE PAST 4 WEEKS

G19. Think about the days in the past 4 weeks when [FILL G4 OR G11 RELATIVE'S NAME] took care of [CHILD]. About how many hours per day, on average, did [FILL G4 OR G11 RELATIVE'S NAME] care for [CHILD] on these days?

1. _____ HOURS PER DAY ON DAYS CARE WAS PROVIDED

G20. Is [FILL G4 OR G11 RELATIVE'S NAME] paid to take care of [CHILD]?

1. YES
5. NO (GO TO G24)

G21. How much is [FILL G4 OR G11 RELATIVE'S NAME] paid to take care of [CHILD]?

\$ _____ Amount

Code Unit

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
2. LUMP SUM PAYMENT (FOR ONE TIME FEE)
3. OTHER--> SPECIFY

IF G21 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G24)
- d. DON'T KNOW (GO TO G24)

G21ck. CAPI PRELOAD CHECK:

ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH?
(REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO G24)

G22. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G24)
2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G24)

G23. How many children in your household does this amount cover, including [CHILD]?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE = 2-15

G24. Including [CHILD], how many children in total does [FILL G4 OR G11 RELATIVE'S NAME] usually care for at one time?

_____ NUMBER OF CHILDREN CARED FOR
RANGE = 1-50

G25. Does [FILL G4 OR G11 RELATIVE'S NAME] care for [IF G23=1, FILL, "this child"; OTHERWISE, FILL "these children"] by (herself/himself) usually, or are there others that help?

1. PROVIDER CARES FOR CHILD(REN) HIMSELF/HERSELF (GO TO NEXT CAPI CHECK) (rachel: looks like G52?)
5. PROVIDER HAS HELP (GO TO G25A)

G25A. How many people usually care for [IF G23=1, FILL, "this child"; OTHERWISE, FILL "these children"] at a time, including [FILL G4 OR G11 RELATIVE'S NAME]?

_____ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [FILL G4 OR G11 RELATIVE'S NAME])
NOTE: RANGE = 2-20

d. DON'T KNOW

G25ck. [ASK SEQUENCE OF QUESTIONS (G14 to G25) FOR NEXT RELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX]

IF NO MORE RELATIVE CARE PROVIDERS ON THE LIST, CONTINUE WITH G26

G26. CHECK G4 AND G11:

1. AT LEAST ONE ARRANGEMENT WITH A NON-RELATIVE IS LISTED
2. NO ARRANGEMENTS WITH NON-RELATIVES ARE LISTED (GO TO G40)

[THIS SECTION IS REPEATED FOR EACH NON-RELATIVE CARE ARRANGEMENT LISTED IN G4 OR G11 UP TO 3 MAX]

G27. Does [CHILD]'s [[FIRST] NONRELATIVE TYPE FROM G4 OR G11 CODES], that is [FILL G4 OR G11 NONRELATIVE NAME], live in this household?

1. YES
5. NO

G28. Does [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD] in your home or another home?

1. OWN HOME (GO TO G30)
2. OTHER HOME
3. BOTH/VARIES (GO TO G30)

G29. Where does [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD]? What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET
 NEAR THE CORNER OF _____ CROSS- STREET
 _____ CITY _____ STATE

G30. When did [FILL G4 OR G11 NONRELATIVE NAME] first start taking care of [CHILD]? What month and year?

1. _____ MONTH
 _____ YEAR
2. SINCE BIRTH

G31. In the past 4 weeks, how many days has [FILL G4 OR G11 NONRELATIVE NAME] taken care of [CHILD]?

1. _____ TOTAL DAYS IN THE PAST 4 WEEKS OR
2. _____ # OF DAYS PER WEEK IN THE PAST 4 WEEKS

G32. Think about the days in the past 4 weeks when [FILL G4 OR G11 NONRELATIVE NAME] took care of [CHILD]. About how many hours per day, on average, did [FILL G4 OR G11 NONRELATIVE NAME] care for [CHILD] on these days?

_____ HOURS PER DAY ON DAYS CARE WAS PROVIDED

G33. Is [FILL G4 OR G11 NONRELATIVE NAME] paid to take care of [CHILD]?

1. YES
5. NO (GO TO G37)

G34. How much is [FILL G4 OR G11 NONRELATIVE NAME] paid to take care of [CHILD]?

\$ _____ Amount

Code Unit

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH

- 5. PER YEAR
- 6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
- 7. OTHER--> SPECIFY

IF G34 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G37)
- d. DON'T KNOW (GO TO G37)

G34ck. CAPI PRELOAD CHECK:

ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH?
(REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

- 1. YES
- 5. NO (GO TO G37)

G35. Is this amount for [CHILD] only or does it include other children in your household?

- 1. THIS CHILD ONLY (GO TO G37)
- 2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G37)

G36. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE = 2-15

G37. Including [CHILD], how many children in total does [FILL G4 OR G11 NONRELATIVE NAME] usually care for at one time?

_____ NUMBER OF CHILDREN CARED FOR
RANGE = 1-50

G38. Does [FILL G4 OR G11 NONRELATIVE NAME] care for [IF G36=1, FILL, "this child"; OTHERWISE, FILL "these children"] by (herself/himself) usually? Or does someone else help?

- 1. PROVIDER CARES FOR CHILD(REN) HIM/HERSELF (GO TO NEXT CAPI CHECK)
(rachel)
- 5. PROVIDER HAS HELP (GO TO G25A)

G38A. How many people usually care for [IF G36=1, FILL, "this child"; OTHERWISE, FILL "these children"] at a time, including [FILL G4 OR G11 NONRELATIVE'S NAME]?

_____ NUMBER OF PEOPLE CARING FOR CHILDREN (INCLUDING [FILL G4 OR G11 NONRELATIVE NAME])

RANGE: 2-20

d. DON'T KNOW

G39. Has [FILL G4 OR G11 NONRELATIVE NAME] ever had education or training specifically related to young children, such as early childhood education or child psychology?

1. YES

5. NO

[REPEAT G27 TO G39 FOR NEXT NONRELATIVE CARE PROVIDER ON THE LIST UP TO 3 MAX]

IF NO ADDITIONAL NONRELATIVE CARE PROVIDERS, CONTINUE WITH G40

G40. CHECK G4 AND G11:

1. CHILD ATTENDED HEAD START IN LAST 4 WEEKS (AT LEAST ONE 22 IN G4, OR G7=1)

2. CHILD DID NOT ATTEND HEAD START IN LAST 4 WEEKS (NO CODES IN G4, AND G7 not = 1 --> GO TO G52)

G41. Where is the Head Start program located? Is it in a church or synagogue, a school, a community center, its own building, or some other place?

(SELECT ALL THAT APPLY)

1. R'S HOME (GO TO G43)

2. ANOTHER HOME

3. CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP

4. PUBLIC ELEMENTARY, MIDDLE, OR HIGH SCHOOL

5. PRIVATE ELEMENTARY, MIDDLE, OR HIGH SCHOOL

6. COLLEGE OR UNIVERSITY

7. A COMMUNITY CENTER

8. A PUBLIC LIBRARY

9. ITS OWN BUILDING

10. SOME OTHER PLACE, SPECIFY

IF G42=10, SHOW "TYPE IN OTHER PLACE (VERBATIM)"

G42. Where is this program located? (IF LOCATED IN MORE THAN ONE PLACE, ASK: Where is it held most of the time?)

What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET

NEAR THE CORNER OF _____ CROSS-STREET

_____ CITY _____ STATE

G43. When did [CHILD] first start attending this Head Start program? What month and year?

1. _____ MONTH _____ YEAR

d. DON'T KNOW

G44. In the past 4 weeks, how many days did [CHILD] attend Head Start?

1. _____ TOTAL DAYS IN THE LAST 4 WEEK

2. _____ # OF DAYS PER WEEK IN THE LAST 4 WEEKS

IF ZERO DAYS (GO TO G65)

G45. Think about the days in the past 4 weeks when [CHILD] went to Head Start. About how many hours per day, on average, did [CHILD] spend at Head Start on these days?

_____ HOURS PER DAY

G46. Is there a charge or fee for the Head Start program, paid either by you or someone else?

1. YES

5. NO (GO TO G50)

G47. How much is the fee or charge?

\$ _____ Amount

Code Unit

1. PER HOUR

2. PER DAY

3. PER EVERY TWO WEEKS

4. PER MONTH

5. PER YEAR

6. LUMP SUM PAYMENT (FOR ONE TIME FEE)

7. OTHER--> SPECIFY

IF G47 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

r. REFUSED (GO TO G50)

d. DON'T KNOW (GO TO G50)

G47ck. CAPI PRELOAD CHECK:

ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH?
(REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO G50)

G48. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G50)
2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G50)

G49. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE: 2-15

G50. Including [CHILD], how many children are usually in [CHILD]'s room or group, at the same time, at Head Start?

_____ NUMBER OF CHILDREN
RANGE: 1-50

G51. How many adults are usually in [CHILD]'s room or group, at the same time, at Head Start?

_____ NUMBER OF ADULTS
RANGE: 1-15

d. DON'T KNOW

G52. CAPI CHECK G4 AND G11:

1. AT LEAST ONE CENTER BASED ARRANGEMENT LISTED IN G4 OR G11
2. NO CENTER BASED ARRANGEMENTS LISTED (GO TO G64)

[THIS SECTION IS REPEATED FOR EACH CENTER BASED ARRANGEMENT LISTED
IN G4 OR G11)

G53. Where is [FILL CENTER NAME FROM G5 OR G12] located? Is it in a church or
synagogue, a school, a community center, its own building, or some other place?

1. R'S HOME (GO TO G55)
2. ANOTHER HOME
3. CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP
4. PUBLIC ELEMENTARY, MIDDLE, OR HIGH SCHOOL

5. PRIVATE ELEMENTARY, MIDDLE, OR HIGH SCHOOL
6. COLLEGE OR UNIVERSITY
7. A COMMUNITY CENTER
8. A PUBLIC LIBRARY
9. ITS OWN BUILDING
10. SOME OTHER PLACE, SPECIFY

IF G53=10, SHOW "TYPE IN OTHER PLACE (VERBATIM)"

G54. Where is this center located? (IF LOCATED IN MORE THAN ONE PLACE, ASK: Where is it held most of the time?)

What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET
 NEAR THE CORNER OF _____ CROSS-STREET
 _____ CITY _____ STATE

G55. When did [CHILD] first start attending [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]? In what month and year?

1. _____ MONTH _____ YEAR

G56. In the past 4 weeks, how many days did [CHILD] attend [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]?

1. _____ TOTAL DAYS IN THE LAST 4 WEEK
2. _____ # OF DAYS PER WEEK IN THE LAST 4 WEEKS

G57. Think about the days in the past 4 weeks when [CHILD] went to [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]. About how many hours per day, on average, [CHILD] spend at [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12] on these days?

_____ HOURS PER DAY

G58. Is there a charge or fee for [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12], paid either by you or someone else?

1. YES
5. NO (GO TO G62)

G59. How much is the fee or charge?

\$ _____ Amount

Code Unit

1. PER HOUR
2. PER DAY
3. PER EVERY TWO WEEKS
4. PER MONTH
5. PER YEAR
6. LUMP SUM PAYMENT (FOR ONE TIME FEE)
7. OTHER--> SPECIFY

IF G59 UNIT=7, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

- r. REFUSED (GO TO G62)
d. DON'T KNOW (GO TO G62)

G59ck. CAPI PRELOAD CHECK:

ARE THERE ANY OTHER CHILDREN UNDER AGE 12 LIVING IN THIS HH?
(REGARDLESS OF WHETHER THESE CHILDREN ARE SIBLINGS OF [CHILD])?

1. YES
5. NO (GO TO G62)

G60. Is this amount for [CHILD] only, or does it include other children in your household?

1. THIS CHILD ONLY (GO TO G62)
2. THIS CHILD AND OTHER CHILDREN
- d. DON'T KNOW (GO TO G62)

G61. How many children in your household, including [CHILD], does this amount cover?

_____ TOTAL NUMBER OF CHILDREN COVERED
RANGE: 2-15

G62. Including [CHILD], how many children at the same time are usually in [CHILD]'s room or group at [FILL NAME OF CENTER OR PROGRAM FROM G5 OR G12]?

_____ NUMBER OF CHILDREN
RANGE: 1-50

- d. DON'T KNOW

G63. How many adults are usually in [CHILD]'s room or group at the same time, at [NAME OF CENTER OR PROGRAM]?

_____ ADULTS

RANGE: 1-15

d. DON'T KNOW

G63ck. [REPEAT G53 TO G63 FOR NEXT CENTER BASED PROVIDER ON THE LIST UP TO 3 MAX]

IF NO OTHER CENTER BASED PROVIDERS, CONTINUE WITH G64

(ALL RESPONDENTS REPORTING ANY CHILD CARE END UP HERE AFTER BEING ASKED ABOUT EACH TYPE OF CARE)

G64. CAPI CHECK G20, G33, G46, G58 FOR ALL PROVIDERS:

1. R'S HH PAYS FOR AT LEAST ONE CHILD CARE PROVIDER
2. R'S HH DOES NOT PAY FOR ANY CHILD CARE PROVIDERS (GO TO G67)

G65. Does anyone outside your household or any organization help to pay the people, programs, or centers that care for [CHILD]?

INTERVIEWER: THIS INCLUDES ANY PAYMENT FOR HEAD START

1. NO ONE (GO TO G67)
2. A RELATIVE OF [CHILD] OUTSIDE THE HOUSEHOLD
3. A SOCIAL SERVICE OR WELFARE AGENCY
4. AN EMPLOYER
5. SOMEONE ELSE --> SPECIFY

IF G65=5, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G66. Does [IF G65=2, FILL "this person"; IF G65=3 OR 4, FILL "this organization", IF G65=5, FILL ANSWER TO G65=5] pay for some of [CHILD]'s care or for all of it?

1. SOME OF THE CARE
2. ALL OF THE CARE
3. SOMETHING ELSE, SPECIFY

IF G66=3, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G67. CHECK G1 AND G4:

1. CHILD IS NOT YET IN SCHOOL AND DID NOT GO TO HEAD START IN LAST 4 WEEKS
2. CHILD NOT YET IN SCHOOL BUT DID ATTEND HEAD START IN LAST 4 WEEKS (GO TO SECTION H)
3. CHILD HAS STARTED SCHOOL

G68. Did [CHILD] ever attend an official, government-sponsored Head Start program?

1. YES
5. NO (GO TO G71)

G69. At what age did [CHILD] first attend a Head Start program?

_____ AGE OF CHILD
d. DON'T KNOW

G70. How many months or years in total did [CHILD] attend a Head Start program?

1. ENTER MONTHS AND YEARS
_____ MONTHS (0-12, 0 FOR LESS THAN 1 MONTH)
_____ YEARS
2. OTHER, SPECIFY

IF G70=2, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

G71. CHECK G67:

1. G67 IS CODED 1 (GO TO SECTION H)
2. G67 IS CODED 3

G72. [IF G68 = 1, FILL "Aside from Head Start"], did [CHILD] ever go to a nursery school, preschool, or child care center, before [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] started school?

1. YES
5. NO (GO TO SECTION H)

G73. At what age did [CHILD] first attend a nursery school, preschool or child care center?

_____ AGE OF CHILD
d. DON'T KNOW

G74. How many months or years in total did [CHILD] attend all the nurseries, preschools, and child care centers that [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] went to?

1. ENTER MONTHS AND YEARS
_____ MONTHS (0-12, 0 FOR LESS THAN 1 MONTH)
_____ YEARS
2. OTHER, SPECIFY

IF G74=2, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

SECTION H. SOCIAL/BEHAVIOR DEVELOPMENT AND HOME SCALE

H1. CHECK:

1. THIS IS RSC
2. THIS IS SIB AND RSC IS 1 TO 15 YEARS OLD (GO TO H70)
3. THIS IS SIB AND RSC IS 0 YEARS OLD
4. THIS IS SIB AND RSC IS 16 OR OLDER

H2. Now I have some questions about [CHILD] and your home.

CAPI CHECK CHILD'S AGE:

1. CHILD IS 0 YEARS OLD (GO TO J1)
2. CHILD IS 1-2 YEARS OLD
3. CHILD IS 3-5 YEARS OLD (GO TO H16)
4. CHILD IS 6-9 YEARS OLD (GO TO H32)
5. CHILD IS 10-15 YEARS OLD (GO TO H52)
6. CHILD IS 16 OR OLDER (GO TO H71)

(THIS SECTION FOR 1-2 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H3. Please look at this card. In the past week, about how many times have you praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H4. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H5. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H6. Have you ever spanked [CHILD]?

- 1. YES
- 5. NO (GO TO H9)

H7. How old was [CHILD] when you first spanked [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

- 1. ENTER MONTHS AND YEARS

_____ MONTHS OLD
_____ YEARS OLD

- d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H8. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H9. In the past week, how many times have you put [CHILD] in [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H10. Sometimes children get so angry at their parents that they scream and cry and throw a temper tantrum. If this happened to [CHILD], what would you do?

(SELECT ALL THAT APPLY)

1. GROUND CHILD/ DON'T LET HIM/HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM/HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"
14. HOLD CHILD UNTIL (HE/SHE) IS CALM
15. OTHER --> SPECIFY

IF H10=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H11. About how many children's books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H12. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H13. How often do other family members get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK

6. EVERY DAY

H14. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKDAY
d. DON'T KNOW

H15. Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKEND DAY
d. DON'T KNOW

ALL GO TO H70

(SECTION FOR 3 TO 5 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H16. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H17. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H18. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

- 0. NEVER
- 1. ONCE

2. SEVERAL TIMES
3. ALMOST EVERY DAY

H19. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO H22)

H20. How old was [CHILD] when you first spanked [[IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]]?

1. ENTER MONTHS OR YEARS
_____ MONTHS OR _____ YEARS
- d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H21. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H22. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H23. In the past week, how many times have you put or sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H24. Sometimes children get so angry at their parents that they scream and cry and throw a temper tantrum. If this happened to [CHILD], what would you do?

(SELECT ALL THAT APPLY)

1. GROUND CHILD/ DON'T LET HIM/HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM/HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"
14. HOLD CHILD UNTIL (HE/SHE) IS CALM
15. OTHER --> SPECIFY

IF H24=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H25. About how often does [CHILD] go to the library?

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H26. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "father/stepfather/father figure"] discuss TV programs with [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY

H27. About how many children's books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H28. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H29. How often do other family members get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H30. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKDAY
d. DON'T KNOW

H31. Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKEND DAY
d. DON'T KNOW

ALL GO TO H70

(SECTION FOR 6-9 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H32. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H33. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H34. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

- 0. NEVER
- 1. ONCE
- 2. SEVERAL TIMES
- 3. ALMOST EVERY DAY

H35. Have you ever spanked [CHILD]?

- 1. YES
- 5. NO (GO TO H38)

H36. How old was [CHILD] when you first spanked [him/her]?

_____ MONTHS OR _____ YEARS
d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H37. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H38. In the past week, how many times have you grounded [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H39. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H40. In the past week, how many times have you sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H41. Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. If this happened to [CHILD], what would you do?

(SELECT ALL THAT APPLY)

1. GROUND CHILD/ DON'T LET HIM/HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD
5. GIVE HIM/HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"

14. HOLD CHILD UNTIL (HE/SHE) IS CALM
15. OTHER --> SPECIFY

IF H41=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H42. About how often does [CHILD] go to the library?

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H43. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "father/stepfather/father figure"] discuss TV programs with [him/her]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY

H44. About how many books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H45. Please look at this card. How often do you get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH

4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H46. How often do other family members get a chance to read to [CHILD]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERY DAY

H47. About how often does [CHILD] read for enjoyment?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. SEVERAL TIMES A WEEK
5. EVERY DAY

H48. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday (either in your home or somewhere else)?

_____ HOURS PER WEEKDAY

d. DON'T KNOW

H49. Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day (either in your home or somewhere else)?

_____ HOURS PER WEEKEND DAY

d. DON'T KNOW

H50. How often do you check to make sure [CHILD] has completed [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] homework?

1. Less than once a month or never
2. About once a month
3. A few times a month
4. At least a few times a week
5. Every day or every night
6. Every time child has homework assigned

H51. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

ALL GO TO H70

(SECTION FOR 10-15 YEAR OLDS)

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H52. Please look at this card. In the past week, how many times have you praised [CHILD] for doing something worthwhile?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H53. In the past week, have you shown [CHILD] physical affection (for example: kisses, hugs, stroking hair, etc.)?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H54. In the past week, how many times have you told another adult (for example: spouse, friend, co-worker, visitor, relative) something positive about [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H55. Have you ever spanked [CHILD]?

1. YES
5. NO (GO TO H58)

H56. How old was [CHILD] child when you first spanked [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

1. ENTER MONTHS OR YEARS
_____ MONTHS OR _____ YEARS

d. DON'T KNOW

Show Card #11 NEVER ONCE SEVERAL TIMES ALMOST EVERY DAY

H57. Please look at this card. In the past week, how many times have you had to spank [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H58. In the past week, how many times have you grounded [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H59. In the past week, how many times have you taken away TV or other privileges from [CHILD]?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H60. In the past week, how many times have you sent [CHILD] to [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] room or another room as a punishment?

0. NEVER
1. ONCE
2. SEVERAL TIMES
3. ALMOST EVERY DAY

H61. Sometimes children get so angry at their parents that they say things like "I hate you" or swear during a temper tantrum. If this happened to [CHILD], what would you do?

(SELECT ALL THAT APPLY)

1. GROUND CHILD/ DON'T LET HIM/HER GO OUT OR GO OUT TO PLAY
2. SPANK CHILD
3. TALK WITH CHILD
4. SCOLD OR YELL AT CHILD

5. GIVE HIM/HER HOUSEHOLD CHORES
6. IGNORE IT
7. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR LESS THAN 1 HOUR
8. PUT CHILD IN ROOM/ SEND CHILD TO ROOM FOR MORE THAN 1 HOUR
9. MAKE CHILD GO TO BED
10. TELL OTHER PARENT
11. TAKE AWAY ALLOWANCE
12. TAKE AWAY TV OR OTHER PRIVILEGES
13. GIVE CHILD A "TIME OUT"
14. HOLD CHILD UNTIL (HE/SHE) IS CALM
15. OTHER --> SPECIFY

IF H61=15, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

H62. About how often does [CHILD] go to the library?

1. ONCE A YEAR OR LESS
2. A FEW TIMES A YEAR
3. ABOUT ONCE A MONTH
4. TWO OR THREE TIMES A MONTH
5. ABOUT ONCE A WEEK OR MORE

Show Card #12 1. NEVER 2. SEVERAL TIMES A YEAR 3. SEVERAL TIMES A MONTH 4. ONCE A WEEK 5. ABOUT 3 TIMES A WEEK 6. EVERY DAY

H63. Please look at this card. When your family watches TV together, how often do you or [CHILD]'s [FILL APPROPRIATE FROM HH ROSTER: "father/stepfather/father figure"] discuss TV programs with [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"]?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. ONCE A WEEK
5. ABOUT 3 TIMES A WEEK
6. EVERYDAY

H64. About how many books does [CHILD] have?

1. NONE
2. 1 TO 2
3. 3 TO 9
4. 10 OR MORE

H65. About how often does [CHILD] read for enjoyment?

1. NEVER
2. SEVERAL TIMES A YEAR
3. SEVERAL TIMES A MONTH
4. SEVERAL TIMES A WEEK
5. EVERY DAY

H66. Think for a moment about a typical weekday for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekday, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKDAY
 d. DON'T KNOW

H67. Think for a moment about the typical weekend day for your family. How much time would you say [CHILD] spends watching television or videos on a typical weekend day, either in your home or somewhere else? Please do not include time spent playing or watching others play video games.

_____ HOURS PER WEEKEND DAY
 d. DON'T KNOW

H68. How often do you check to make sure [CHILD] has completed [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] homework?

1. LESS THAN ONCE A MONTH OR NEVER
2. ABOUT ONCE A MONTH
3. A FEW TIMES A MONTH
4. AT LEAST A FEW TIMES A WEEK
5. EVERY DAY OR EVERY NIGHT
6. EVERY TIME CHILD HAS HOMEWORK ASSIGNED

H69. Does [CHILD] have a curfew or set time to be home on school nights?

1. YES
5. NO

H70. CAPI CHECK AGAINST A8: IS CHILD 3 YEARS OLD OR OLDER?

1. YES
5. NO (GO TO J1-NEXT SECTION)

H71. Now I have some questions about [CHILD]'s behavior during the past month. These are some standard questions used to determine how children and teenagers behave. Some of these questions may seem to better apply to kids who are younger or older than [CHILD], and some may be hard to answer. Please just do your best.

Please tell me whether each of these statements were often true, sometimes true, or not true of [CHILD], during the past month.

a. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had sudden changes in mood or feeling.

1. Often True
2. Sometimes True
3. Not True

b. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has felt or complained that no one loved him/her.

1. Often True
2. Sometimes True
3. Not True

c. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been rather high strung, tense and/or nervous.

1. Often True
2. Sometimes True
3. Not True

d. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has cheated or told lies.

1. Often True
2. Sometimes True
3. Not True

e. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been too fearful or anxious.

1. Often True
2. Sometimes True
3. Not True

f. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has argued too much.

1. Often True
2. Sometimes True
3. Not True

g. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had difficulty concentrating, and/or has not been able to pay attention for long.

1. Often True
2. Sometimes True
3. Not True

h. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been easily confused and/or has seemed to be in a fog.

1. Often True
2. Sometimes True
3. Not True

i. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has bullied or has been cruel or mean to others.

1. Often True
2. Sometimes True
3. Not True

j. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been disobedient.

1. Often True
2. Sometimes True
3. Not True

k. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has not seemed to feel sorry after [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has misbehaved.

1. Often True
2. Sometimes True
3. Not True

l. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had trouble getting along with other children.

1. Often True
2. Sometimes True
3. Not True

m. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been impulsive or has acted without thinking.

1. Often True
2. Sometimes True
3. Not True

n. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has felt worthless or inferior.

1. Often True
2. Sometimes True
3. Not True

o. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has not been liked by other children.

1. Often True
2. Sometimes True
3. Not True

p. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had a lot of difficulty getting ([IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"]) mind off certain thoughts (had obsessions).

1. Often True
2. Sometimes True
3. Not True

q. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been restless or overly active, and/or has not been able to sit still.

1. Often True
2. Sometimes True
3. Not True

r. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been stubborn, sullen, or irritable.

1. Often True
2. Sometimes True
3. Not True

s. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has had a very strong temper and has lost it easily.

1. Often True
2. Sometimes True
3. Not True

t. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been unhappy, sad or depressed.

1. Often True
2. Sometimes True
3. Not True

u. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been withdrawn, and/or has not gotten involved with others.

1. Often True
2. Sometimes True
3. Not True

v. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has broken things on purpose or deliberately destroyed ([IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"]) own or another's things.

1. Often True
2. Sometimes True
3. Not True

w. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been clinging to adults

1. Often True
2. Sometimes True
3. Not True

x. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has cried too much.

1. Often True
2. Sometimes True
3. Not True

y. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has demanded a lot of attention.

1. Often True
2. Sometimes True
3. Not True

z. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been too dependent on others.

1. Often True
2. Sometimes True
3. Not True

aa. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"]has felt others were out to get [IF CHILD MALE FILL "him"; IF CHILD FEMALE FILL "her"].

1. Often True
2. Sometimes True
3. Not True

bb. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been hanging around with kids who get into trouble.

1. Often True
2. Sometimes True
3. Not True

cc. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been secretive, and/or has kept things to [IF CHILD MALE FILL "himself"; IF CHILD FEMALE FILL "herself"].

1. Often True
2. Sometimes True
3. Not True

dd. [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] has been worrying too much.

1. Often True
2. Sometimes True
3. Not True

H71fr. Now let's talk about something different.

How many close friends does [CHILD] have?

_____ NUMBER OF CLOSE FRIENDS
d. DON'T KNOW

H72. How many of [CHILD]'s friends' names do you know? Would you say you know [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] all of the names of [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] friends, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE
5. NO FRIENDS (GO TO H75)

H73. How many of [CHILD]'s friends live within walking distance of your house? Would you say all, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE

H74. Think about the parents of [CHILD]'s friends. How many of them do you know? --> Would you say you know all of their parents, most, some or none?

1. ALL
2. MOST
3. SOME
4. NONE

H75. How often do you know who [CHILD] is with when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is not at home?

1. ALL THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. ONLY RARELY

SECTION J. RSC'S SIBS (ONLY FOR RSC'S WHOSE MOTHER IS NOT THE RESPONDENT)

J1. CHECK PRELOAD:

1. PCG IS CHILD'S MOTHER (GO TO SECTION K)
2. THIS IS SIB (GO TO SECTION K)
3. THIS IS RSC AND PCG IS NOT CHILD'S MOTHER

J2. Here are a few questions about [CHILD]'s brothers and sisters.

How many children in total has [CHILD]'s mother had? This includes all brothers or sisters who have the same mother as [CHILD]. Please include brothers and sisters who live here as well as those who live elsewhere and those who may no longer be alive.

1. _____ # OF CHILDREN (GO TO J4)
- d. DON'T KNOW (GO TO J3)

J3. You may not know about all the children [CHILD]'s mother has had. But how many children did she have that you do know about? Please include all children you know about, even if they are no longer alive.

1. _____ # OF CHILDREN (GO TO J4)
d. DON'T KNOW (GO TO SECTION K)

J4ck. [SEQUENCE OF QUESTIONS J4 THRU J12 IS REPEATED FOR EACH SIBLING INCLUDED IN J2 OR J3 UP TO 9 MAX]

J4. [IF MORE THAN ONE CHILD]: Let's start with [CHILD]'s mother's first child.

What is this child's first name?

_____ CHILDNAME

J5. Does [FILL CHILDNAME FROM J4] live in this household?

1. YES (GO TO NEXT SIBLING, IF ANY, OR TO SECTION K)
5. NO
6. CHILD IS NO LONGER ALIVE (GO TO J13)

J6. When was [FILL CHILD NAME FROM J4] born? In what month and year?

1. _____ MONTH _____ YEAR
d. DON'T KNOW

J7. How old is [FILL CHILD NAME FROM J4]?

_____ YEARS OLD
d. DON'T KNOW

J8. Where does [FILL CHILDNAME FROM J4] live? In what city and state?

_____ CITY
_____ STATE

J9. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE WHETHER OR NOT ASKED

1. YES
5. NO (GO TO J11)

J10. What street does child live on? What is nearest cross-street?

On _____ STREET
NEAR _____ CROSS-STREET

J11. INTERVIEWER CHECK:

1. CHILD IS 17 YEARS OLD OR YOUNGER
2. CHILD IS 18 YEARS OR OLDER (GO TO NEXT SIBLING, IF ANY, OR TO SECTION K)

J12. Who is [CHILDNAME FROM J4] currently living with?

(SELECT ALL THAT APPLY)

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED

SPECIFY IF J12=23, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

ALL GO TO NEXT SIBLING, IF ANY, OR TO SECTION K

(ONLY FOR KIDS WHO HAVE DIED)

J13. When did [FILL CHILDNAME FROM J4] die?

1. _____ MONTH _____ YEAR
- d. DON'T KNOW

J14. About how old was [FILL CHILDNAME FROM J4] when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] died?

_____ AGE
d. DON'T KNOW

ALL GO TO NEXT SIBLING, IF ANY, OR TO SECTION K

SECTION K. CHILD HEALTH

[NOTE: NEED TO DECIDE HERE ON TRANSLATION FOR "FAIR". SEE ADULT QUESTIONNAIRE AND LIST OF QUESTIONNAIRE CHANGES.]

K1. In general, would you say [CHILD]'s health is excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

K2. When [CHILD] was born, was [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] born around [IF CHILD MALE FILL "his"; IF CHILD FEMALE FILL "her"] due date, early or late?

1. ON DUE DATE (GO TO K4)
2. EARLY
3. LATE
- d. DON'T KNOW (GO TO K4)

K3. About how many days or weeks [IF K2=2 FILL "before"] or [IF K2=3 FILL "after"] the due date was [CHILD] born?

CODE UNIT

1. DAYS
2. WEEKS

K4. Was [CHILD]'s weight at birth very small, less than average, average, above average, or heavy compared to the typical baby?

1. VERY SMALL
2. LESS THAN AVERAGE
3. AVERAGE

- 4. ABOVE AVERAGE
- 5. HEAVY

K5. How much did [CHILD] weigh at birth?

- 1. _____ POUNDS _____ OUNCES
- 2. _____ KILOS
- d. DON'T KNOW

K6. Compared to other babies in general, would you say that [CHILD]'s health at birth was better than other babies, the same as other babies, or worse than other babies?

- 1. BETTER
- 2. SAME
- 3. WORSE

K7. [IF CHILD IS 1 YEAR OLD OR OLDER, FILL "During the past 12 months, how many different times has [CHILD] stayed in the hospital overnight or longer?"]

[IF CHILD IS LESS THAN 1 YEAR OLD, FILL "Since [CHILD] was born, how many different times has [IF CHILD MALE, FILL "he"; IF CHILD FEMALE, FILL "she"] stayed in the hospital overnight or longer? Do not include the time when [CHILD] was born."]

1-98 == Number of times hospitalized
99 Child not hospitalized in past 12 months (GO TO K10)

K8. When as the last time [CHILD] was hospitalized?

- 1. _____ MONTH _____ YEAR
- d. DON'T KNOW

K9. What was the reason for this hospitalization?

SHOW "TYPE IN REASON (VERBATIM)"

K10. Has a doctor or other health professional ever told you that [CHILD] has asthma?

- 1. YES
- 5. NO (GO TO K12)

K11. [IF CHILD IS 1 YEAR OR OLDER, FILL "During the past 12 months"; IF CHILD IS LESS THAN ONE YEAR OLD, FILL "Since [CHILD] was born"], has [CHILD] had an episode of asthma or an asthma attack?

- 1. YES
- 5. NO

K12. Has your doctor or health professional ever said that [CHILD] had... [READ LIST]:

- 1. YES
- 5. NO

a. An epileptic fit or convulsion?

- 1. YES
- 5. NO

b. Diabetes?

- 1. YES
- 5. NO

c. More than 3 ear infections in a year?

- 1. YES
- 5. NO

d. A speech impairment or delay?

- 1. YES
- 5. NO

e. Serious hearing difficulty or deafness?

- 1. YES
- 5. NO

f. Serious difficulty seeing or blindness?

- 1. YES
- 5. NO

g. Mental retardation?

- 1. YES
- 5. NO

h. A serious emotional disturbance?

- 1. YES
- 5. NO

i. Anemia or iron deficiency?

1. YES

5. NO

j. Elevated levels of lead in the blood?

1. YES

5. NO

k. Orthopedic impairment? (problems with walking, sitting, moving, etc.)

1. YES

5. NO

l. A developmental delay?

1. YES

5. NO

m. A learning disability?

SPECIFY

1. YES

5. NO

IF K12=M, SHOW "TYPE IN DISABILITY (VERBATIM)"

n. Autism?

1. YES

5. NO

o. Hyperactivity, ADHD, or ADD?

1. YES

5. NO

p. Any other problems?

SPECIFY

1. YES

5. NO

IF K12=P, SHOW "TYPE IN OTHER RESPONSE (VERBATIM)"

The next questions are about Health Care.

K13. Is there a place that [CHILD] usually goes when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] is sick or you need advice about (his/her) health?

1. YES, ONE PLACE
2. YES, MORE THAN ONE PLACE
3. NO (GO TO K18)

K14. [IF K13=1, THEN READ:] What kind of place is it? Is it ... [READ LIST]?

[IF K13 = 2, THEN READ:] What kind of place does [CHILD] go to most often? Do you go to... [READ LIST]?

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?--> SPECIFY

IF K14=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO K17)

K15. [IF K14=1-5, FILL "What is"; IF K14=d, FILL "DO you know"] the name of this place?

1. NAME _____

K16. Where is this place located? On what street? What is the nearest cross-street? What city is it in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
IN _____ CITY _____ STATE

K17. Is that the same place [CHILD] usually goes when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] needs routine or preventive care, such as a physical examination or well baby/child check-up?

1. YES (GO TO K21)
5. NO

K18. What kind of place do you go to when [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] needs routine preventive care, such as a physical examination or well baby/child check-up? Do you go to... [READ LIST]?

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?--> SPECIFY

IF K18=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO K21)
6. DOESN'T GET PREVENTIVE CARE ANYWHERE

IF K18=6, GO TO K21

K19. [IF K18=1-5, FILL "What is"; IF K18=d, FILL "Do you know"] the name of this place?

1. _____ NAME OF PLACE

K20. Where is this place located? On what street? What is the nearest cross-street? What city is it in?

ON _____ STREET
NEAR THE CORNER OF _____ CROSS-STREET
IN _____ CITY _____ STATE

K21. When was the last time [CHILD] was seen by a doctor, nurse or other health care professional for illness, injury or a routine check-up?

1. _____ MONTH _____ YEAR
5. NEVER (GO TO K24)

K22. For what illness, injury or other reason did [IF CHILD MALE FILL "he"; IF FEMALE, FILL "she"] see the doctor, nurse, or other health care professional?

1. Routine check-up or physical exam
2. Other reason, specify _____ (limited)

CHECK K21:

1. DATE WAS IN THE LAST 12 MONTHS
2. DATE WAS NOT IN THE LAST 12 MONTHS (GO TO K24)

K23. In the past 12 months, that is since [FILL MONTH4] last year, about how many times has [CHILD] seen a doctor, nurse, or other health professional about [IF CHILD MALE FILL "his"; IF FEMALE, FILL "her"] health?"

____ NUMBER OF TIMES
(RANGE 1-50, VERIFY AT 12)
99. NEVER

K23ver. I want to verify that you said [CHILD] has seen a doctor, nurse or other health care professional [FILL K23] times in the past 12 months. Is that correct?

CHECK IF K22=1 GO TO K25, ELSE CONTINUE

K24. Not including visits for illness or injury, when was the last time [CHILD] saw a doctor or clinic for a routine health check-up?

1. ____ MONTH ____ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER, DOESN'T GET CHECK-UPS

K25. During the past 12 months, how many times has [CHILD] gone to a hospital emergency room about [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] health? This includes emergency room visits that resulted in a hospital admission.

- 0. NONE
- 1. 1
- 2. 2-3
- 3. 4-9
- 4. 10-12
- 5. 13 OR MORE

K26. Is [CHILD] up to date on [IF CHILD MALE FILL "he"; IF CHILD FEMALE FILL "she"] shots or immunizations?

- 1. YES
- 5. NO

K27. During the past 12 months, have you ever taken [CHILD] to see any of the following types of people about a health problem?:

a. Dentist?

- 1. YES
- 5. NO

b. Optometrist or Ophthalmologist or Eye Doctor?

1. YES

5. NO

c. Psychiatrist, psychologist, or a counselor?

1. YES

5. NO

d. Pharmacist?

1. YES

5. NO

e. Healer?

1. YES

5. NO

f. Specialist in biofeedback, energy healing or hypnosis?

1. YES

5. NO

g. Acupuncturist?

1. YES

5. NO

h. Homeopath?

1. YES

5. NO

i. Herbalist or Chinese medicine specialist?

1. YES

5. NO

j. Chiropractor?

1. YES

5. NO

k. Massage therapist?

1. YES
5. NO

END

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6. PRIMARY CARE GIVER (PCG) QUESTIONNAIRE

NOTE: PRIOR TO BEGINNING ASSESSMENT AND SURVEY, PCG (IF NOT RSA) MUST COMPLETE CONSENT MODULE.

Time Stamp -- Woodcock-Johnson - Revised passage comprehension assessment

In this section we have a few more questions about you and your family. To begin, I'd like to ask you to read and answer a few questions about this passage.

ch1 INTERVIEWER: WHAT WOULD YOU LIKE TO DO NOW?

1. DO ASSESSMENTS
2. (SHOW ONLY IF APPROPRIATE) INTERVIEW PCG
3. SCHEDULE APPOINTMENT
4. RETURN TO MAIN MENU (SHIRLEY'S NOTE: we may not want FI to have the option of going back to main menu w/o setting appt. or explaining why they aren't doing the interview)

IF ch1=1, CAPI SHOWS SCREEN OF WOODCOCK-JOHNSON-REVISED ASSESSMENT.

IF ch1=2, CAPI GOES TO SECTION A - CIDI

IF ch1=3, CAPI SHOWS APPOINTMENT SCREEN

IF ch1=4, CAPI GOES BACK TO MAIN MENU

ASSESSMENTS CHECKLIST: INTERVIEWER CHECK APPROPRIATE BOX Programmer:
This should be a separate screen where the FI can code whether the assessments were completed or not.

Complete Incomplete

Passage Comprehension

Timestamp -- Section A

SECTION A

There are two parts to this survey. For the first part, I will read each question aloud to you and ask you which answer best fits you. For the second part, I will show you how to use the computer to read and answer questions yourself.

Let's begin.

A1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES
5. NO IF A1 = 5 (GO TO A10)
6. R WAS ON MEDICATION / ANTI-DEPRESSANTS (GO TO A10)

For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst.

A2. During that time, did the feelings of being sad, blue, or depressed usually last.... [READ LIST]?

1. All day long,
2. Most of the day,
3. About half the day, or
4. Less than half the day? IF A2 = 4, GO TO A10
- d. DON'T KNOW IF A2 = d, GO TO A10

A3. During these two weeks, did you feel this way... [READ LIST]?

1. Every day,
2. Almost every day,
3. Or less often? IF A3 = 3, GO TO A10
- d. DON'T KNOW IF A3 = d, GO TO A10

A4. During these two weeks, did you... [READ EACH CHOICE INDIVIDUALLY]

a. Lose interest in most things that usually give you pleasure?

1. YES
5. NO

b. Feel more tired or low on energy than is usual for you?

1. YES
5. NO

c. Gain or lose 10 pounds or 4.5 kilos without trying?

1. YES
5. NO

d. Have a lot more trouble concentrating than usual?

1. YES

5. NO

e. Feel down on yourself or think you were worthless or no good?

1. YES

5. NO

f. Think a lot about death, either your own or someone else's, or about death in general?

1. YES

5. NO

A5. During these two weeks, did you have more trouble falling asleep than you usually do?

1. YES

5. NO IF A5 = 5, GO TO A7

A6. Did this happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

A7. CAPI CHECK: IF ALL A4a-f = 5 AND A5 = 5, GO TO TIMESTAMP -- SECTION B. OTHERWISE, GO TO A8. (IF ANY A4a-f = 1 or A5 = 1, GO TO A8. OTHERWISE, GO TO TIMESTAMP - SECTION B.)

A8. About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WEEKS CONTINUE TO A9

NOTE TO PROGRAMMER: RANGE = 2-51.

99. VOLUNTEERS: FELT THIS WAY THE ENTIRE YEAR GO TO TIMESTAMP -- SECTION B

A9. Think about the most recent time when you had at least two weeks in a row when you felt this way.

In what month and year was this?

_____ MONTH

19___ YEAR ALL GO TO TIMESTAMP -- SECTION B

CAPI CHECK: MO/YR MUST BE WITHIN 12 MONTH OF TODAY

A10. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things, like hobbies, work, or activities that usually give you pleasure?

1. YES

5. NO IF A10 = 5, GO TO TIMESTAMP -- SECTION B

6. R WAS ON MEDICATION / ANTI-DEPRESSANTS IF A10 =6, GO TO TIMESTAMP -- SECTION B

For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things.

A11. During that time, did this loss of interest usually last... [READ LIST]?

1. All day long,

2. Most of the day,

3. About half the day, or

4. Less than half the day? IF A11 = 4, GO TO TIMESTAMP -- SECTION B

d. DON'T KNOW IF A11 = d, GO TO TIMESTAMP -- SECTION B

A12. During these two weeks, did you feel this way... [READ LIST]?

1. Every day,

2. Almost every day, or

3. Less often? IF A12 = 3, GO TO SECTION B

d. DON'T KNOW IF A12 = d, GO TO SECTION B

A13. During these two weeks, did you... [READ EACH CHOICE INDIVIDUALLY]

a. Feel more tired or low on energy than is usual for you?

1. YES

5. NO

b. Gain or lose 10 pounds or 4.5 kilos without trying?

1. YES

5. NO

c. Have a lot more trouble concentrating than usual?

1. YES

5. NO

d. Feel down on yourself or think you were worthless or no good?

- 1. YES
- 5. NO

e. Think a lot about death, either your own or someone else's, or about death in general?

- 1. YES
- 5. NO

A14. During these two weeks, did you have more trouble falling asleep than you usually do?

- 1. YES
- 5. NO IF A14 = 5, GO TO A16

A15. Did this happen every night, nearly every night, or less often during those two weeks?

- 1. EVERY NIGHT
- 2. NEARLY EVERY NIGHT
- 3. LESS OFTEN

A16. CAPI CHECK: IF ALL A13a-e = 5 AND A14 = 5, GO TO TIMESTAMP -- SECTION B. OTHERWISE, GO TO A17.

IF ANY A13a-e = 1 or A14 = 1, GO TO A17. OTHERWISE, GO TO TIMESTAMP -- SECTION B.)

A17. About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WEEKS

NOTE TO PROGRAMMER: RANGE = 2-51.

99. VOLUNTEERS: FELT THIS WAY THE ENTIRE YEAR GO TO TIMESTAMP -- SECTION B

A18. Think about the most recent time when you had at least two weeks in a row when you felt this way.

In what month and year was this?

_____ MONTH 19____ YEAR

CAPI CHECK: MO/YR MUST BE WITHIN 12 MONTH OF TODAY

Time Stamp -- Section B, SAQ training

SECTION B - SELF-ASSESSMENT

Next, we'd like for you to answer some questions using the computer. Using the computer is easy -- I'll show you how it works.

CAPI GOES TO APPROPRIATE SAQ TRAINING SECTION FOR PCG

SAQ QUESTIONS

>PCGSAQ1<

Welcome to L.A. FANS!

For the next few minutes I will show you how to answer questions on this computer.

Please ask me any questions you have while we go through them.

>PCGSAQ2<

A lot of the questions are answered with either "Yes" or "No".

Let's try one together.

Do you like ice cream?

1 Yes

5 No

>PCGSAQ3<

Good! Sometimes there will be more answer choices than "Yes" and "No".

Lets try a couple of those.

Which one of these pets do you like the best?

1 Birds

2 Cats

3 Dogs

4 Fish

5 Snakes

>PCGSAQ4<

Sometimes you will be able to give more than one answer. What types of movies do you like to watch?

Type 1 next to all that apply, otherwise just hit enter.

1 Action movies

2 Romantic movies

3 Thriller movies

4 Horror movies

5 Comedy movies

6 Other type of movies

>PCGSAQ5<

Sometimes you will be asked to type in a number or an amount for your answer.

How many times have you been to the grocery store in the last 7 days?

TIMES IN THE LAST 7 DAYS

>PCGSAQ5a<

If you don't know the answer to a question, you can type a "d".

For example...

How many trees are in Yosemite National Park?

>PCGSAQ5b<

If you decide you don't want to answer, you can type an "r".

For example...

How much weight have you gained since you were 16 years old?

>PCGSAQ7<

For a few questions, you may be asked to type a word or several words.

If you make a mistake you can use the "back space" key to fix it.

What is your first name?)

Type in your first name.

>PCGSAQ8<

Good job!

That is the end of the examples. Now the interviewer will get the computer ready for you.

INTERVIEWER: ENTER CODE TO CONTINUE

>PCGSAQ9<

INTERVIEWER: IS R CAPABLE OF COMPLETING THE SAQ?

1 YES

2 NO

Time Stamp - Section B, SAQ Begins

Next, you will be asked to answer questions about yourself and your family life. Please keep in mind that all of your answers will remain completely confidential.

B1. Please select the number that indicates your level of agreement with the following statements:

a. There is really no way I can solve some of the problems I have.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

b. Sometimes I feel that I'm pushed around in life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

c. I have little control over the things that happen to me.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

d. I can do just about anything I really set my mind to.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

e. I often feel helpless in dealing with the problems of life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

f. What happens to me in the future mostly depends on me.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

g. There is little I can do to change many of the important things in my life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

SECTION C

C1. Next are some questions about family routines. We want to know about how many days a week you, [IF APPLICABLE, FILL APPROPRIATE FROM ROSTER "your husband/wife/partner"], and your [FILL APPROPRIATE "child/children"] do things at a regular time - that is, at about the same time each day.

a. About how many days a week do(es) the [FILL APPROPRIATE "child/children"] have breakfast at a regular time, that is at about the same time each day?

Please choose one number, ranging from zero (0) days per week to everyday (7 days per week).

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

b. About how many days a week is the evening meal served at a regular time?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

c. About how many days a week are the household chores done at a regular time?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

d. About how many days a week, do(es) your [FILL APPROPRIATE "child/children"] go to bed at a regular time?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

C2. About how many days each week do you, [IF APPLICABLE, FILL APPROPRIATE "your husband/wife/partner," and your [FILL APPROPRIATE "child/children"] all eat dinner together?

_____ # of Days per Week

NOTE TO PROGRAMMER: RANGE = 0-7

C3. Next are some things people sometimes feel about raising children. Thinking about [FILL APPROPRIATE FROM ROSTER your "child/children"/ the "child/children" who live here with you], please circle the number that shows how you feel.

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

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

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

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

c. I find that taking care of my [FILL APPROPRIATE "child/children"] is much more work than pleasure.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

d. I often feel tired, worn out, or exhausted from raising a family.

1. Completely false
2. False
3. Sometimes true and sometimes false
4. True
5. Completely true

C4. About how often does your whole family get together with relatives or friends?

0. Never
1. Once a year or less
2. A few times a year
3. About once a month
4. Two or three times a month
5. About once a week or more

C5. About how many magazines does your family get regularly?

0. None
1. 1
2. 2
3. 3
4. 4 or more

C6. Does your family get a daily newspaper?

1. Yes
5. No

C7. About how many books are there in the house?

0. None
1. 1 to 10
2. 11 to 20
3. More than 20

C8. About how often do you read for enjoyment?

1. Never
2. Several times a year
3. Several times a month
4. Several times a week
5. Everyday

C9. Is there a computer in this household that your [FILL APPROPRIATE "child/children"] use?

1. Yes
5. No

C10. In the past 30 days, have you used marijuana?

1. Yes
5. No IF C10 = 5, GO TO C12

IF C10=D, CONTINUE

IF C10=R, GO TO C12

C11. In the past 30 days, on how many days have you used marijuana?

_____ # of Days During the Past 30 Days

d. Don't Know

C12. In the past 30 days, have you used drugs other than marijuana (such as crack, cocaine, speed, methamphetamines, heroin, LSD or inhalants)?

1. Yes
5. No

IF C12=5 GO TO TIMESTAMP SECTION D; ELSE CONTINUE

IF C12=D, CONTINUE

IF C12=R, GO TO TIMESTAMP SECTION D

C13. In the last 30 days, on how many days have you used drugs other than marijuana?

_____ # of days used during the past 30 days

Don't know

Time Stamp - Section D

SECTION D - SOCIAL SUPPORT

The following questions ask about unexpected things that sometimes occur when you have children.

D1. In the past month, have you ever suddenly needed someone to look after your [FILL APPROPRIATE "child/children"] for a few hours, when you didn't expect it?

1. Yes
5. No IF D1 = 5, GO TO D3

D2. When this happened, whom did you ask for help?

(CHOSE ALL THAT APPLY)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)
3. Former spouse or partner
4. Own mother, father
5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

D3. Suppose that you had an emergency in the middle of the night. You [FILL APPROPRIATE: and your "husband/wife/partner"] had to go somewhere and needed someone to look after your [FILL APPROPRIATE "child/children"] for a few hours. Who would you ask?

(CHOSE ONLY ONE NUMBER)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)
3. Former spouse or partner
4. Own mother, father

5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

D4. What if you [FILL APPROPRIATE: and your "husband/wife/partner"] had to borrow enough money to cover your rent or mortgage payment for a month. You needed the money for a few weeks because of an emergency.

Who is the first person you would ask?

(CHOSE ONLY ONE NUMBER)

1. No one
2. Someone living here with you (husband, wife, partner, another child, other household member)
3. Former spouse or partner
4. Own mother, father
5. Mother-in-law, father-in-law
6. Own grandmother, grandfather
7. Spouse's grandmother, grandfather
8. Sister, brother
9. Aunt, uncle, cousin
10. Child's other parent (not living in this household)
11. Other relative
12. Friend
13. Neighbor
14. Counselor, minister, other clergy
15. Members of church or other organization
16. Co-workers
17. Own child
18. Other (Specify): _____

Time Stamp - Section E

SECTION E. RELATIONSHIP WITH SPOUSE OR PARTNER

E1. CATI CHECK: IF RESPONDENT IS LIVING WITH HUSBAND/WIFE/OR PARTNER, GO TO E2. IF NOT, GO TO END.

Here are a few questions about your relationship with your [FILL APPROPRIATE "husband/wife/partner"]. Please remember that your answers are completely confidential.

E2. Thinking about your relationship with your [FILL APPROPRIATE husband/wife/partner"], how often would you say that:

a. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] is fair and willing to compromise when you have a disagreement?

1. Often
2. Sometimes
3. Never

b. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] expresses affection or love for you?

1. Often
2. Sometimes
3. Never

c. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] insults or criticizes you or your ideas?

1. Often
2. Sometimes
3. Never

d. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] encourages or helps you do things that are important to you?

1. Often
2. Sometimes
3. Never

e. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to keep you from seeing or talking with your friends or family?

1. Often
2. Sometimes
3. Never

f. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to prevent you from going to work or school?

1. Often
2. Sometimes
3. Never

g. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] withholds money, makes you ask for money, or takes your money?

1. Often
2. Sometimes
3. Never

h. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] slaps or kicks you?

1. Often
2. Sometimes
3. Never

i. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] hits you with his fist or an object that could hurt you?

1. Often
2. Sometimes
3. Never

j. [IF R MALE FILL "She"; IF R FEMALE FILL "He"] tries to make you have sex or do sexual things you don't want to do?

1. Often
2. Sometimes
3. Never

E3. Were you ever cut, bruised or seriously hurt in a fight with your spouse or partner?

1. Yes
5. No

Thank you for your time. You have reached the end of this portion of the interview. Please turn the computer back to the interviewer, and he or she will tell you what you'll do next.

SAQ10: INTERVIEWER: DID R COMPLETE THE SELF-ADMINISTERED QUESTIONS ON HIS/HER OWN

1. Yes, completed on his/her own
2. Yes, with some assistance
3. No, I asked the questions

END

[Back to Top](#)

7. CHILD QUESTIONNAIRE

PRELOAD FROM ROSTER:

CHILD'S PCG - NEED RELATIONSHIP DESCRIPTION TO R FOR TEXT FILL

MOTHER FIGURE - NEED RELATIONSHIP DESCRIPTION TO R FOR TEXT FILL

FATHER FIGURE - NEED RELATIONSHIP DESCRIPTION TO R FOR TEXT FILL

CHILD AGE

CHILD SEX

OF CHILD'S CHILDREN IN HH (LIST 1)

- prior to this, the FI will have a screen showing all the sampled respondents on it (RSA & if applicable: PCG, RSC, SIB, person to answer HH quex)

- the FI will opt to interview either RSC or the SIB from the list of sampled respondents

- CAPI will have specs based on the child's age that determines whether s/he gets assessed or not, which assessments s/he gets, whether s/he gets Interviewed or not, & which interview s/he gets.

- if appropriate, the FI will be able to select a sampled child for assessment &/or interview

- all that get assessed &/or interviewed will come to this screen "chcons"

CAPI CHECK: TIME START

chcons Your [FILL RELATIONSHIP OF CHILD'S PCG] has agreed to let you participate in this important study. The goal of the study is to understand the lives of children and teens in Los Angeles County. I want to ask you to do [IF CHILD 3-8 YEARS OLD FILL "one thing", ELSE FILL "two things"]. [IF CHILD 3-8 YEARS OLD FILL "It", ELSE FILL "The first"] is a brief and easy test to determine your reading and math ability. There are no right or wrong answers on this test and most kids find that it's fun. [IF CHILD 9-17 YEARS OLD FILL "The second thing is to answer some questions about your life on the computer. Using the computer is easy and I'll show you how it works."]

I want to make sure you know that all the answers you give are completely confidential. That means that your answers will not be given to anyone else, not even to your parents or family. Your participation in this study is completely voluntary and you can ask me to stop at any time.

Do you have any questions?

INTERVIEWER RESPOND TO ANY OF R'S QUESTIONS

IF CHILD 9 OR OLDER ASK "Would you like to participate?", ELSE SHOW
"INTERVIEWER: IS CHILD WILLING TO PARTICIPATE?"

YES

NO

IF NO GO TO NOTES & EXPLAIN (will have a refusal report FI can fill out)
IF YES CONTINUE

ch1 INTERVIEWER: WHAT WOULD YOU LIKE TO DO NOW?

1. DO ASSESSMENTS
2. (SHOW ONLY IF APPROPRIATE) INTERVIEW CHILD
3. SCHEDULE APPOINTMENT
4. RETURN TO MAIN MENU (we may not want FI to have the option of going back to main menu w/o setting appt. or explaining why they aren't doing the Interview)

IF ch1=1, CAPI SHOWS SCREEN OF THE APPROPRIATE ASSESSMENTS FOR THIS CHILD.

IF ch1=2, CAPI GOES TO APPROPRIATE SAQ TRAINING SECTION FOR THIS CHILD

IF ch1=3, CAPI SHOWS APPOINTMENT SCREEN

IF ch1=4, CAPI GOES BACK TO MAIN MENU

CAPI CHECK: TIME END

OBS. INTERVIEWER OBSERVATION: CODE WHAT RACE OR RACES YOU WOULD SAY THE RESPONDENT IS IF YOU DID NOT KNOW ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ALL THAT APPLY

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

OBSa. CHECK OBS:

IF OBS = ONE RESPONSE CODE CHECKED, GO TO BEGINNING OF QUESTIONNAIRE
IF OBS =MORE THAN ONE RESPONSE CHECKED, CONTINUE

OBS2. INTERVIEWER OBSERVATION: CODE WHAT SINGLE RACE OR GROUP YOU WOULD SAY BEST DESCRIBES THE RESPONDENT IF YOU DID NOT KNOW ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ONLY ONE

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

SAQ QUESTIONS

>RSCQ1<

Welcome to L.A.FANS!

For the next few minutes I will show you how to answer questions on this computer. Please ask me any questions you have while we go through them.

PRESS ENTER TO CONTINUE

>RSCQ2<

A lot of the questions are answered with either "Yes" or "No".

Let's try one together.

Do you like ice cream?

1. Yes
5. No

>RSCQ3<

Good! Sometimes there will be more answer choices than "Yes" and "No".

Let's try a couple of those.

Which one of these pets do you like the best?

1. Birds
2. Cats
3. Dogs
4. Fish
5. Snakes

>RSCQ4< [optional all] [default answer <0> all]

Sometimes you will be able to give more than one answer. What types of movies do you like to watch?

Type 1 next to all that apply, otherwise just hit enter.

1. Action movies
2. Romantic movies
3. Thriller movie
4. Horror movies
5. Comedy movies
6. Other type of movies

>RSCQ5<

Sometimes you will be asked to type in a number or an amount for your answer. How many times have you been to the grocery store in the last 7 days?

TIMES IN LAST 7 DAYS

[IF R 11 YEARS OLD OR YOUNGER, GO TO RSCQ8]

>RSCQ5a<

If you don't know the answer to a question, you can type a "d".

For example...

How many trees are in Yosemite National Park?

>RSCQ5c<

If you decide you don't want to answer, you can type an "r".

For example...

During the past month, how many times did you forget to brush your teeth?

[IF CHILD IS 11 OR YOUNGER GO TO RSCQ8]

>RSCQ6<

Other times you will be asked a question like this:

How often do you like to go to the movies?

ENTER A NUMBER IN ONE CATEGORY. HIT ENTER TO MOVE WITHIOUT ENTERING A NUMBER

DAY 1

WEEK 2

MONTH 3

YEAR 4

>RSCQ7<

For a few questions, you may be asked to type a word or several words.

If you make a mistake you can use the "Backspace" key to fix it.

What is your first name?

Type in your name. Then press "Enter".

>RSCQ8<

Good job!

That is the end of the examples. Now I will get the computer ready for you.

INTERVIEWER: ENTER CODE TO CONTINUE

ASSESSMENTS CHECKLIST: INTERVIEWER CHECK APPROPRIATE BOX -

Programmer: This should be a separate screen where the FI can code whether the assessments were completed or not.

3 to 5 year olds	Complete	Incomplete
Letter-Word Identification		
Applied Problems		
Passage Comprehension	N/A	N/A

6 to 17 year olds	Complete	Incomplete
Letter-Word Identification		

Applied Problems
Passage Comprehension

CAPI CHECK [CHILD]'S AGE:

1. 8 YEAR OLD OR YOUNGER (GO TO END OF QUESTIONNAIRE - NOT ELIGIBLE FOR INTERVIEW)
2. 9 TO 11 YEARS OLD
3. 12 TO 17 YEARS OLD (GO TO B1)

SECTION A. YOUNGER CHILDREN (9 to 11)

CAPI CHECK: TIME START

First let me ask you about your neighborhood.

A1. When you are talking to someone about your neighborhood, what do you mean? Is it...

1. The block or street you live on
2. Several blocks or streets in each direction
3. The area within a 15-minute walk from your house
4. An area larger than a 15-minute walk from your house

Here are some questions about your neighborhood. For these questions, "neighborhood" means both the block or street you live on and several blocks or streets in each direction. Please keep this in mind when you answer these questions.

A2. How many of the grown-ups in your neighborhood do you know? Would you say you know most, some, or none of them?

1. Most
2. Some
3. None

A3. How many of the kids and teens in your neighborhood do you know? Would you say most, some, or none of them?

1. Most
2. Some
3. None

A4. Now think about your best friends. Do any of them live in this neighborhood?

1. Yes
5. No

A5. Do you feel safe in this neighborhood?

1. Yes
2. Sometimes yes and sometimes no
3. No

A6. Are you. . .

1. CURRENTLY IN SCHOOL
2. ON SUMMER VACATION
3. IN SUMMER SCHOOL OR INTERSESSION CLASSES
4. NO LONGER IN SCHOOL BECAUSE YOU GRADUATED
5. NO LONGER IN SCHOOL BECAUSE YOU DROPPED OUT OR LEFT SCHOOL
6. CURRENTLY IN HOME SCHOOL
7. OFF-TRACK FROM SCHOOL

IF A6=4 ASK: "You answered that you are no longer in school (graduated high school). Is that correct?"

1. Yes CONTINUE
5. No RE-ASK A6

A7. What grade of school (FILL IF A6=1 OR A6=7 or 6 "are you in currently" ELSE FILL "were you in this past year")?

2. 2nd grade
3. 3rd grade
4. 4th grade
5. 5th grade
6. 6th grade
7. 7th grade
8. 8th grade
9. Not in school this past year (SHOW ONLY IF A6=2,3,4,5)

IF A6=6 (HOMESCHOOLED), GO TO A11.

IF A6=3, 4,5 AND A7=NOT IN SCHOOL THIS PAST YEAR, GO TO A11.

IF A6=2 AND A7=NOT IN SCHOOL, ASK "

You answered that you are on summer vacation or off-track from school and were not in school this past year. Is that correct?"

1. Yes GO TO A11
5. No RE-ASK A6 AND A7

A8. Now let's talk about (IF A6=1 OR A6=7 FILL "your school" OTHERWISE FILL "the school you went to this past spring").

A8a. Are the teachers good at this school?

1. Yes
2. Some good, some not good
3. No

A8b. Do the teachers care about students?

1. Yes
2. Some yes, some no
3. No

A8c. Do other students misbehave so that it is hard for you to learn?

1. Yes
2. Sometimes yes and sometimes no
3. No

A8d. Are students mostly treated fairly when they do something wrong?

1. Yes
2. Sometimes yes and sometimes no
3. No

A8e. Do you feel safe at this school?

1. Yes
2. Sometimes yes and sometimes no
3. No

A9. (IF A6=1 OR A6=7 FILL "This school year," ELSE "This past school year",) did you ever leave school early or skip school when you weren't supposed to?

1. Yes
5. No GO TO A11

A10. How often did this happen?

1. once
2. 2-3 times
3. 4 or more times

A11. (IF A6=1 OR A6=7,2,3,6, FILL "Outside of schoolwork,") do you like to read books, magazines, or newspapers?

1. Yes

5. No GO TO A13

A12. (IF A6=1 OR A6=7,2,3,6, FILL "Outside of schoolwork,") how often do you read books, magazines, newspapers? Would you say every day, a few times a week, once a week, a few times a month, or something else?

1. Every day
2. A few times a week
3. Once a week
4. A few times a month
5. Something else IF A12=4, ASK "Please type in your answer." [VERBATIUM]

A13. When you are with your friends, where do you usually go?

SELECT ALL THAT APPLY

1. Your home
2. Friend's home
3. Outside close to your home
4. The mall
5. A park or playground
6. School
7. Movies
8. Parties
9. Other, specify

A14. Are most of the places where you go with your friends close enough to walk to?

1. Yes GO TO A16
5. No

A15. How do you go to most of these places? Do you go by . . .

1. car
2. bus
3. bicycle
4. skateboard or skates
5. some other way

You've been doing a very good job so far. I want to remind you that all the answers you give are private. That means, no one else will see your answers.

A16. Have you ever smoked a cigarette?

1. Yes
5. No GO TO A18

A17. How old were you the first time you smoked an entire cigarette?

_____ Years
99. Have never smoked an entire cigarette

A18. Does anyone in your family or any of your friends belong to a gang?

1. Yes
5. No

A19. Have you ever belonged to a gang?

1. Yes
5. No

A20. CAPI CHECK:

DOES CHILD HAVE A MOTHER FIGURE PRELOADED?

1. YES CONTINUE
5. NO GO TO A24

A21. Now I have some questions about your relationship with (MOTHER FIGURE), who lives here with you.

Tell me whether you agree, disagree or are not sure about the following statements about (MOTHER FIGURE).

- a. I think highly of her
1. Agree 2. Disagree 3. Not sure
- b. She is a person I want to be like
1. Agree 2. Disagree 3. Not sure
- c. I really enjoy spending time with her
1. Agree 2. Disagree 3. Not sure

A22. Now I want to ask you about how often (MOTHER FIGURE) does different things.

- a. Does she say good things about you for doing well?
1. Never 2. Rarely 3. Sometimes 4. Often
- b. Does she say bad things about you or your ideas?
1. Never 2. Rarely 3. Sometimes 4. Often

c. Does she help you with things that are important to you?

1. Never 2. Rarely 3. Sometimes 4. Often

d. Does she know who you are with when you are not at home?

1. Never 2. Rarely 3. Sometimes 4. Often

A23. Does (MOTHER FIGURE) know all your close friends, only some of them, or none of them?

1. All
2. Some
3. None

A24. CAPI CHECK: DOES CHILD HAVE A FATHER FIGURE PRELOADED?

1. YES CONTINUE
5. NO GO TO A28

A25. Now I want to ask you about (FATHER FIGURE), who lives here with you.

Tell me whether you agree, disagree or are not sure about the following statements about (FATHER FIGURE):

a. I think highly of him

1. Agree 2. Disagree 3. Not sure

b. He is a person I want to be like

1. Agree 2. Disagree 3. Not sure

c. I really enjoy spending time with him

1. Agree 2. Disagree 3. Not sure

A26. Now I want to ask you about how often (FATHER FIGURE) does different things.

a. Does he say good things about you for doing well?

1. Never 2. Rarely 3. Sometimes 4. Often

b. Does he say bad things about you or your ideas?

1. Never 2. Rarely 3. Sometimes 4. Often

c. Does he help you with things that are important to you?

1. Never 2. Rarely 3. Sometimes 4. Often

d. Does he know about who you are with when you are not at home?

1. Never 2. Rarely 3. Sometimes 4. Often

A27. Does (FATHER FIGURE) know all your close friends, only some of them, or none of them?

1. All
2. Some
3. None

A28. Next I have some statements about how you and your family get along and settle arguments. These questions are about you and your family who live here with you. For each statement, please tell me whether you think it is True, Sometimes true, Not true.

a. People in my family fight a lot

1. True
2. Sometimes true
3. Not true

b. People in my family hardly ever lose their tempers

1. True
2. Sometimes true
3. Not true

c. People in my family sometimes get so angry they throw things

1. True
2. Sometimes true
3. Not true

d. People in my family always calmly discuss problems

1. True
2. Sometimes true
3. Not true

e. People in my family often say mean things to each other

1. True
2. Sometimes true
3. Not true

f. People in my family sometimes hit each other

1. True
2. Sometimes true
3. Not true

You've been doing a great job so far. I only have a few more questions.

A29. Have you ever gone to the public library? I mean a library that is not at your school.

1. Yes
5. No GO TO A31

A30. How many times in the past two weeks did you go to the public library?

1. Not at all/ None
2. Once
3. Twice or more

A31. Do you think you will graduate from high school?

1. Yes
2. No

3. I'm not sure

A32. Do you think you will go to college?

1. Yes
2. No
3. I'm not sure

A33. Are you.....

(CHOOSE ONE OR MORE THAN ONE)

1. Latino?
2. White?
3. African-American or Black?
4. Asian?
5. Pacific Islander?
6. Native American/American Indian?

A34. Add check:

IF A33=MORE THAN ONE RESPONSE, CONTINUE
ELSE GO TO END OF QUESTIONNAIRE

A35. Now, if you had to pick the one group which describes you best, is it.....

(CHOOSE ONLY ONE)

1. Latino?
2. White?
3. African-American or Black?
4. Asian?
5. Pacific Islander?
6. Native American/American Indian?

CAPI CHECK: TIME END

ALL GO TO B106

SECTION B. OLDER CHILDREN (12 to 17)

CAPI CHECK: TIME START

First let me ask you about your neighborhood.

B1. When you are talking to someone about your neighborhood, what do you mean? Is it...

- 1 The block or street you live on
- 2 Several blocks or streets in each direction
- 3 The area within a 15-minute walk from your house
- 4 An area larger than a 15-minute walk from your house

Here are some questions about your neighborhood. For these questions, "neighborhood" means both the block or street you live on and several blocks or streets in each direction. Please keep this in mind when you answer these questions.

B2. How many of the adults or grown-ups in your neighborhood do you know? Would you say you know most, some, or none of them?

1. Most
2. Some
3. None

B3. How many of the kids and teens in your neighborhood do you know? Would you say most, some, or none of them?

1. Most
2. Some
3. None

B4. Now think about your best friends. Do any of them live in this neighborhood?

1. Yes
5. No

B5. Do you feel safe in this neighborhood?

- 1 Yes
- 2 Sometimes yes and sometimes no
- 3 No

B6. Are you. . .

1. CURRENTLY IN SCHOOL
2. ON SUMMER VACATION
3. IN SUMMER SCHOOL OR INTERSESSION CLASSES
4. NO LONGER IN SCHOOL BECAUSE YOU GRADUATED
5. NO LONGER IN SCHOOL BECAUSE YOU DROPPED OUT OR LEFT SCHOOL
- 6 CURRENTLY IN HOME SCHOOL

7. OFF-TRACK FROM SCHOOL

B7. What grade of school (IF B6=1 OR 7 or 6, FILL "are you in currently" ELSE FILL "were you in this past year")?

6. 6th grade
7. 7th grade
8. 8th grade
9. 9th grade
10. 10th grade
11. 11th grade
12. 12th grade
13. In college
14. In technical or vocational school
15. Not in school this past year (SHOW ONLY IF B6=2,3,4,5)

IF B6=6 (HOMESCHOOLED), GO TO B15.

IF B6=3, 4, 5 AND B7=NOT IN SCHOOL THIS PAST YEAR, GO TO B15.

IF B6=2 AND B7= NOT IN SCHOOL THIS PAST YEAR, ASK "

You answered that you are on summer vacation or off-track from school and were not in school this past year. Is this correct?"

1. Yes GO TO B15
5. No RE-ASK B6 AND B7

B8. Now let's talk about (IF B6=1 OR 7, FILL "your school." OTHERWISE FILL "the school you went to this past spring.")

B8a. Are the teachers good at this school?

- 1 Yes
- 2 Some good, some not good
- 3 No

B8b. Do the teachers care about students?

1. Yes
2. Some yes, some no
3. No

B8c. Do disruptions by other students get in the way of your learning?

1. Yes
2. Sometimes yes and sometimes no
3. No

B8d. Are students mostly treated fairly when they do something wrong?

1. Yes
2. Sometimes yes and sometimes no
3. No

B8e. Do you feel safe at this school most of the time?

1. Yes
2. Sometimes yes and sometimes no
3. No

B9. Please tell me whether the next two statements about you are often true, sometimes true, or not true.

a. I misbehave at school

1: Often True 2: Sometimes True 3: Not True

b. I have trouble getting along with teachers

1: Often True 2: Sometimes True 3: Not True

B10. About how much time do you spend on an average school night on all of your homework?

ENTER 0 IF NONE

__ hr __ min

1. Don't usually have homework
2. Other IF B10=OTHER, ASK "Please type in your answer." [VERBATIUM]

B11. (IF B6=1 OR 7, FILL "This school year" ELSE FILL "The past school year"), did you ever leave school early or skip school when you weren't supposed to?

1. Yes
5. No GO TO B13

B12. How often did this happen (IF B6=1 OR 7, FILL "this school year?" ELSE FILL "the past school year?")

1. Once
2. 2-3 times
3. 4 or more times

B13. Outside of schoolwork , do you like to read books, magazines or newspapers?

1. Yes
5. No GO TO B17

B14. Outside of schoolwork, how often do you read books, magazines or newspapers? Would you say it's every day, a few times a week, once a week, or something else?

1. Every day
2. A few times a week
3. Once a week
4. A few times a month
5. Other, specify

IF B14=5, ASK "Please type in your answer." [VERBATIUM]

ALL GO TO B17.

B15. Do you like to read books, magazines, or newspapers?

1. Yes
5. No GO TO B17

B16. How often do you read books, magazines, or newspapers? Would you say it's everyday, a few times a week, once a week, or what?

1. Every day
2. A few times a week
3. Once a week
4. A few times a month
5. Other, specify

IF B16=5, ASK "Please type in your answer." [VERBATIUM]

B17. When you are with your friends, where do you usually go?

SELECT ALL THAT APPLY

1. Your home
2. Friend's home
3. Outside close to your home
4. The mall
5. A park or playground
6. School
7. Movies
8. Parties
9. Other, specify

IF B17=9, ASK "Please type in your answer." [VERBATIUM]

B18. Are most of the places where you go with your friends close enough to walk to?

1. Yes GO TO B20
5. No

B19. How do you get to most of these places? Do you go by. . .

1. car
2. bus
3. bicycle
4. skateboard or skates
5. some other way

You've been doing a great job so far. I want to remind you that all answers you give here will be kept private. That means, we will not give your answers to anyone. Some of the questions may be hard to answer, but just try your best. There are no right or wrong answers.

B20. Have you ever smoked a cigarette?

1. Yes
 5. No GO TO B24
- IF B20=DK, CONTINUE TO B21
IF B20=REF, GO TO B24

B21. How old were you the first time you smoked an entire cigarette?

- _____ Years Old
99. Have never smoked an entire cigarette GO TO B24
- IF B21=DK, CONTINUE TO B22
IF B21=REF, GO TO B24

B22. During the past 30 days, on how many days did you smoke a cigarette?

- _____ Days during the past 30 days
99. Not at all during the last 30 days GO TO B24
- IF B22=REF, GO TO B24

B23. On the days you smoked, how many cigarettes did you usually smoke each day?

- _____ Number per day
99. Other IF B23=99, ASK "Please type in your answer." [VERBATIUM]

B24. Next we would like to ask you some questions about drinking alcoholic beverages, including beer, wine or liquor.

Have you ever had a drink of alcohol?

By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of hard liquor. Do not include sips that you might have had from someone else's drink.

- 1. Yes
 - 5. No GO TO B28
- IF B24=DK, CONTINUE
IF B24=REF, GO TO B28

B25. During the past 30 days, on how many days did you have one or more alcoholic drinks?

By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of hard liquor. Do not include sips that you might have had from someone else's drink.

_____ Days during the past 30 days

99. Not at all during the last 30 days GO TO B28
IF B25=DK, GO TO B26
IF B25=REF, GO TO B28

B26. On the days you drank alcohol, about how many drinks did you usually have?

By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of hard liquor. Do not include sips that you might have had from someone else's drink.

_____ Number per day

99. Other IF B26=99, ASK "Please type in your answer." [VERBATIUM]
IF B26=DK, CONTINUE
IF B26=REF, GO TO B28

B27. In the past 30 days, how many times did you have 5 or more drinks in a row?

By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of hard liquor. Do not include sips that you might have had from someone else's drink.

_____ Numbers of times

B28. Have you ever used marijuana, for example: grass or pot?

- 1. Yes
 - 5. No GO TO B31
- IF B28=DK, GO TO B30
IF B28=REF, GO TO B31

B29. How old were you when you first used marijuana?

_____ Years Old

IF B29=DK, CONTINUE

IF B29=REF, GO TO B31

B30. In the past 30 days, on how many days have you used marijuana?

_____ Days during the past 30 days

99. Not at all during the last 30 days

IF B30=DK, GO TO B31

IF B30=REF, GO TO B31

B31. Have you ever used drugs other than marijuana (such as crack, cocaine, speed, methamphetamines, heroin, LSD or inhalants)?

1. Yes

5. No GO TO B33

IF B31=DK, CONTINUE TO B32

IF B31=REF, GO TO B33

B32. In the past 30 days, how often have you used drugs other than marijuana?

0 Not at all

1 Once or twice

2 3-5 times

3 6-10 times

4 11-19 times

5 20 +

B33. Have you ever run away, that is, left home and stayed away at least overnight without your parent's knowledge or permission?

1. Yes

5. No

B34. In the past 30 days, did you ever carry a hand gun?

1. Yes

5. No GO TO B36

B35. In the past 30 days, did you take a hand gun to school?

1. Yes

5. No

B36. Are there any gangs in your neighborhood or where you go to school?

1. Yes

5. No

B37. Does anyone in your family or any of your friends belong to a gang?

- 1. Yes
- 5. No

B38. Have you ever belonged to a gang?

- 1. Yes
- 5. No GO TO B40

B39. Have you been a member of a gang in the past 12 months?

- 1. Yes
- 5. No

OK. Now some questions on a different topic.

B40. Have you ever had a (IF R MALE, FILL 'girlfriend"; IF R FEMALE, FILL "boyfriend")?

- 1. Yes
- 5. No GO TO B42

B41. Do you have a (IF R MALE, FILL 'girlfriend"; IF R FEMALE, FILL "boyfriend") now?

- 1. Yes
- 5. No

B42. Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way with a person of the opposite sex?

- 1. Yes
- 5. No GO TO B64

B43. Have you had intercourse more than once?

- 1. Yes
- 5. No GO TO B50

B44. How many DIFFERENT PEOPLE have you had sexual intercourse with in the last 12 months, that is, since [FILL CURRENT MONTH] last year?

(IF NONE, ENTER ZERO)
_____ partners

B45. When was the last time you had sexual intercourse?

Today

Yesterday

___ days ago

___ weeks ago

___ months ago

___ years ago

B46. Did you or your partner use something to prevent pregnancy or disease when you had sexual intercourse most recently?

1. Yes

5. No GO TO B48

IF B46=DK, GO TO B48

IF B46=REF, GO TO B48

B47. Which method or methods did you or your partner use? Please select all that apply.

1. Condom (rubber)

2. Foam, jelly, creme, sponge, suppositories

3. Withdrawal (pulling out)

4. Diaphragm (with or without jelly)

5. Rhythm (safe time, avoiding sex at certain times of the month)

6. Birth control pills

7. IUD (intrauterine device)

8. Norplant, depo-provera or injectables

9. Other IF B47=9, ASK "Please type in your answer." [VERBATIUM]

B48. CAPI CHECK B44: NUMBER OF SEXUAL PARTNERS THAT RESPONDENT HAS HAD IN THE LAST 12 MONTHS

1. ZERO GO TO B52

2. ONE OR MORE

B49. Think about all the times that you have had sexual intercourse in the last 12 months. About what percent of the time from 0 to 100, have you or your sexual partner or partners used a condom?

IF NEVER, ANSWER ZERO.

_____ percent of the time

ALL GO TO B52

(FOR KIDS HAVING INTERCOURSE ONLY ONCE)

B50. Did you or your partner use something to prevent pregnancy or disease when you had intercourse?

1. Yes
5. No GO TO B52

B51. Which method or methods did you or your partner use?

1. Condom (rubber)
2. Foam, jelly, creme, sponge, suppositories
3. Withdrawal (pulling out)
4. Diaphragm (with or without jelly)
5. Rhythm (safe time, avoiding sex at certain times of the month)
6. Birth control pills
7. IUD (intrauterine device)
8. Norplant, depo-provera or injectables
9. Other, specify

B52. Have you ever [FILL IF R FEMALE, been pregnant; FILL IF R MALE, gotten someone else pregnant]?

1. Yes
 5. No GO TO B64
- IF B52=DK, GO TO B53
IF B52=REF, GO TO B53

B53. How many times have you [IF R FEMALE, "been pregnant"; IF R MALE, "gotten someone else pregnant"]?

_____ Times
IF B53=DK, GO TO B54
IF B53=REF, GO TO B64

B54. How many children have you [IF R FEMALE, "given birth to"; IF R MALE, "fathered"]?

_____ Total Number
IF B54=ZERO, GO TO B64
IF B54=DK, GO TO B64
IF B54=REF, GO TO B64

B55. CAPI CHECK:

1. IF B54=1, CONTINUE TO B56
2. IF B54=2 OR MORE, GO TO B61

B56. What is this child's name?

B57. How old is (FILL B56 NAME)?

0. Less than 1 year old
_____ Years old (FOR KIDS ONE YEAR OR OLDER)

B58. Where does this child live now?

1. Here in this household with me.
2. With other parent
3. With grandparent(s)
4. With other family members
5. With adoptive parents
6. In a foster home
7. Child is no longer alive
8. Lives somewhere else

IF B58= Lives somewhere else, ASK "Please type in your answer." [VERBATIUM]

B59. THE NO. OF R'S CHILDREN IN THE CHILD QX WHO ARE IN THE HH.

[NOTE: CAPTURE AND OUTPUT BOTH THE NO. OF R'S CHILDREN IN THE ROSTER WHO ARE IN THE HH AND THE NO. OF R'S CHILDREN IN THE CHILD QX WHO ARE IN THE HH]

B60. CAPI CHECK: COMPARE ROSTER NO. OF R'S CHILDREN IN HH TO CHILD QX NO. R'S OF CHILDREN IN HH.

1. SAME (GO TO B66)
5. DIFFERENT (CONTINUE)

B60a. From your answers, it looks like [FILL "[NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX] of your children live" IF [NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX] GT 1; ELSE FILL "your child lives"] here with you. Is that correct?

1. Yes (GO TO B60e)
5. No (GO TO B58 & ASK AGAIN)

B60e. My list of people who live in this home says that [FILL "NO. OF R'S CHILDREN LIVING HERE FROM ROSTER"] of your children live here with you.

But you just told me that [IF B60a =1, FILL NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX; ELSE IF B60a=5, FILL B60c RESPONSE] of your children live here with you. We just want to make sure our information is correct. Can you tell me why these two answers are different?

CHECK ALL THAT APPLY

1. My child/children only live here part time
2. My child/children were adopted by another family member
3. My family usually tells other people that my child/children belong to another family member
4. The person who gave you the list probably forgot to include my child/children
5. I didn't give you the true answer before. The true answer is _____ (please type in your answer)
6. Some other reason, please type in your answer.

ALL GO TO B66

B61. Please type in the first name or names of each of your children below. Please use a separate line for each child.

1. _____
2. _____
3. _____
4. _____
5. _____

ASK B62-63 FOR EACH CHILD IN B61

B62. How old is [CHILD IN B61]?

0. Less than 1 year old
_____ Years old (FOR KIDS ONE YEAR OR OLDER)

B63. Where does [CHILD IN B61] live now?

1. Here in this household with me.
2. With other parent
3. With grandparent(s)
4. With other family members
5. With adoptive parents
6. In a foster home
7. Child is no longer alive
8. Lives somewhere else

IF B63=8, ASK "Please type in your answer" [VERBATIUM]

B64. NUMBER OF R'S CHILDREN IN THE CHILD QX WHO ARE IN THE HH.

[NOTE: CAPTURE AND OUTPUT BOTH THE NO. OF R'S CHILDREN IN THE ROSTER WHO ARE IN THE HH AND THE NO. OF R'S CHILDREN IN THE CHILD QX WHO ARE IN THE HH]

B65. CAPI CHECK: COMPARE ROSTER NO. OF R'S CHILDREN IN HH TO CHILD QX NO. R'S OF CHILDREN IN HH.

1. SAME OR B54 NOT ASKED (GO TO B66)
5. DIFFERENT (CONTINUE)

B65a. From your answers, it looks like [FILL "[NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX] of your children live" IF [NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX] GT 1; ELSE FILL "your child lives"] here with you. Is that correct?

1. Yes (GO TO B65e)
5. No (CONTINUE)

B65c. How many of your children live here with you?

_____ Number of children

B65d. CAPI CHECK:

1. NO. OF CHILDREN IN B65c IS THE SAME AS NO. OF R'S CHILDREN LIVING HERE FROM ROSTER (GO TO B66)
5. NO. IS DIFFERENT (CONTINUE)

B65e. My list of people who live in this home says that [FILL "NO. OF R'S CHILDREN LIVING HERE FROM ROSTER"] of your children live here with you.

But you just told me that [IF B65a =1, FILL NO. OF R'S CHILDREN LIVING HERE FROM CHILD QX; ELSE IF B65a=5, FILL B65c RESPONSE] of your children live here with you. We just want to make sure our information is correct. Can you tell me why these two answers are different?

CHECK ALL THAT APPLY

1. My child/children only live here part time
2. My child/children were adopted by another family member
3. My family usually tells other people that my child/children belong to another family member
4. The person who gave you the list probably forgot to include my child/children
5. I didn't give you the true answer before. The true answer is _____ (please type in your answer)
6. Some other reason, please type in your answer.

B66. CAPI CHECK: DOES CHILD HAVE MOTHER FIGURE PRELOAD?

1. Yes CONTINUE
5. No GO TO B70

B67. Now I have some questions about your relationship with (MOTHER FIGURE).

Tell me whether you agree, disagree or are not sure about the following statements about (MOTHER FIGURE).

- a. I think highly of her
1. Agree
 2. Disagree
 3. Not sure

- c. She is a person I want to be like
1. Agree
 2. Disagree
 3. Not sure

- c. I really enjoy spending time with her
1. Agree
 2. Disagree
 3. Not sure

B68. Now I want to ask you about how often (MOTHER FIGURE) does different things.

- a. How often does she praise you for doing well?
1. Never
 2. Rarely
 3. Sometimes
 4. Often

- b. How often does she criticize you or your ideas?
1. Never
 2. Rarely
 3. Sometimes
 4. Often

- c. How often does she help you with things that are important to you?
1. Never
 2. Rarely
 3. Sometimes
 4. Often

- d. How often does she know about who you are with when you are not at home?
1. Never
 2. Rarely
 3. Sometimes
 4. Often

B69. Does (MOTHER FIGURE) know all your close friends, only some of them, or none of them?

1. All
2. Some
3. None

B70. CAPI CHECK: DOES CHILD HAVE FATHER FIGURE PRELOADED?

1. Yes CONTINUE
5. No GO TO B74

B71. Now I have some questions about your relationship with (FATHER FIGURE).

Tell me whether you agree, disagree or are not sure about the following statements about (FATHER FIGURE):

- a. I think highly of him
1. Agree 2. Disagree 3. Not sure
- b. He is a person I want to be like
1. Agree 2. Disagree 3. Not sure
- c. I really enjoy spending time with him
1. Agree 2. Disagree 3. Not sure

B72. Now I want to ask you about how often (FATHER FIGURE) does different things.

- a. How often does he praise you for doing well?
1. Never 2. Rarely 3. Sometimes 4. Often
- b. How often does he criticize you or your ideas?
1. Never 2. Rarely 3. Sometimes 4. Often
- c. How often does he help you with things that are important to you?
1. Never 2. Rarely 3. Sometimes 4. Often
- d. How often does he know about who you are with when you are not at home?
1. Never 2. Rarely 3. Sometimes 4. Often

B73. Does (FATHER FIGURE) know all your close friends, only some of them, or none of them?

- 1. All
- 2. Some
- 3. None

B74. Next I have some statements about how you and your family get along and settle arguments. These questions are about you and your family who live here with you. For each statement, please tell me whether you think it is true, sometimes true or not true.

- a. People in my family fight a lot
1. True 2. Sometimes True 3. Not true
- b. People in my family hardly ever lose their tempers
1. True 2. Sometimes True 3. Not true
- c. People in my family sometimes get so angry they throw things
1. True 2. Sometimes True 3. Not true

d. People in my family always calmly discuss problems

1. True 2. Sometimes True 3. Not true

e. People in my family often criticize each other

1. True 2. Sometimes True 3. Not true

d. People in my family sometimes hit each other

1. True 2. Sometimes True 3. Not true

B75. During the past 12 months, that is, since [MONTH/YEAR] have you ever had any of these happen to you:

a. someone tried to steal something from you by force or by threatening you

1. Yes 0. No

b. something was stolen from you

1. Yes 0. No

c. someone tried to sell you drugs or did sell you drugs

1. Yes 0. No

d. you saw someone get shot or shot at with a gun

1. Yes 0. No

B76. CAPI CHECK: IS ITEM A, B, C, OR D ABOVE CHECKED YES IN B75?

1. YES

5. NO GO TO B78

B77. Who (TEXTFILL FROM YES' TO B75: (IF B75a=YES, FILL "tried to steal something from you", IF B75b=YES, FILL "stole something from you", IF B75c=YES, FILL "tried to sell you drugs or sold you drugs", IF B75d=YES, FILL "got shot or got shot at with a gun") during the past 12 months?

Please select all the people who did (IF ONLY ONE FROM B75a-B75d=YES, FILL "this" ELSE FILL "any of these things.")

1. Family member

2. Adult family friend

3. My boyfriend/girlfriend

4. A kid at school

5. Gang member

6. Other adult I know

7. Other adult who I did not know

8. Other kid I know

9. Other kid who I did not know

B78. Have you ever been arrested by the police?

- 1. Yes
- 5. No GO TO B82

B79. In total, how many times have you been arrested?

_____ Times

B80. Did any of the following ever happen to you...

a. You were found delinquent of any charges?

- 1. Yes
- 0. No

b. You plead guilty to any charges?

- 1. Yes
- 0. No

c. You were convicted of any charges?

- 1. Yes
- 0. No

IF B80=ALL NO, SKIP TO B82

IF B80=ANY YES, CONTINUE TO B81

COUNT ANY DK/REF AS YES

B81. Did you ever spend time in any of the following. . .

1. Jail?

- 1. Yes
- 0. No

2. Juvenile hall or other juvenile corrections institution?

- 1. Yes
- 0. No

3. Reform school or training school?

- 1. Yes
- 0. No

4. Prison or adult corrections institution?

- 1. Yes
- 0. No

5. Performing community service because of delinquency?

- 1. Yes
- 0. No

6. Other corrections program or institution?

- 1. Yes
- 0. No

B82. Now let's turn to another subject.

Have you ever gone to the public library? I mean a library that is not at your school.

1. Yes
5. No GO TO B84

B83. How many times in the past two weeks did you go to the public library?

1. Not at all
2. Once
3. 2-3 times
4. 4 or more time

B84. CAPI CHECK: WHAT IS RESPONDENT'S EDUCATIONAL ATTAINMENT?

1. IF B7=6th-11th GRADE OR B6=5 OR (B6=1 OR 7 AND B7=12TH GRADE) (NOT COMPLETED HIGH SCHOOL), CONTINUE
2. ALL OTHERS GO TO B86

B85. Do you think you will graduate from high school?

1. Yes
2. No
3. I'm not sure

B86. Do you think you will graduate from college?

1. Yes
2. No
3. I'm not sure

B87. About how much do you weigh?

_____ Pounds

B88. About how tall are you?

_____ Feet _____ Inches

B89. How do you think of yourself in terms of weight?

1. About the right weight
2. Very underweight
3. Slightly underweight
4. Slightly overweight
5. Very overweight

B90. Do you currently have a paid job or have you had a paid job during the past month?

1. Yes
- 5 No GO TO B94

B91. What do you do at this job? Please type in your answer. [VERBATIUM]

B92. On average, how many hours a week did you work at this job during the past month?

_____ Hours per week

B93. How much are you paid at this job? Please include wages and tips.

1. \$ __, __. __ per hour
2. \$ ____, __. __ per day
3. \$ ____, __. __ per week
4. \$ ____, __. __ every two weeks
5. \$ ____, __. __ per month
6. Other, ASK "Please type in your answer" [VERBATIUM]

B94. CAPI CHECK: CHECK B6 SCHOOLING

1. IF B6=2 or 3, CONTINUE
2. IF B6=1 OR 7,4,5,6, GO TO B99

B95. Did you have a job after school or on weekends last spring?

1. Yes
5. No GO TO B103
3. I was not in school last spring GO TO B103

B96. What did you do at this job? Please type in your answer. [VERBATIUM]

B97. On average, how many hours a week did you normally work at this job?

_____ Hours per week

B98. How much were you paid at this job?

1. \$ __, __. __ per hour
2. \$ ____, __. __ per day
3. \$ ____, __. __ per week
4. \$ ____, __. __ every two weeks
5. \$ ____, __. __ per month
6. Other, ASK "Please type in your answer" [VERBATIUM]

ALL GO TO B103

B99. Did you have a job last summer?

1. Yes
5. No GO TO B103

B100. What did you do at this job? Please type in your answer. [VERBATIUM]

B101. On average, how many hours a week did you work at this job last summer?

_____ Hours per week

B102. How much were you paid at this job? Please include wages and tips.

1. \$____.____ per hour
2. \$____,____.____ per day
3. \$____,____.____ per week
4. \$____,____.____ every two weeks
5. \$____,____.____ per month
6. Other, ASK "Please type in your answer" [VERBATIUM]

B103. Are you.....

(CHOOSE ONE OR MORE THAN ONE)

1. Latino?
2. White?
3. African-American or Black?
4. Asian?
5. Pacific Islander?
6. Native American/American Indian?

B104. Add check:

IF B99=MORE THAN ONE RESPONSE, CONTINUE
ELSE GO TO END OF QUESTIONNAIRE

B105. Now, if you had to pick the one group which describes you best, is it.....

(CHOOSE ONLY ONE)

1. Latino?
2. White?
3. African-American or Black?
4. Asian?

5. Pacific Islander?
6. Native American/American Indian?

B106. Thank you!

That is the end of this interview. Please give the laptop back to the interviewer.

CAPI CHECK: TIME END

* need screen & item verifying how much help the FI gave R during the interview. Also need roster reconciliation flag and wording *

RSCQ10: INTERVIEWER: DID R COMPLETE THE SELF-ADMINISTERED QUESTIONS ON HIS/HER OWN

1. Yes, completed on his/her own
2. Yes, with some assistance
3. No, I asked the questions

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8. HOUSEHOLD OBSERVATIONS

IF NECESSARY SAY: "I have a few administrative things I have to do on my computer that will take me a few minutes. Why don't we take a break until I'm finished"

INTERVIEWER: YOU SHOULD NOW ANSWER THE HOUSEHOLD OBSERVATION MODULE.

INTERVIEWER: PLEASE ANSWER THESE QUESTIONS THE BEST YOU CAN. YOU SHOULD ANSWER BASED ON WHAT YOU KNOW OR HAVE SEEN SO FAR. DO NOT EXPLORE THE HOME MORE THAN YOU ALREADY HAVE IN ORDER TO ANSWER THESE QUESTIONS.

HOF1. ENVIRONMENT INSIDE HOME IS UNSAFE FOR YOUNG CHILDREN. ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS.

(EX: FRAYED ELECTRICAL WIRES, MICE OR RATS, GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS, PEELING PAINT, CLEANING MATERIALS LEFT OUT, FLAMES AND HEAT WITHIN REACH OF YOUNG CHILD.)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF2. ENVIRONMENT OUTSIDE HOME (YARD, PATIO, ENTRYWAY OR PORCH, HALLS AND STAIRS) IS UNSAFE FOR YOUNG CHILDREN.

(EX: UNLIT ENTRANCE OR STAIRWAY, BROKEN STEPS, BROKEN GLASS, BROKEN TOYS, LARGE DITCHES, ALCOHOL OR DRUG PARAPHENALIA)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF3. INSIDE OF HOME IS DARK.

(EX: DARK ROOMS OR DRAPES)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF4. HOUSEHOLD HAS NO DECORATION OR DECOR IS MONOTONOUS.

(EX: NO PICTURES OR NICK-NACKS, NO PLANTS, NO OR VERY LITTLE FURNITURE IN LIVING ROOM OR DINING ROOM)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF5. INSIDE OF HOME IS CROWDED.

(EX: MANY PEOPLE LIVING IN A VERY SMALL HOUSE OR APARTMENT, DIFFICULT TO FIND A PRIVATE PLACE TO INTERVIEW RESPONDENTS, FREQUENT INTERRUPTIONS AND PEOPLE BUMPING INTO EACH OTHER).

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF6. ALL VISIBLE ROOMS OF HOUSE/APARTMENT ARE MINIMALLY CLUTTERED OR NOT CLUTTERED AT ALL.

(EX: VISIBLE ROOMS ARE NEAT OR ARE MINIMALLY CLUTTERED WITH CLOTHES, VACUUM CLEANER, CHILDREN'S SCHOOL WORK, SHOES AND SOCKS, OTHER OBJECTS)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF7. ALL VISIBLE ROOMS OF THE HOUSE/APARTMENT ARE CLEAN OR REASONABLY CLEAN.

(EX: NO TRASH STREWN AROUND, NO OR FEW DIRTY DISHES IN KITCHEN, FLOOR AND FURNITURE HAVE BEEN CLEANED OR DUSTED FAIRLY RECENTLY)

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF8. DID R USE CORRECT GRAMMAR AND PRONUNCIATION MOST OF THE TIME?

INTERVIEWER: R IS THE PRIMARY CARE GIVER.

1 YES
5 NO

HOF9. DID R SPEAK CLEARLY AND AUDIBLY TO YOU MOST OF THE TIME?

1 YES
5 NO

HOF10. DID R APPEAR TO UNDERSTAND THE QUESTIONS YOU ASKED?

1 YES
5 NO

HOF11. WAS THERE A CHILD IN THE ROOM OR IN THE NEXT ROOM AT ANY TIME WHILE YOU WERE INTERVIEWING R?

INTERVIEWER: CHILD MUST LIVE IN THE HOUSEHOLD.

1 YES
5 NO

IF HOF11=5, GO TO END

HOF12. HOW MANY DIFFERENT CHILDREN WERE IN THE ROOM AT LEAST PART OF THE TIME?

_____ (NUMBER OF CHILDREN)
(RANGE 1-20, VERIFY AT 8)

HOF12V. IF HOF12>7, ASK: YOU ANSWERED [FILL HOF12] CHILDREN, THIS IS UNLIKELY. IS THIS CORRECT?

1 YES = CONTINUE
5 NO = RE-ASK HOF12

HOF13. ABOUT HOW OLD WOULD YOU ESTIMATE (IF HOF12=1 FILL “WAS THE CHILD IN THE ROOM” OTHERWISE FILL “WERE THE CHILDREN IN THE ROOM”)?

ENTER 1 FOR ALL THAT APPLY

1. LESS THAN 1 YEAR OLD
2. 1 TO 2 YEARS OLD
3. 3 TO 5 YEARS OLD
4. 6 TO 10 YEARS OLD
5. 11 TO 14 YEARS OLD
6. 15 OR OLDER

HOF14. CAPI CHECK:

- # 1. HOF13=1 OR HOF13=2 OR HOF13=3
- # 2. OTHERWISE (GO TO END)

INTRO4. PLEASE ANSWER WHETHER YOU SAW OR HEARD ANY OF THESE THINGS WHILE THE CHILD(REN) WAS IN THE ROOM OR NEAR BY.

HOF15. RESPONDENT CARESSED, KISSED OR HUGGED (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “ONE OF THE CHILDREN”) AT LEAST TWICE.

- 1 YES
- 5 NO

HOF16. RESPONDENT TALKED TO (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “ONE OF THE CHILDREN”) AT LEAST ONCE.

NOTE: THIS DOES NOT INCLUDE SCOLDING OR SUSPICIOUS COMMENTS.

- 1 YES
- 5 NO

HOF17. RESPONDENT SLAPPED OR SPANKED (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “ONE OF THE CHILDREN”) AT LEAST ONCE.

- 1 YES
- 5 NO

HOF18. RESPONDENT YELLED OR SCREAMED AT (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “ONE OF THE CHILDREN”) AT LEAST ONCE.

- 1 YES
- 5 NO

HOF19. RESPONDENT SAID SOMETHING TO (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “AT LEAST ONE OF THE CHILDREN”) IN RESPONSE TO SOMETHING THE CHILD SAID, THE CHILD'S ACTION, OR A NOISE MADE BY THE CHILD.

- 1 YES
- 5 NO

HOF20. RESPONDENT ANSWERED (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “AT LEAST ONE OF THE CHILDREN”)S QUESTIONS OR REQUESTS.

- 1 YES
- 5 NO
- 9 NO CHANCE TO OBSERVE

HOF21. RESPONDENT GAVE YOU THE SENSE THAT (HE/SHE) HAD POSITIVE FEELINGS ABOUT (IF HOF12=1 FILL “THE CHILD” OTHERWISE FILL “THE CHILDREN”).

- 1 YES
- 5 NO

END

Appendix A
Origin of L.A.FANS Module Questions

APPENDIX A

Origin of L.A.FANS Module Questions

Introduction

The questionnaire modules for L.A.FANS were developed based on several general principles. First, we sought to employ questions and question sequences which have been used in recent surveys of national population samples in the United States. Use of questions and question sequences from national surveys facilitates the comparison of L.A.FANS results for Los Angeles County with those from national samples. Moreover, questions taken from these surveys have generally been well-tested and their data have been carefully evaluated.

Second, wherever possible, responses were recorded in formats that respondents themselves used in their response and interviewers were generally not asked to convert these responses into other formats. For example, responses to questions on the amounts paid for rent or the frequency of seeing an absent spouse were recorded directly in the units the respondent used. Many questions also allow interviewers to code textual responses when none of extant response categories seemed appropriate.

Third, questions on a given subject were asked of the household member likely to know most about that subject. This meant that respondents reported on themselves and their own activities, with three exceptions. First, the Roster respondent provided limited information on everyone in the household. Second, the PCG (who is generally the mother) reported on aspects of children's lives she is most likely to know about. Third, the Household Module respondent reports on the financial status of his/her nuclear families members who live in the household.

Fourth, like other major social surveys, we tried to insure that respondents answered only questions that were pertinent to them, using wording that reflected their own situation. The result was to make interviews easier for respondents and interviewers, but, in some cases, to make the skip patterns more complex for the user to follow. Therefore, it is important for data users to understand the skip logic and question sequencing before attempting to use the data. In order to facilitate this process, we provide hyperlinked questionnaires on www.lasurvey.rand.org which allow users to click through question sequences which respondents with different characteristics would have been asked.

Finally, language and grammar in both English and Spanish versions of the questionnaires had to be clear and as simple as possible consistent with clarity. Therefore, we occasionally simplified the language or construction of questions adopted from other surveys. Furthermore, we tried to insure that the question meaning in English and Spanish was as close as possible. English and Spanish versions of the questionnaires were developed in parallel by bilingual researchers and survey specialists. When questions were adopted directly from other surveys in English, we also sought to use the same question from the Spanish version of the original questionnaire. However, in a few cases, we concluded that the Spanish wording of questions from other surveys would not be easily understood by Spanish speakers in Los Angeles or that it did not adequately represent the meaning of the question in English. In this case, we retranslated or edited the question before including it in the L.A.FANS Spanish questionnaires.

Origin of Questions

The tables below describe the origin of the questions in each L.A.FANS module. When a question and its response categories are identical to a question in another survey, the tables provide the survey abbreviation and the question number. Other situations are reflected in the tables as follows:

- “modified from [*survey abbreviation; question number*]” means that the question came from the survey indicated, but either its wording or its response categories were modified;
- “based on [*survey abbreviation*]” or “derived from [*survey abbreviation*]” means that the question was developed from scratch, but based on a question or a sequence of questions from an earlier survey;
- “original” refers to questions developed by the L.A.FANS research team.

Note that even questions labeled “original” often draw on ideas or methodologies from previous social surveys in the same subject areas. Only a handful of questions are entirely original.

Abbreviations

Alameda County CalWORKS Needs Assessment

<http://www.rand.org/labor/CalWORKS/datasets.html>

AHS: American Housing Survey:

<http://www.census.gov/hhes/www/ahs.html>

Census 2000: U.S. Census 2000

<http://www.census.gov>

CPS: Current Population Survey

<http://www.bls.census.gov/cps/cpsmain.htm>

Fragile Families

<http://crrw.princeton.edu/fragilefamilies/index.html>

HRS: Health and Retirement Survey

<http://hrsonline.isr.umich.edu/>

<http://www.umich.edu/~hrswww>

Iowa Child Impact Study [Part of Child Outcomes Study]

<http://aspe.hhs.gov/hsp/NEWWS/data/guide-2yr-full-impact-restricted.htm>

LANYCIS: Los Angeles-New York City Immigrant Survey

http://www.urban.org/centers/ps_welfare.html

MTF: Monitoring the Future

<http://monitoringthefuture.org/>

NELS: National Longitudinal Educational Survey

<http://nces.ed.gov/surveys/nels88/>

NHES:95 National Household Education Survey – Early Childhood Program Participation

http://nces.ed.gov/nhes/pdf/quex/early/95_ecpp.pdf

NHIS: National Health Interview Survey

<http://www.cdc.gov/nchs/nhis.htm>

NIS: New Immigrant Study

<http://www.pop.upenn.edu/nis/>

NLSY97: National Longitudinal Survey of Youth, 1997 Cohort

<http://www.bls.gov/nls/nlsy97.htm>

NLSY-CS: National Longitudinal Survey of Youth – Child Supplement

<http://www.bls.gov/nls/nlsy79ch.htm>

NSFG: National Survey of Family Growth

<http://www.cdc.gov/nchs/nsfg.htm>

NSFH: National Survey of Families and Households

<http://www.ssc.wisc.edu/nsfh/>

NYS: National Youth Survey

<http://www.icpsr.umich.edu:8080/SERIES/00088.xml?format=SAMHDA>

PHDCN: Project on Human Development in Chicago Neighborhoods

<http://phdcn.harvard.edu/>

PSID: Panel Study of Income Dynamics

<http://www.isr.umich.edu/src/psid/>

PSID-CS: Panel Study of Income Dynamics Child Supplement

<http://www.isr.umich.edu/src/child-development/home.html>

SPD: Survey of Program Dynamics

<http://www.sipp.census.gov/spd/>

3-Cities: Welfare, Children, & Families: A Three City Study

<http://www.jhu.edu/~welfare/>

Wisconsin Works

<http://www.ssc.wisc.edu/irp/csde/childsuppt-pass.htm>

YRBS: NHIS: Youth Risk Behavior Survey

<http://www.cdc.gov/nccdphp/dash/yrbs/>

Origin of Questions: Roster

Section			Source
Section A. Household Member List Derived from Rosters and Screeners from previous surveys			
Section B. Background of Household Members Original questions			
Section C. Home Language Original			

Origin of Questions: Adult Module

Section			Source
Section A. Information Check			
OBS			Original -- derived from U.S. Census 2000
A1-A5			Original -- based on similar questions in NLSY97
Section B Neighborhood			
B2			Modified from PSID-CS (PCG/HH) A3; Modified from PHDCN Neighborhood Survey* Q3 (question modified)
B3			Modified from PHDCN Neighborhood Survey Q2 and 2A (question modified)
B4			Original
B5			Modified from PHDCN Neighborhood Survey Q14 (both question and answers are slightly modified)
B6a			Modified from PHDCN Neighborhood Survey* Q11b (answers modified)
B6b			Modified from PHDCN Neighborhood Survey* Q11d (answers modified)
B6c			Modified from PHDCN Neighborhood Survey* Q11e (answers modified)
B6d			Modified from PHDCN Neighborhood Survey* Q11f (answers modified)
B6e			Modified from PHDCN Neighborhood Survey* Q11g (answers modified)
B6f			Modified from PHDCN Neighborhood Survey* Q11k (answers modified)
B6g			Modified from PHDCN Neighborhood Survey* Q11m (answers modified)
B6h			Modified from PHDCN Neighborhood Survey* Q11n (answers modified)
B6i			Modified from PHDCN Neighborhood Survey* Q11p (answers modified)
B6j			Modified from PHDCN Neighborhood Survey* Q11t (answers modified)
B7a			Modified from PHDCN Neighborhood Survey* Q12a (answers modified)
B7b			Modified from PHDCN Neighborhood Survey* Q12b (answers modified)
B7c			Modified from PHDCN Neighborhood Survey* Q12c (answers modified)
B8a			Modified from PHDCN Neighborhood Survey* Q17a (answers modified)
B8b			Modified from PHDCN Neighborhood Survey* Q17a (question and answers modified)
B9			Modified from PHDCN Neighborhood Survey* Q32a, 33a and 34a (question modified)
B10			PSID-CS (PCG/HH) A12
B11a			Modified from PHDCN Neighborhood Survey* Q18 (question modified)
B11b			PHDCN Neighborhood Survey* Q19
B11c			PHDCN Neighborhood Survey* Q20
B12			Original Question
B13			Original Question
B14			Original Question

Origin of Questions: Adult Questionnaire

Section			Source
B15			Original Question
B16			Original Question
B16a			Original Question
B17			Original Question
B18			Modified from 3-Cities Q P_WH96
B19			Original Question
B20			Original Question
B21			Original Question
B22			Original Question
B23			Original Question
B26			Modified from similar questions in PSID-CS, NSFH-1, and PHDCN Neighborhood Survey
B27			Original
B28			Original
B29			Original
Section C. Family Background			
C1			Modified from NSFH-I M499A (question and answer modified)
C2			Original
C3			Modified from NLSY97 Parent Qx P2-016 (question modified)
C4			Modified from NLSY97 Parent Qx P2-017 (question modified)
C5			Based on NLSY97 Parent Qx P2-019 (question and answers modified)
C6			NLSY97 Parent Qx [P2-029]
C7			Modified from NLSY97 Parent Qx [P2-031] and PSID Core '97 L15 (question and answers modified)
C8			Modified from PSID Core '97 L12 (question and answers modified)
C9			Modified from PSID Core '97 L12 (question and answers modified)
C10			Original Question
C11			Modified from NLSY97 Parent Qx [P2-034] and PSID Core '97 (question and answers modified)
C12			Modified from PSID Core '97 L2 (question and answers modified)
C13			Modified from PSID Core '97 L2 (question and answers modified)
C15			Original Question
C16			Original Question
C17			Modified from March CPS Occupation Questions; Modified from PSID Core '97 L10 (question modified)
C18			Modified from March CPS Occupation Questions; Modified from PSID Core '97 L10a (question modified)

Origin of Questions: Adult Questionnaire

Section			Source
C19			Modified from March CPS Occupation Questions; D213
C20			Modified from March CPS Occupation Questions
C20a			Modified from March CPS Occupation Questions
C21			Modified from NSFH 1 M505 (question modified)
C22			NSFH-1 M506
C23			Based on 2000 Census (question and answers modified)
C25			Based on 2000 Census (question and answers modified)
C27			Based on 2000 Census (question and answers modified)
C28			Modified from NLSY97 Parent Qx [P2-014] (question and answers modified)
C29			Modified from NLSY97 Parent Qx [P2-014] (question and answers modified)
C30			Modified from NLSY97 Parent Qx [P2-015] (question and answers modified)
C31			Original Question
C32			Original Question
C33			Modified from NSFH 1 S1M (question modified)
C34			Modified from NLSY97 Parent Qx [P2-007] (question and answers modified) and PSID Core '97 ES1a (question modified)
C36			Based on NLSY97 Parent Qx [P2-008] and LANYCIS RF2 (question modified)
C37			Original
C38			Based on LANYCIS and NIS Pilot
C39			Based on LANYCIS and NIS Pilot
C40			Based on LANYCIS and NIS Pilot
C41			Original
C42			Based on PSID Core '97 M71a (question and answers modified)
Section D Educational History			
D3			Modified from PSID Core '97 L60 (question and answers modified)
D4			Modified from PSID Core '97 L49 (question and answers modified)
D5			Modified from PSID Core '97 L49 (question and answers modified)
D6			Modified from PSID Core '97 L51 (question modified)
D7			Based on PSID Core '97 L62 (question and answers modified)
D8			Modified from PSID Core '97 L53 (question modified)
D9			Modified from PSID Core '97 L54 (question modified)
D10			Modified from PSID Core '97 L55 (question and answers modified)
D11			Modified from PSID Core '97 L44 (question and answers modified)
D12			PSID Core '97 L46

Origin of Questions: Adult Questionnaire

Section			Source
D13			Modified from PSID Core '97 L49 (question modified)
D14			Modified from PSID Core '97 L51 (question modified)
D15			Modified from PSID Core '97 L53 (question modified)
D16			Modified from PSID Core '97 L54 (question modified)
D17			Modified from PSID Core '97 L55 (question modified)
D18			Modified from PSID Core '97 L58b (question modified)
D19			Original
D20			Original
D21			Modified from PSID Core '97 L62 (question modified)
D22			Modified from PSID Core '97 L65 (question and answers modified)
Section E Fertility and Marriage/Cohabitation History			
<p>Note: Questions E1 through E62 collects a partial marriage and relationship history. Question wording has been adapted from other surveys but question order and the structure of this section varies considerably from the NSFH and other surveys.</p>			
E1			Original
E2			Modified from NSFH 1 S66M (question modified)
E4			Modified from NSFH 1 S61 (question modified)
E5			Modified from NSFH 1 C62M (question modified)
E7			Modified from NSFH 1 M101M (question and answers modified)
E8			Modified from NSFH 1 S66M (question modified)
E10			Modified from NSFH 1 S61 (question modified)
E11			Modified from NSFH 1 C62M (question modified)
E13			Based on NSFH 1 S60, S61, S62 and S63
E14			Based on NSFH 1 M123 and M125M
E15			Original
E16			Modified from NSFH 1 M101M (question and answers modified)
E18			Modified from NSFH 1 S61 (question modified)
E19			Modified from NSFH 1 C62M (question modified)
E21			Based on NSFH 1 S60, S61, S62 and S63
E22			Based on NSFH 1 M123 and M125M
E23			Original
E24			Modified from NSFH 1 M101M (question and answers modified)
E26			Modified from NSFH 1 S61 (question modified)

Origin of Questions: Adult Questionnaire

Section			Source
E27			Modified from NSFH 1 C62M (question modified)
E31			Modified from NSFH 1 S60 (question modified)
E32			Original
E33			Modified from NSFH 1 M134M (question modified)
E35			Modified from NSFH 1 S60 (question modified)
E36			Modified from NSFH 1 C62M (question modified)
E37			Modified from NSFH 1 M101M (question and answers modified)
E39			Modified from NSFH 1 S63 (question modified)
E41			Modified from NSFH 1 M113 (question modified)
E42			Modified from NSFH 1 C62M (question modified)
E44			Modified from NSFH 1 S60 (question modified)
E45			Modified from NSFH 1 C62M (question modified)
E46			Modified from NSFH 1 M101M (question and answers modified)
E48			Modified from NSFH 1 S62 (question modified)
E49			Modified from NSFH 1 C62M (question modified)
E50			Modified from NSFH 1 M101M (question and answers modified)
E53			Modified from NSFH 1 S60 (question modified)
E54			Modified from NSFH 1 C62M (question modified)
E55			Modified from NSFH 1 M101M (question and answers modified)
E57			Modified from NSFH 1 S60 (question modified)
E58			Modified from NSFH 1 C62M (question modified)
E59			Modified from NSFH 1 M101M (question and answers modified)
E62			Modified from NSFH 1 M95 (question and answers modified)
E64			Modified from NSFH 1 M188
E65			Original
E66			Modified from NSFH 1 M192
E68			Modified from NSFH 1 E701 (question and answers modified)
E69			Modified from NSFH 1 M202 (question and answer modified)
E70			Modified from NSFH 1 M202 (question modified)
E71			Original Question
E72			Original Question
E73			Modified from NSFH 1 S96 (question modified)
E74			Original Question
E75			Original Question
E76			Original Question
E78			Based on NSFH-1

Origin of Questions: Adult Questionnaire

Section			Source
E79			Modified from NSFH 1 M204 (question and answer modified)
E80			Modified from NSFH 1 M204 (question modified)
E81			Modified from PSID Core '97 J43/44 (question modified)
E82			Modified from NSFH 1 M205P01M (question modified)
E83			Modified from NSFH 1 S96 (question modified)
E84			Original Question
E85			Original Question
E86			Original Question
E88			Based on NSFH-1
E89			Modified from NSFH 1 M212P01M (question modified)
E90			Original
E91			Original based on NSFG
E92			Modified from MTF
Section F Spouse/Partner Proxy Questions			
F2			Original
F2a			Modified from 2000 Census
F3			Modified from 2000 Census
F3a			Modified from PSID Core Questionnaire B1
F4			Modified from March CPS Occupation Questions
F5			Modified from March CPS Occupation Questions
F6			Modified from March CPS Occupation Questions
F7			Modified from March CPS Occupation Questions
F7a			Modified from March CPS Occupation Questions
F9			Based on PSID Core Questionnaire
F10			Based on PSID Core Questionnaire
F11			Modified from PSID Core '97 H1 (question modified)
F12			Modified from PSID Core '97 H2 (question modified)
F13			Original
Section G Social Ties and Networks			
G2			Modified from NSFH 1 E1320 (question modified)
G3			Modified from NSFH 1 E1307A (question modified)
G4			Original Question

Origin of Questions: Adult Questionnaire

Section			Source
G5			Original Question
G6			Original Question
G7			Modified from NSFH 1 S27 (question modified)
G8			Modified from NSFH 1 E1331 (question modified)
G8a			Modified from NSFH 1 E1332 (question and answers modified)
G10			Based on PSID Core '97 L22 and L28 (question modified)
G11			Original
G12			Original
G13			Original
G14			Original
G15			Original
G16			Original
G17			Original
G18			Original
G19			Modified from NSFH 1 S27 (question modified)
G20			Original
Section H 24-Month Event History Calendar			
This section is modified from the PSID Experimental Event History Calendar. See: www.isr.umich.edu/src/psid/ehc/PSIDcalendarMethodsStudy.html			
Section J Residential History Follow-Up			
J3			Original Question
J6			Modified from AHS (answers have been changed)
J7			Based on AHS
J8			Original Question
J9			Based on NSFH 1 S91 (question modified)
Section K Employment			
K3			Original
K4			Modified from March CPS Occupation Questions
K5			Modified from March CPS Occupation Questions
K6			Modified from March CPS Occupation Questions

Origin of Questions: Adult Questionnaire

Section			Source
K7			Modified from March CPS Occupation Questions
K7a			Modified from March CPS Occupation Questions
K9			Modified from PSID Core '97 C&E14a (question modified)
K10			Modified from March CPS Occupation Questions
K11			Modified from March CPS Occupation Questions
K11a			Modified from March CPS Occupation Questions
K12			Original Question
K13			Original Question
K14			Original Question
K15			Original Question
Section L Welfare			
L2			Modified from NSFH 1 C214C1 (Page S-192) (question modified)
L3			Modified from PSID Core '97 G60bb (question and answers modified)
L4			Modified from Alameda County CalWORKs Needs Assessment 1998 Q.114 (question modified)
L5			Modified from Alameda County CalWORKs Needs Assessment 1998 Q.115 (answers modified)
L6			Modified from Alameda County CalWORKs Needs Assessment 1998 Q.116 (question and answers modified)
L7			Modified from Alameda County CalWORKs Needs Assessment 1998 Q.124 (question and answers modified)
L8			Original
L9			Modified from Wisconsin Works W60 (question modified)
L10			Based on Wisconsin Works W61 (question modified)
L11			Modified from 3-Cities Q P_WH41
L12			Modified from 3-Cities Q P_WH42
L13			Modified from Wisconsin Works W65 (question modified)
L14			Modified from SPD 352C (question and answers modified)
L15			Modified from 3-Cities Q P_WH50
L16			Original
L17			Modified from 3-Cities Q P_WH59
L18			Original
L19			Original
L20			Original
L21			Original
L22			Original

Origin of Questions: Adult Questionnaire

Section		Source
Section M Health Status		
M1		Modified from PSID Core '97 H1 (question modified)
M2		Modified from PSID Core '97 H1 (question modified)
M3		Modified from PSID Core '97 H2 (question modified)
M4a		Modified from NHIS 2000 ACN.010 (question modified)
M4b		Modified from NHIS 2000 ACN.160 (question modified)
M4c		Modified from NHIS 2000 ACN.130 (question modified)
M4d		Modified from NHIS 2000 ACN.031 (question modified)
M4e		Modified from NHIS 2000 ACN.031 (question modified)
M4f		Modified from NHIS 2000 ACN.031 (question modified)
M4g		Modified from NHIS
M4h		Modified from NHIS 2000 ACN.250 (question modified)
M4i		Modified from NHIS 2000 ACN.080 (question modified)
M4j		Modified from NHIS
M4k		Modified from NHIS
M4l		Original
M4m		Original
M5		Based on NHIS 2000 AHB.030 (question and answers modified)
M6		Modified from NHIS 2000 AHB.050 (question modified)
M7		Modified from NHIS 2000 AHB.020 (question modified)
M8		Modified from NHIS 2000 AHB.010 (question modified)
M9		Modified from NHIS 2000 AHB.050 (question modified)
M10		Modified from NHIS 2000 AHB.020 (question modified)
M11		Based on NHIS 2000 AHB.140 (question and answers modified)
M12		Modified from NHIS 2000 AHB.160 (question modified)
M13		Modified from NHIS 2000 AHB.170 (question modified)
M14		Modified from NHIS 2000 AHB.180 (question modified)
M15		Modified from NHIS 2000 AHB.200 (question modified)
M16		Modified from NHIS 2000 AHB.190 (question modified)
M17		NHIS 2000 AAU.020
M18		Modified from NHIS 2000 AAU.030 (answers modified)
M19		Original Question
M20		Original Question
M21		NHIS 2000 AAU.035

Origin of Questions: Adult Questionnaire

Section	Source
M22	Modified from NHIS 2000 AAU.037 (answers modified)
M23	Original Question
M24	Original Question
M25	Modified from PSID-CS (PCG/Child) A20 (question modified)
M26	Modified from PSID-CS (PCG/Child) A20a (question modified)
M27	Modified from PSID-CS (PCG/Child) A20b (question modified)
M28	Modified from PSID-CS (PCG/Child) A22a and A23a (question modified)
M29	Modified from PSID-CS (PCG/Child) A22b and A23b (question modified)
M30	Modified from PSID-CS (PCG/Child) A22 and A23 (question modified)
M31	Modified from PSID-CS (PCG/Child) A25 (question modified)
M32	Based on NHIS 2000
M33	MTF 1991 Q# 1791, 1792, 1793, 1974, 1801 (modified), 1802, 1803
Section N Recontact Information	
Section N is based on recontact information collected in several longitudinal surveys including NLSY97, NSFH-1, and PSID.	

Parent Questionnaire

Section		Source
Section A. Relationship Check		
Based on questions from NLSY97,PSID-CS, NSFH, and other surveys		
Section B Living Arrangements		
B1		Modified from NSFH 1 M3NUM (question and answers modified)
B2		Modified from NSFH 1 M5P01 (question and answers modified)
B3		Original Question
B4		Modified from NSFH 1 M14P01 (question and answers modified)
B5		Original Question
Section C Residential History -- Last Two Years		
C1		Based on NLSY97 [PC8-004] (question modified)
C3		Original Question
C5		Original Question
C6		Based on NLSY97 [PC8-009]
C7		Original Question
C8		Based on NSFH I Q M54 and M415
C9		Original Question
C11		Original Question
C12		Based on NSFH I Q M54 and M415
C13		Original Question
C15		Original Question
Section D Place of Birth and Immigrant Status		
D1		Based on NLSY97 [P2-001]
D3		Original Question
D3a		Original Question
Section E Child Support, Paternity, Contact with Absent Parent, Father Involvement		
E2		Modified from NSFH 2 MM105 (question modified)

Parent Questionnaire

Section	Source
E2a	Based on 2000 Census (question and answers modified)
E2c	Based on 2000 Census (question and answers modified)
E5	Original Question
E6	Original Question
E7	Original Question
E9	Modified NSFH 2 MM89 (question modified - added word "biological")
E11	NSFH 2 MM90
E12	Modified from NSFH 2 MM91 (question modified)
E13	NSFH 2 MM92
E14	Modified from NSFH 2 MM93 (question modified)
E16	NSFH 2 MM95
E17	Original Question
E18	Modified from NSFH 1 M188
E20	Modified from NSFH 2 MM67 (question modified)
E21	Based on NSFH 1
E22a	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM57 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610a (question and answers modified)
E22b	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM58 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610b (question and answers modified)
E22c	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM61 (question and answers modified) Modified from Wisconsin Works Resident Parent Questionnaire 610d (question and answers modified)
E22d	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM60 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610e (question and answers modified)
E23	Based on 2000 Census (question and answers modified)
E23c	Based on 2000 Census (question and answers modified)
E23d	Based on 2000 Census (question and answers modified)
E23f	Based on 2000 Census (question and answers modified)
E24b	Modified from NSFH 2 MM105 (question modified)
E25	Original Question
E26	Original Question
E27	Original Question
E29	Modified from PSID-CS (PCG/Child) J2 (question modified)
E30	Original Question
E31	Original Question
E32	Original Question

Parent Questionnaire

Section	Source
E34	Original Question
E36	Modified from NSFH 2 MM67 (question modified)
E37	Modified from NSFH 2 MM67 (question modified)
E38a	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM57 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610a (question and answers modified)
E38b	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM58 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610b (question and answers modified)
E38c	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM61 (question and answers modified) Modified from Wisconsin Works Resident Parent Questionnaire 610d (question and answers modified)
E38d	Modified from PSID-CS (PCG/Child) J13 (question and answers modified); Modified from NSFH 2 MM60 (question and answers modified); Modified from Wisconsin Works Resident Parent Questionnaire 610e (question and answers modified)
E40	Wisconsin Works X110
E41	Modified from NLSY97 Parent Qx [P2-034] (question and answers modified)
E42	PSID-CS (PCG/Child) J4; NSFH 1 M359
E44	PSID-CS (PCG/Child) J6; NSFH 1 M361
E45	NSFH 1 M363M
E47	Modified from PSID-CS (PCG/Child) J9 (question modified); Modified from NSFH 1 M362 (question modified)
E49	Modified from Wisconsin Works X110
E50	Modified from Wisconsin Works X100 and X105 (question and answers modified); Modified from NLSY97 Parent Qx [P2-031] (question and answers modified)
E51	PSID-CS (PCG/Child) J19; NSFH 1 M359
E53	PSID-CS (PCG/Child) J21; NSFH 1 M361
E54	PSID-CS (PCG/Child) J22; NSFH 1 M363M
E56	Modified from PSID-CS (PCG/Child) J24 (question modified); Modified from NSFH 1 M362 (question modified)
E59a	Modified from Wisconsin Works Resident Parent Questionnaire 450b (question modified); Modified from NSFH 1 M365C (question and answers modified)
E59b	Modified from Wisconsin Works Resident Parent Questionnaire 450c (question modified); Based on NSFH 1 M365A-D (question and answers modified)
E59c	Modified from Wisconsin Works Resident Parent Questionnaire 450d (question modified); Modified from NSFH 1 M365D (question and answers modified)
E59d	Modified from Wisconsin Works Resident Parent Questionnaire 450a (question modified); Modified from NSFH 1 M365A (question and answers modified)

Parent Questionnaire

Section	Source
Section F School	
F2	Modified from PSID-CS (PCG/Child) G2 (question and answers modified)
F3	Original Question
F4	PSID-CS (PCG/Child) G3
F5	Original Question
F6	Based on NHES:95 B6 and B6 (question and answers modified)
F7	Original Question
F8	Original Question
F9	Based on PSID-CS (PCG/Child) QG30
F10	Original Question
F11	Modified from PSID-CS (PCG/Child) G28a through j(question and answer modified)
F12	Modified from PSID-CS (PCG/Child) G12 (question modified)
F13	PSID-CS (PCG/Child) G13
F14a	Modified from NLS88 CS Section 2: Child Health Q2c (question modified)
F14b	Modified from NLS88 CS Section 2: Child Health Q2a (question modified)
F14c	Modified from NLS88 CS Section 2: Child Health Q2b (question modified)
F15	NSFH 2 MK18 Q32
F16	PSID-CS (PCG/Child) G20a; NSFH 2 MK20P01-MK20P02
F17	PSID-CS (PCG/Child) G17
F18	Modified from NSFH 2 MK24P01-MK24P02 (question modified)
F19	Modified from NSFH 2 MK25P01-MK25P02 (question modified)
F20a	PSID-CS (PCG/Child) G32 [Part of HOME scale]
F20b	PSID-CS (PCG/Child) G32 [Part of HOME scale]
F21	Modified from PSID-CS (PCG/Child) F4 (question modified)
F22	Modified from PSID-CS (PCG/Child) F4 (question modified)
[Questions for Home Schooled Kids]	
F25	Modified from NSFH 2 ML45 (K80z); Modified from NHES:95 B6 (question modified)
F26	Original
F27	Modified from PSID-CS (PCG/Child) F4 (question modified)
F28	Modified from PSID-CS (PCG/Child) F4 (question modified)
[For Kids Not Currently Enrolled in School]	
F29	Modified from PSID-CS (PCG/Child) F4 (question modified)
F30	Original Question
F31	Original Question

Parent Questionnaire

Section		Source
F32		Based on NSFH 1
F33		Original Question
F34		Modified from PSID-CS (PCG/Child) F4 (question modified)
F35		Modified from PSID-CS (PCG/Child) F4 (question modified)
F37		PSID-CS (PCG/Child) G21 (answers modified)
Section G Child Care, Before/After School Care, and Early Childhood Education		
G2		Modified from NHES:95 D1 (question modified)
G3		Modified from NHES:95 D4OV (question modified)
G4		Modified from NHES:95 D5 (question modified)
G5		Original Question
G7		Modified from NHES:95 F1 and F2 (question modified) Check NSFH 2
G8		Original Question
[This Section for Kids in School Who Have Not Yet Completed 6th Grade]		
G9		Modified from NHES:95 D1 (question modified)
G10		Modified from NHES:95 D4OV (question modified)
G11		Modified from NHES:95 D5 (question modified)
G12		Original Question
G14		Modified from NHES:95 D7 (question modified)
G15		Modified from NHES:95 D6 (question modified)
G16		Original Question
G17		Based on NHES:95 D3 (question and answer modified)
G18		Modified from NHES:95 D13 (question modified)
G19		Modified from NHES:95 D14 (question modified)
G20		Modified from NHES:95 D25 (question modified)
G21		Modified from NHES:95 D27 (question modified)
G22		NHES:95 D28
G23		Modified from NHES:95 D28OV (question modified)
G24		Modified from NHES:95 D19 (question modified)
G25		Modified from NHES:95 D20 (question modified)
G25a		Modified from NHES:95 D20 (question modified)
G27		Modified from NHES:95 E6 (question modified)
G28		Modified from NHES:95 E5 (question modified)
G29		Original Question
G30		Based on NHES:95 E3 (question and answer modified)

Parent Questionnaire

Section		Source
G31		Modified from NHES:95 E12 (question modified)
G32		Modified from NHES:95 E13 (question modified)
G33		Modified from NHES:95 E25 (question modified)
G34		Modified from NHES:95 E27 (question modified)
G35		NHES:95 E28
G36		Modified from NHES:95 E28OV (question modified)
G37		Modified from NHES:95 E18 (question modified)
G38		Modified from NHES:95 E19 (question modified)
G39		Modified from NHES:95 E24 (question modified)
G41		NHES:95 F4
G42		Modified from NHES:95 F4OV (question modified)
G43		Modified from NHES:95 F3 (question modified)
G44		Modified from NHES:95 F12 (question modified)
G45		Modified from NHES:95 F13 (question modified)
G46		NHES:95 F30
G47		Modified from NHES:95 F32 (question modified)
G48		NHES95 F33
G49		Modified from NHES:95 F33OV (question modified)
G50		Modified from NHES:95 F20 (question modified)
G51		Modified from NHES:95 F21 (question modified)
G53		NHES:95 G10
G54		Original Question
G55		Original Question
G56		Modified from NHES:95 G21 (question modified)
G57		Modified from NHES:95 G22 (question modified)
G58		NHES:95 G37
G59		Modified from NHES:95 G39 (question modified)
G60		NHES:95 G40
G61		Modified from NHES:95 G40OV (question modified)
G62		Modified from NHES:95 G27 (question modified)
G63		Modified from NHES:95 G28 (question modified)
G65		Modified from NHES:95 G38 (question modified)
G66		Original Question
G68		Modified from NHES:95 F7 (question modified)
G69		Modified from NHES:95 F3 (question modified)
G70		Original Question

Parent Questionnaire

Section		Source
G72		Modified from NHES:95 G2 (question modified)
G73		Original Question
G74		Original Question
Section H Social/Behavior Development and Home Scale		
Note: Questions H3 to H69 are part of the L.A.FANS-version of the HOME Scale. (This Section for 1-2 Year Olds)		
H3		Modified from PSID-CS (PCG/Child) F9 and from NLSY-CS 6-9, 23d
H4		Modified from PSID-CS (PCG/Child) F9 and NLSY-CS 6-9, 23f
H5		Modified from PSID-CS (PCG/Child) F9 and NLSY-CS 6-9, 23h
H6		PSID-CS (PCG/Child) B13
H7		PSID-CS (PCG/Child) B13a
H8		Modified from NLSY-CS 6-9, 23a
H9		Modified from PSID-CS (PCG/Child) F9f and NLSY-CS 6-9, 23g
H10		Modified from PSID-CS (PCG/Child) F10 and NLSY-CS 6-9, 21
H11		PSID-CS (PCG/Child) B16
H12		Modified from PSID-CS (PCG/Child) B14
H13		Based on PSID-CS and NLSY-CS questions
H14		Modified from PSID-CS (PCG/Child) B8
H15		Modified from PSID-CS (PCG/Child) B9
(Section for 3 to 5 Year Olds)		
H16		Modified from PSID-CS (PCG/Child) F9
H17		Modified from PSID-CS (PCG/Child) F9
H18		Modified from PSID-CS (PCG/Child) F9
H19		PSID-CS (PCG/Child) B13
H20		PSID-CS (PCG/Child) B13a
H21		Based on PSID-CS and NLSY-CS questions
H22		Modified from PSID-CS (PCG/Child) F9
H23		Modified from PSID-CS (PCG/Child) F9
H24		Modified from PSID-CS (PCG/Child) F10
H25		Based on PSID-CS and NLSY-CS questions
H26		Modified from PSID-CS (PCG/Child) F7
H27		PSID-CS (PCG/Child) B16
H28		Modified from PSID-CS (PCG/Child) B14

Parent Questionnaire

Section		Source
H29		Based on PSID-CS and NLSY-CS questions
H30		Modified from PSID-CS (PCG/Child) B8
H31		Modified from PSID-CS (PCG/Child) B9
(Section for 6 to 9 Year Olds)		
H32		Modified from PSID-CS (PCG/Child) F9
H33		Modified from PSID-CS (PCG/Child) F9
H34		Modified from PSID-CS (PCG/Child) F9
H35		PSID-CS (PCG/Child) B13
H36		PSID-CS (PCG/Child) B13a
H37		Based on PSID-CS and NLSY-CS questions
H38		Modified from PSID-CS (PCG/Child) F9
H39		Modified from PSID-CS (PCG/Child) F9
H40		Modified from PSID-CS (PCG/Child) F9
H41		Modified from PSID-CS (PCG/Child) F10
H42		Based on PSID-CS and NLSY-CS questions
H43		Modified from PSID-CS (PCG/Child) F7
H44		PSID-CS (PCG/Child) B16
H45		Modified from PSID-CS (PCG/Child) B14
H46		Based on PSID-CS and NLSY-CS questions
H47		PSID-CS (PCG/Child) F1
H48		Modified from PSID-CS (PCG/Child) B8
H49		Modified from PSID-CS (PCG/Child) B9
H50		Based on PSID-CS and NLSY-CS questions
H51		Based on PSID-CS and NLSY-CS questions
(Section for 10-15 Year Olds)		
H52		Modified from PSID-CS (PCG/Child) F9
H53		Modified from PSID-CS (PCG/Child) F9
H54		Modified from PSID-CS (PCG/Child) F9
H55		PSID-CS (PCG/Child) B13
H56		PSID-CS (PCG/Child) B13a
H57		Based on PSID-CS and NLSY-CS questions
H58		Modified from PSID-CS (PCG/Child) F9
H59		Modified from PSID-CS (PCG/Child) F9
H60		Modified from PSID-CS (PCG/Child) F9
H61		Modified from PSID-CS (PCG/Child) F10
H62		Based on PSID-CS and NLSY-CS questions

Parent Questionnaire

Section	Source
H63	Modified from PSID-CS (PCG/Child) F7
H64	PSID-CS (PCG/Child) B16
H65	PSID-CS (PCG/Child) F1
H66	Modified from PSID-CS (PCG/Child) B8
H67	Modified from PSID-CS (PCG/Child) B9
H68	Based on PSID-CS and NLSY-CS questions
H69	Based on PSID-CS and NLSY-CS questions
H71a	Modified from PSID-CS (PCG/Child) G23* [These questions are the Behavior Problems Index]
H71b	PSID-CS (PCG/Child) G23*
H71c	PSID-CS (PCG/Child) G23*
H71d	PSID-CS (PCG/Child) G23*
H71e	PSID-CS (PCG/Child) G23*
H71f	PSID-CS (PCG/Child) G23*
H71g	PSID-CS (PCG/Child) G23*
H71h	PSID-CS (PCG/Child) G23*
H71i	PSID-CS (PCG/Child) G23*
H71j	PSID-CS (PCG/Child) G23*
H71k	PSID-CS (PCG/Child) G23*
H71l	PSID-CS (PCG/Child) G23*
H71m	PSID-CS (PCG/Child) G23*
H71n	PSID-CS (PCG/Child) G23*
H71o	PSID-CS (PCG/Child) G23*
H71p	PSID-CS (PCG/Child) G23*
H71q	PSID-CS (PCG/Child) G23*
H71r	PSID-CS (PCG/Child) G23*
H71s	PSID-CS (PCG/Child) G23*
H71t	PSID-CS (PCG/Child) G23*
H71u	PSID-CS (PCG/Child) G23*
H71v	PSID-CS (PCG/Child) G23*
H71w	PSID-CS (PCG/Child) G23*
H71x	PSID-CS (PCG/Child) G23*
H71y	PSID-CS (PCG/Child) G23*
H71z	PSID-CS (PCG/Child) G23*
H71aa	PSID-CS (PCG/Child) G23*
H71bb	PSID-CS (PCG/Child) G23*
H71cc	PSID-CS (PCG/Child) G23*

Parent Questionnaire

Section		Source
H71dd		PSID-CS (PCG/Child) G23*
H71fr		PSID-CS (PCG/Child) G23*
H72		Modified from PSID-CS (PCG/Child) G38 (question and answers modified)
H73		Original Question
H74		Based on NELS:88
H75		PSID-CS (PCG/Child) G36
Section J RSC's Sibs (Only for RSC's Whose Mother is Not the Respondent)		
J2		Original Question
J3		Original Question
J4		Original Question
J5		Original Question
J6		Original Question
J7		Original Question
J8		Original Question
J9		Original Question
J10		Original Question
J12		Based on NSFH 1
J13		Original Question
J14		Original Question
Section K Child's Health		
Note: This section comes from both the PSID-CS and the NHIS. It was structured to be parallel to the health section in the Adult module.		
K1		PSID-CS (PCG/Child) A34
K2		Modified from PSID-CS (PCG/Child) A7 (question and answer modified)
K3		Modified from PSID-CS (PCG/Child) A7 (question and answer modified)
K4		Original Question
K5		PSID-CS (PCG/Child) A8
K6		PSID-CS (PCG/Child) A11
K7		Modified from PSID-CS (PCG/Child) A20 (question modified)
K8		PSID-CS (PCG/Child) A20a
K9		PSID-CS (PCG/Child) A20b
K10		PSID-CS (PCG/Child) A21b also from NHIS CHS.080

Parent Questionnaire

Section	Source
K11	Modified from NHIS CHS.100
K12a	PSID-CS (PCG/Child) A21a
K12b	NHIS 2000 CHS.060; PSID-CS (PCG/Child) A21c
K12c	PSID-CS (PCG/Child) A21d
K12d	PSID-CS (PCG/Child) A21e
K12e	PSID-CS (PCG/Child) A21f
K12f	PSID-CS (PCG/Child) A21g
K12g	NHIS 2000 CHS.031; PSID-CS (PCG/Child) A21h
K12h	PSID-CS (PCG/Child) A21j
K12i	PSID-CS (PCG/Child) A21k
K12j	PSID-CS (PCG/Child) A21m
K12k	Modified from NHIS 2000 CHS.300 (question modified)and from PSID-CS (PCG/Child) A21n (question modified)
K12l	NHIS 2000 CHS.031; PSID-CS (PCG/Child) A21p
K12m	PSID-CS (PCG/Child) A21q
K12n	NHIS 2000 CHS.060; PSID-CS (PCG/Child) A21r
K12o	PSID-CS (PCG/Child) A21s
K12p	PSID-CS (PCG/Child) A21t
K13	NHIS CAU.020
K14	Modified from NHIS CAU.030 (answers modified)
K15	Original Question
K16	Original Question
K17	NHIS CAU.035
K18	Modified from NHIS CAU.037 (answers modified)
K19	Original Question
K20	Original Question
K21	Modified from PSID-CS (PCG/Child) A22a, A23a and A25 (question modified)
K22	Modified from PSID-CS (PCG/Child) A22b and A23b (question modified)
K23	Modified from PSID-CS (PCG/Child) A22 and A23 (question modified)
K24	Modified from PSID-CS (PCG/Child) A25 (question modified)
K25	NHIS CAU.280
K26	PSID-CS (PCG/Child) A27
K27	Original Question

Child Questionnaire

Section	Source
Assessments Checklist	
Letter-Word Identification	Woodcock-Johnson Test of Achievement - Revised
Applied Problems	Woodcock-Johnson Test of Achievement - Revised
Passage Comprehension	Woodcock-Johnson Test of Achievement - Revised
Section A Younger Children (9 to11)	
A1	Modified from PSID-CS (PCG/HH) A3 (question modified)
A2	Modified from PHDCN Neighborhood Survey Q14 (question and answers modified)
A3	Modified from PHDCN Neighborhood Survey Q15 (question and answers modified)
A4	Original Question
A5	Original Question
A6	Original Question
A7	Modified from NLSY97 Extended Screener SE-59 (question and answers modified)
A8a	Modified from NLSY97 YSCH-36400 (question and answers modified)
A8b	Modified from NLSY97 YSCH-36500 (question and answers modified)
A8c	Modified from NLSY97 YSCH-36600 (question and answers modified)
A8d	Modified from NLSY97 YSCH-36900 (question and answers modified)
A8e	Modified from NLSY97 YSCH-37000 (question and answers modified)
A9	Based on MTF 1991 VAR 178 Q.C19 (question and answer modified)
A10	Modified from MTF 1991 VAR 178 Q.C19 (question and answer modified)
A11	Based on NLSY97 YTIM-3400 (question and answer modified)
A12	Modified from MTF 1991 (Part 3, Form 2, Part A) A02n (question and answers modified)
A13	Original Question
A14	Original Question

Child Questionnaire

Section	Source
A15	Original Question
A16	NLSY97 YSAQ-359
A17	NLSY97 YSAQ-360
A18	Modified from NLSY97 YSAQ-384 (question modified)
A19	NLSY97 YSAQ-385
A21a	Modified from NLSY97 YSAQ-018 (answers modified)
A21b	Modified from NLSY97 YSAQ-019 (answers modified)
A21c	Modified from NLSY97 YSAQ-020 (answers modified)
A22a	Modified from NLSY97 YSAQ-022 (question and answers modified)
A22b	Modified from NLSY97 YSAQ-023 (question and answers modified)
A22c	Modified from NLSY97 YSAQ-024 (question and answers modified)
A22d	Modified from NLSY97 YSAQ-029 (question and answers modified)
A23	Based on NLSY97 YSAQ-027 (question and answers modified)
A25a	Modified from NLSY97 YSAQ-039 (answers modified)
A25b	Modified from NLSY97 YSAQ-040 (answers modified)
A25c	Modified from NLSY97 YSAQ-041 (answers modified)
A26a	Modified from NLSY97 YSAQ-043 (question and answers modified)
A26b	Modified from NLSY97 YSAQ-044 (question and answers modified)
A26c	Modified from NLSY97 YSAQ-045 (question and answers modified)
A26d	Modified from NLSY97 YSAQ-050 (question and answers modified)
A27	Based on NLSY97 YSAQ-048 (question and answers modified)
A28a	Modified from PSID-CS (PCG/HH) A42 (question and answers modified)
A28b	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707C
A28c	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707D
A28d	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707B
A28e	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707C
A28f	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707D
A29	Original Question
A30	Original Question
A31	Based on NLSY97

Child Questionnaire

Section	Source
A32	Based on NLSY97
A33	Based on 2000 Census (question and answers modified)
A35	Based on 2000 Census (question and answers modified)
Section B Older Children (12 to 17)	
B1	Modified from PSID-CS (PCG/HH) A3 (question modified)
B2	Modified from PHDCN Neighborhood Survey Q14 (question and answers modified)
B3	Modified from PHDCN Neighborhood Survey Q15 (question and answers modified)
B4	Original Question
B5	Original Question
B6	Original Question
B7	Modified from NLSY97 Extended Screener SE-59 (question and answers modified)
B8a	Modified from NLSY97 YSCH-36400 (question and answers modified)
B8b	Modified from NLSY97 YSCH-36500 (question and answers modified)
B8c	Modified from NLSY97 YSCH-36600 (question and answers modified)
B8d	Modified from NLSY97 YSCH-36900 (question and answers modified)
B8e	Modified from NLSY97 YSCH-37000 (question and answers modified)
B9a	Modified from PSID-CS (PCG/Child) G32a (question modified)
B9b	Modified from PSID-CS (PCG/Child) G32b (question modified)
B10	Modified from MTF 1998 Forms 1,2, Part C, Q16
B11	Based on MTF 1991 VAR 178 Q.C19 (question and answer modified)
B12	Modified from MTF 1991 VAR 178 Q.C19 (question and answer modified)
B13	Based on NLSY97 YTIM-3400 (question and answer modified)
B14	Modified from MTF 1991 (Part 3, Form 2, Part A) A02n (question and answers modified)
B15	Based on NLSY97 YTIM-3500 (question and answer modified)
B16	Modified from MTF 1991 (Part 3, Form 2, Part A) A02n (question and answers modified)
B17	Original Question
B18	Original Question
B19	Original Question
B20	NLSY97 YSAQ-359

Child Questionnaire

Section	Source
B21	NLSY97 YSAQ-360
B22	NLSY97 YSAQ-361
B23	Modified from NLSY97 YSAQ-362 (question modified)
B24	Modified from NLSY97 YSAQ-363 (question modified)
B25	Modified from NLSY97 YSAQ-365 (question modified)
B26	Modified from NLSY97 YSAQ-366 (question modified)
B27	Modified from NLSY97 YSAQ-367 (question modified)
B28	Modified from NLSY97 YSAQ-369 (question modified)
B29	NLSY97 YSAQ-370
B30	Modified from NLSY97 YSAQ-371 (question modified)
B31	Based on MTF 1991 (Part 1 - Core) B8-B15 (question modified)
B32	Based on MTF 1991 (Part 1 - Core) B8-B15 (question modified)
B33	Modified from NLSY97 YSAQ-375 (question modified)
B34	Modified from NLSY97 YSAQ-381 (question modified)
B35	Modified from NLSY97 YSAQ-382 (question modified)
B36	Modified from NLSY97 YSAQ-383 (question modified)
B37	Modified from NLSY97 YSAQ-384 (question modified)
B38	NLSY97 YSAQ-385
B39	NLSY97 YSAQ-387
B40	Modified from NSFH 1 M150 (question modified)
B41	Modified from NSFH 1 M150 (question modified)
B42	NLSY97 YSAQ-299
B43	NLSY97 YSAQ-303
B44	Modified from NLSY97 YSAQ-306 (question modified)
B45	Modified from NLSY-YAS 1994, Q70
B46	Modified from NLSY-YAS 1994, Q70
B47	Modified from NLSY97 YSAQ-312 (question modified)
B49	Modified from NLSY97 YSAQ-311 (question modified)
B50	Original Question
B51	Modified from NLSY97 YSAQ-312 (question modified)

Child Questionnaire

Section	Source
B52	Modified from NLSY97 YSAQ-314 (question modified)
B53	Modified from NLSY97 YSAQ-322 (question modified)
B54	Modified from NLSY97 YSAQ-324 (question modified); NSFH 1 M214
B56	Original Question
B57	Original Question
B58	Original Question
B60a	Original Question
B60e	Original Question
B61	Original Question
B62	Original Question
B63	Original Question
B65a	Original Question
B65b	Original Question
B65e	Original Question
B67a	Modified from NLSY97 YSAQ-018 (answers modified)
B67b	Modified from NLSY97 YSAQ-019 (answers modified)
B67c	Modified from NLSY97 YSAQ-020 (answers modified)
B68a	Modified from NLSY97 YSAQ-022 (question and answers modified)
B68b	Modified from NLSY97 YSAQ-023 (question and answers modified)
B68c	Modified from NLSY97 YSAQ-024 (question and answers modified)
B68d	Modified from NLSY97 YSAQ-029 (question and answers modified)
B69	Based on NLSY97 YSAQ-027 (question and answers modified)
B71a	Modified from NLSY97 YSAQ-039 (answers modified)
B71b	Modified from NLSY97 YSAQ-040 (answers modified)
B71c	Modified from NLSY97 YSAQ-041 (answers modified)
B72a	Modified from NLSY97 YSAQ-043 (question and answers modified)
B72b	Modified from NLSY97 YSAQ-044 (question and answers modified)
B72c	Modified from NLSY97 YSAQ-045 (question and answers modified)
B72d	Modified from NLSY97 YSAQ-050 (question and answers modified)
B73	Based on NLSY97 YSAQ-048 (question and answers modified)

Child Questionnaire

Section	Source
B74a	Modified from PSID-CS (PCG/HH) A42 (question and answers modified)
B74b	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707C
B74c	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707D
B74d	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707B
B74e	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707C
B74f	Modified from PSID-CS (PCG/HH) A42 (question and answers modified); Modified from NSFH 1 E707D
B75a	Modified from NYS 1987 Y7-1117 (Q369) (question and answer modified)
B75b	Based on NYS 1987 Y7-458 Q227A (question modified)
B75c	Based on NYS 1987 Y7-478 Q237A (question modified)
B75d	Based on NYS 1987 Y7-478 Q237A (question modified)
B77	Based on NYS 1983 Q368 and Q368a (question and answers modified); Modified from NYS 1987 Y7-1391 (Q447) (question and answers modified)
B78	Modified from NLSY97 YSAQ-439 (question modified)
B79	NLSY97 YSAQ-440
B80a	Modified NLSY97 YSAQ-468 (question modified)
B80b	Modified NLSY97 YSAQ-468 (question modified)
B80c	Modified NLSY97 YSAQ-468 (question modified)
B81a	Modified NLSY97 YSAQ-494 (question modified)
B81b	Modified NLSY97 YSAQ-494 (question modified)
B81c	Modified NLSY97 YSAQ-494 (question modified)
B81d	Modified NLSY97 YSAQ-494 (question modified)
B81e	Modified NLSY97 YSAQ-494 (question modified)
B81f	Modified NLSY97 YSAQ-494 (question modified)
B82	Original Question
B83	Original Question
B85	Original Question
B86	Original Question
B87	Modified from NLSY97 YHEA-2200 (question modified)
B88	Modified from NLSY97 YHEA-2000 (question modified)
B89	Modified from YRBS 1999 Q65 (question modified)

Child Questionnaire

Section		Source
B90		Original Question
B91		Modified from NLSY97 YEMP-80400 (question modified)
B92		Modified from NLSY97 YEMP-82200 (question modified)
B93		Modified from NLSY97 YEMP-21600 (question modified)
B95		Original Question
B96		Modified from NLSY97 YEMP-80400 (question modified)
B97		Modified from NLSY97 YEMP-82200 (question modified)
B98		Modified from NLSY97 YEMP-21600 (question modified)
B99		Modified from NLSY97 YEMP-80400 (question modified)
B100		Modified from NLSY97 YEMP-80400 (question modified)
B101		Modified from NLSY97 YEMP-82200 (question modified)
B102		Modified from NLSY97 YEMP-21600 (question modified)
B103		Based on 2000 Census (question and answers modified)
B105		Based on 2000 Census (question and answers modified)

PCG Questionnaire

Section	Source
Section A CIDI Depression	
Modified from the Standard CIDI Measure from Kessler and Mroczek (DSM-IV) Short-form 3/20/97 and version modified for Fragile Families Inventory	
Section B Pearlin Self-Efficacy Scale	
From PSID-CS	
Section C Family Dynamics	
C1a	Based on Iowa Child Impact Study
C1b	Based on Iowa Child Impact Study
C1c	Based on Iowa Child Impact Study
C1d	Based on Iowa Child Impact Study
C2	Original Question
C3a	Modified from PSID-CS (PCG/HH) A29a (answers modified)
C3b	Modified from PSID-CS (PCG/HH) A29b (answers modified)
C3c	Modified from PSID-CS (PCG/HH) A29c (answers modified)
C3d	Modified from PSID-CS (PCG/HH) A29d (answers modified)
C4	Based on NLSY-CS and PSID-CS
C5	PSID-CS (PCG/HH) A27 [Part of HOME scale]
C6	PSID-CS (PCH/HH) A28 [Part of HOME scale]
C7	Modified from PSID-CS (PCG/Child) B16 (question and answers modified)
C8	Based on PSID-CS and NLSY-CS [Part of HOME Scale]
C9	Original Question
C10	Original Question
C11	Modified from NLSY97 YSAQ-371 (question modified)
C12	Based on MTF 1991 (Part 1 - Core) B8-B15 (question modified)
C13	Original Question
Section D Social Support	
D1	Original question

PCG Questionnaire

Section		Source
D2		Original question, Answers based on NSFH E215A
D3		Modified from 1988 NSFH E215A (question and answers modified) and 1997 PSID-CS (PCH/HH) A19a (question and answers modified)
D4		Modified from 1988 NSFH E215B (question and answers modified) and 1997 PSID-CS (PCG/HH) A19b (question and answers modified)
Section E Relationship with Spouse or Partner		
E2a		Fragile Familes (Yr.1-Mom v.30) B.7.a
E2b		Fragile Familes (Yr.1-Mom v.30) B.7.b
E2c		Fragile Familes (Yr.1-Mom v.30) B.7.c
E2d		Fragile Familes (Yr.1-Mom v.30) B.7.d
E2e		Fragile Familes (Yr.1-Mom v.30) B.7.e
E2f		Fragile Familes (Yr.1-Mom v.30) B.7.f
E2g		Fragile Familes (Yr.1-Mom v.30) B.7.g
E2h		Fragile Familes (Yr.1-Mom v.30) B.7.h
E2i		Fragile Familes (Yr.1-Mom v.30) B.7.i
E2j		Fragile Familes (Yr.1-Mom v.30) B.7.I
E3		Fragile Familes (Yr.1-Mom v.30) B.8

Household Questionnaire

Section	Source
Section A Family Income and Assets	
A1	Modified from NLSY97 Parent Qx [P5-010] (question modified)
A2	Modified from NLSY97 Parent Qx [P5-016] (question modified)
A4	Modified from NLSY97 Parent Qx [P5-022] (question modified)
A5	Modified from NLSY97 Parent Qx [P5-028] (question modified)
A11	Based on NLSY97 Parent Qx [P5-010] and P5-022] (question modified)
A12	Original Question
A13	Modified from NLSY97 Parent Qx [P5-077] (question modified)
A15a	Modified from NLSY97 Parent Qx [P5-048 to P5-067] (question modified)
A16	Original Question
A17	Modified from NLSY97 Parent Qx [P5-049], [P5-053], [P5-056], [P5-065], and [P5-067] (question modified)
A18	Modified from NLSY97 Parent Qx [P5-101] (question and answers modified)
A19	Original Question
A20	Original Question
A21	Original Question
A22	Modified from NLSY97 Parent Qx [P5-114] (question and answer modified)
A23	Modified from NLSY97 Parent Qx [P5-115] (question modified)
A24	Original Question
A25	Modified from NLSY97 Parent Qx [P5-113] (question and answers modified)
A26	Original Question
A27	Original Question
A28	Original Question
A29	Based on AHS
A30	Based on AHS
A31	Based on AHS
A32	Original Question
A33	Based on HRS Wave 3 Assets questions

Household Questionnaire

Section		Source
A34		Based on HRS Wave 3 Assets questions
A35		Based on HRS Wave 3 Assets questions
A36		Based on HRS Wave 3 Assets questions
A37		Based on HRS Wave 3 Assets questions
A38		Based on HRS Wave 3 Assets questions
A39		Based on HRS Wave 3 Assets questions
A40		Based on HRS Wave 3 Assets questions
A41		Based on HRS Wave 3 Assets questions
A42		Based on HRS Wave 3 Assets questions
A43		Based on HRS Wave 3 Assets questions
A44		Based on HRS Wave 3 Assets questions
A45		Based on HRS Wave 3 Assets questions
A46		Based on HRS Wave 3 Assets questions
A47		Based on HRS Wave 3 Assets questions
A48		Based on HRS Wave 3 Assets questions
A49		Based on HRS Wave 3 Assets questions
A50		Based on HRS Wave 3 Assets questions
A51		Based on HRS Wave 3 Assets questions
A52		Based on HRS Wave 3 Assets questions
A53		Based on HRS Wave 3 Assets questions
A54		Based on HRS Wave 3 Assets questions
A55		Based on HRS Wave 3 Assets questions
A56		Based on HRS Wave 3 Assets questions
A57		Based on HRS Wave 3 Assets questions
A58		Based on HRS Wave 3 Assets questions
A59		Based on HRS Wave 3 Assets questions
A60		Based on HRS Wave 3 Assets questions
A61		Based on HRS Wave 3 Assets questions
A62		Based on HRS Wave 3 Assets questions

Household Questionnaire

Section	Source
A63	Based on HRS Wave 3 Assets questions
A64	Based on HRS Wave 3 Assets questions
A65	Based on HRS Wave 3 Assets questions
A66	Based on HRS Wave 3 Assets questions
A67	Based on HRS Wave 3 Assets questions
A68	Based on HRS Wave 3 Assets questions
A69	Based on HRS Wave 3 Assets questions
A70	Based on HRS Wave 3 Assets questions
A71	Based on HRS Wave 3 Assets questions
A72	Based on HRS Wave 3 Assets questions
A73	Based on HRS Wave 3 Assets questions
A74	Based on HRS Wave 3 Assets questions
A75	Based on HRS Wave 3 Assets questions
A76	Based on HRS Wave 3 Assets questions
A77	Based on HRS Wave 3 Assets questions
A78	Based on HRS Wave 3 Assets questions
A79	Based on HRS Wave 3 Assets questions
A80	Based on HRS Wave 3 Assets questions
A81	Based on HRS Wave 3 Assets questions
A82	Based on HRS Wave 3 Assets questions
A83	Based on HRS Wave 3 Assets questions
A84	Based on HRS Wave 3 Assets questions
A85	Based on HRS Wave 3 Assets questions
A87	Based on HRS Wave 3 Assets questions
A88	Based on HRS Wave 3 Assets questions
A89	Based on HRS Wave 3 Assets questions
A90	Based on HRS Wave 3 Assets questions
A91	Based on HRS Wave 3 Assets questions
A92	Based on HRS Wave 3 Assets questions

Household Questionnaire

Section			Source
A93			Based on HRS Wave 3 Assets questions
A94			Based on HRS Wave 3 Assets questions
A95			Based on HRS Wave 3 Assets questions
A96			Based on HRS Wave 3 Assets questions
A97			Based on HRS Wave 3 Assets questions
A98			Based on HRS Wave 3 Assets questions