



Child-Development Supplement

PRIMARY CAREGIVER OF TARGET CHILD

HOUSEHOLD QUESTIONNAIRE

for

**THE CHILD DEVELOPMENT SUPPLEMENT
TO
THE FAMILY ECONOMICS STUDY**

PRIMARY CAREGIVER OF TARGET CHILD

HOUSEHOLD QUESTIONNAIRE

Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!

Note: At times the questions will ask about “your spouse, your partner, or the other caregiver.” This refers to the person who was given the GREEN booklets to fill out.

A1. First, how long have you lived in your current neighborhood? **(Circle one number)**

1. Less than one year
2. 1 year to less than 3 years
3. 3 to less than 5 years
4. 5 years or more

A2. How would you rate your neighborhood as a place to raise children?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

A3. What do you consider to be your neighborhood?

1. The block or street you live on
2. This block or street and 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

A4. About how many families are in your neighborhood?

_____ **(Number of families)**

A5. Thinking about this area as your neighborhood, we are interested in knowing about the characteristics of the people in this area.

- a. Not counting family members who live with you, how many family members live in your neighborhood?

_____ (Number of family members)

- b. How many good friends do you have that live in your neighborhood?

_____ (Number of good friends)

- c. How many of the adults living in your neighborhood do you talk with regularly?

_____ (Number of adults)

- d. How many children or teenagers living in your neighborhood do you know by name?

_____ (Number of children or teenagers)

A6. Still thinking about your neighborhood...

	Almost none ▼	Less than half ▼	About half ▼	More than half ▼	Almost all ▼
a. What proportion of the people own their own house or apartment?	1	2	3	4	5
b. What proportion are Hispanic/Latino? . .	1	2	3	4	5
c. What proportion are Asian?	1	2	3	4	5
d. What proportion are White?	1	2	3	4	5
e. What proportion are African-American?	1	2	3	4	5

A7. How difficult is it for you to tell a stranger in your neighborhood from someone who is a resident?

1. Very Difficult
2. Somewhat Difficult
3. Not at all Difficult

A8. Please indicate which of the following activities you or your (spouse/partner/other caregiver) have participated in within the past month.

	YOU PARTICIPATED ?		SPOUSE PARTNER or CAREGIVER PARTICIPATED ?	
	Yes ▼	No ▼	Yes ▼	No ▼
a. Neighborhood meeting	1	5	1	5
b. Church (or other religious) club or activity (not religious service)	1	5	1	5
c. Parenting classes or parent support groups .	1	5	1	5
d. Athletic team	1	5	1	5
e. Library story hour	1	5	1	5
f. Visiting a friend's or neighbor's house	1	5	1	5
g. Going to an institution like a YMCA	1	5	1	5
h. Scouting (e.g., Boy Scouts, Girl Scouts) . . .	1	5	1	5
i. Neighborhood watch	1	5	1	5

A9. How often do you usually attend religious services?

1. Several times a week
2. Once a week
3. A few times a month
4. Once a month
5. Less than once a month
6. Never

A10. Apart from attending religious services, how important would you say religion is to you?

1. Very important
2. Somewhat important
3. Not important

A11. How likely is it that a neighbor would do something if . . .

	Very Likely ▼	Likely ▼	Unlikely ▼	Very Unlikely ▼
a. Someone was breaking into your home in plain sight?	1	2	3	4
b. Someone was trying to sell drugs to your children in plain sight?	1	2	3	4
c. There was a fight in front of your house and someone was being beaten?	1	2	3	4
d. Your kids were getting into trouble?	1	2	3	4
e. A child was showing disrespect to an adult?	1	2	3	4
f. A child was playing with matches?	1	2	3	4
g. A child was painting or writing on a car or building?	1	2	3	4
h. A child was taking something out of a neighbor's apartment, house, garage, car or yard?	1	2	3	4

A12. How safe is it to walk around alone in your neighborhood after dark? Is it . . .

1. Completely safe
2. Fairly safe
3. Somewhat dangerous
4. Extremely dangerous

A13. Please answer the following questions on the security of your home.

		Yes ▼	No ▼
a.	Do you have a functioning security system for your home?	1	5
b.	Do you have bars on the windows and doors of your home?	1	5
c.	Do you leave your doors unlocked when you are at home?	1	5
d.	Do you leave your car doors unlocked when you are at home?	1	5

A14. Please select the number that indicates your level of agreement with the following statements.

		Strongly Agree ▼	Agree ▼	Disagree ▼	Strongly Disagree ▼
a.	I feel that I'm a person of worth, at least on an equal basis with others	1	2	3	4
b.	I feel that I have a number of good qualities	1	2	3	4
c.	All in all, I am inclined to feel that I am a failure	1	2	3	4
d.	I am able to do things as well as most other people	1	2	3	4
e.	I feel I do not have much to be proud of . .	1	2	3	4
f.	I take a positive attitude toward myself . . .	1	2	3	4
g.	On the whole, I am satisfied with myself . .	1	2	3	4
h.	I wish I could have more respect for myself	1	2	3	4
i.	I certainly feel useless at times	1	2	3	4
j.	At times I think I am no good at all	1	2	3	4

We are interested in the help and support that you receive from or give to other people **who are not living with you in this household.**

A15. In the past month, have you **received** any help with things like child care, transportation, repairs to your home or car, or other kinds of work around the house?

1. Yes
5. No → **GO TO A16**

A15a. Who gave you this help? (**Please circle up to 5 relationships. If more than 5 people helped you, choose the five that helped most often.**)

1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other (**Specify**): _____

A16. Have you **provided** any help with child care, transportation, repair to home or car, or other kinds of work around the house to anyone in the past month?

1. Yes
5. No → **GO TO A17**

A16a. Who did you help this way? **(Please circle up to 5 relationships. If you helped more than 5 people, choose the five that you helped most often.)**

1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other **(Specify)**: _____

A17. In the past month, have you **received** any moral or emotional support such as advice or encouragement from friends or relatives?

1. Yes
5. No → **GO TO A18**

A17a. Who gave you this support? **(Please circle up to 5 relationships. If more than 5 people helped you, choose the five that helped most often.)**

1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other **(Specify)**: _____

A18. In the past month, have you **provided** moral or emotional support such as advice or encouragement to friends or relatives?

1. Yes
5. No → **GO TO A19**

A18a. Who did you support in this way? (**Please circle up to 5 relationships. If you supported more than 5 people in this way, choose the five that you helped most often.**)

1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other (**Specify**): _____

A19. Who is the one person **not living here** that you would ask for help with the following:

A19a. Suppose that you had an emergency in the middle of the night and needed help. Who would you call? (**Please circle one number**)

0. No one
1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other (**Specify**): _____

A19b. What if you had to borrow some money for a few weeks because of an emergency? Who would you ask? **(Please circle one number)**

0. No one
1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other **(Specify)**: _____

A19c. Suppose you had a problem, and you were feeling depressed or confused about what to do. Who would you ask for help or advice? **(Please circle one number)**

0. No one
1. Former spouse or partner
2. Own mother, father
3. Mother-in-law, father-in-law
4. Own grandmother, grandfather
5. Spouse's grandmother, grandfather
6. Sister, brother
7. Aunt, uncle, cousin
8. Child's other parent
9. Friend
10. Counselor, minister, other clergy
11. Members of church or other organization
12. Co-workers
13. Grown child
97. Other **(Specify)**: _____

A20. Please select the number that indicates your level of agreement with the following statements.

	Strongly Agree ▼	Agree ▼	Disagree ▼	Strongly Disagree ▼
a. There is really no way I can solve some of the problems I have	1	2	3	4
b. Sometimes I feel that I'm being pushed around in life	1	2	3	4
c. I have little control over the things that happen to me	1	2	3	4
d. I can do just about anything I really set my mind to	1	2	3	4
e. I often feel helpless in dealing with the problems of life	1	2	3	4
f. What happens to me in the future mostly depends on me	1	2	3	4
g. There is little I can do to change many of the important things in my life	1	2	3	4

A21. For the next questions, please answer who **usually** does each activity. Is it usually you; usually another member of your household, is the activity shared among household members, or is the activity usually done by someone else (not a member of the household)?

	You ▼	Other Household Member ▼	Shared ▼	Someone Else ▼
a. Preparing meals	1	2	3	4
b. Washing dishes and cleaning up after meals	1	2	3	4
c. Cleaning house	1	2	3	4
d. Outdoor and other household maintenance tasks	1	2	3	4
e. Shopping for groceries	1	2	3	4
f. Washing, ironing, mending	1	2	3	4
g. Paying bills and keeping financial records . .	1	2	3	4
h. Automobile maintenance and repair	1	2	3	4
i. Bathing children, changing diapers	1	2	3	4
j. Disciplining children	1	2	3	4
k. Choosing children's activities	1	2	3	4
l. Buying children's clothes	1	2	3	4
m. Driving children to activities	1	2	3	4
n. Selecting a pediatrician and making appointments	1	2	3	4
o. Selecting a child care program, preschool, or school	1	2	3	4
p. Playing with children	1	2	3	4

- A22. If you had to choose, which thing on this list would you pick as the most important for a child to learn, to prepare him or her for life? Please enter the letter on the line below.

Which is **most important**? _____ (Enter letter from list, below)

- A. To obey
- B. To be well-liked or popular
- C. To think for himself or herself
- D. To work hard
- E. To help others when they need help

Which is second in importance? _____ (Enter letter from list, above)

Which comes third? _____ (Enter letter from list, above)

Which comes fourth? _____ (Enter letter from list, above)

- A23. How important is it for children to learn to tolerate differences?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all

- A24. Some families have many rules and other families don't have very many rules. Which kind of family do you have, one with lots of rules, or not very many rules?

- 1. Lots of rules
- 2. Not very many rules

- A25. Are your rules strictly enforced, or not very strictly enforced?

- 1. Strictly enforced
- 2. Not very strictly enforced

A26. Do you have a working TV in your home?

1. Yes
5. No → **GO TO A27**

A26a. About how many hours is the TV on in your home each day?

_____ (**Hours per day**)

A27. About how many magazines does your family get regularly?

_____ (**Number of magazines**)

A28. Does your family get a daily newspaper?

1. Yes
5. No

A29. Listed below are statements about raising children. Thinking about your child(ren), please indicate on a scale from 1 (not at all true) to 5 (completely true) the number that best describes how true each statement is.

	Not at all True ▼				Completely True ▼
a. Being a parent is harder than I thought it would be	1	2	3	4	5
b. I feel trapped by my responsibilities as a parent	1	2	3	4	5
c. I find that taking care of my child(ren) is much more work than pleasure	1	2	3	4	5
d. I often feel tired, worn out, or exhausted from raising a family	1	2	3	4	5

A30. Are all of the children in this household under 3 years old?

1. Yes → **GO TO A32**
5. No

A31. For the next questions, please indicate how often you do the following.

	Very Often ▼	Often ▼	Sometimes ▼	Seldom ▼	Never ▼
a. Set limits on how much time your child(ren) can watch TV in a day? .	1	2	3	4	5
b. Set limits on what TV programs your child(ren) watch(es)?	1	2	3	4	5
c. Permit TV watching during the evening meal?	1	2	3	4	5
d. Set limits on how late your child(ren) can stay up at night? . . .	1	2	3	4	5
e. Set limits on how much candy, sweets or other snacks your child(ren) (has/have)?	1	2	3	4	5
f. Try to control which child(ren) your child(ren) spend(s) time with?	1	2	3	4	5
g. Try to control how your child(ren) spend(s) time after school or daycare?	1	2	3	4	5
h. Set a time when your child(ren) (do/does) homework?	1	2	3	4	5
i. Discuss these rules with your child(ren)?	1	2	3	4	5

A32. Next are some statements about your beliefs about children and school. Please circle the number that best describes your feelings.

	Strongly Agree ▼	Agree ▼	Neither Agree Nor Disagree ▼	Disagree ▼	Strongly Disagree ▼
a. Since most parents lack special training in education, they should not question the teacher's teaching methods . .	1	2	3	4	5
b. Children should be treated the same regardless of differences among them	1	2	3	4	5
c. Children should always obey the teacher	1	2	3	4	5
d. Children should be treated as friends by adults	1	2	3	4	5

A33. How important is each of the following for a child to be successful in school?

	Very Important ▼	Somewhat Important ▼	Not Very Important ▼	Not at all Important ▼
a. Natural ability	1	2	3	4
b. Hard work	1	2	3	4
c. Being well-liked by others	1	2	3	4

A34. Sometimes parents do certain things to make life better for their children. Have you ever done any of the following **primarily** because you wanted to make life better for your child(ren)?

	Yes ▼	No ▼
a. Have you ever moved to a different neighborhood?	1	5
b. Have you ever increased your work hours, or taken a second job?	1	5
c. Have you ever reduced your work hours, or refused extra work?	1	5

A35. Would you say that your biological or adoptive father or father-figure was very involved, somewhat involved, not very involved, or not at all involved in raising you?

1. Very involved
2. Somewhat involved
3. Not very involved
4. Not at all involved

A36. To what extent do you use the way your father or father-figure raised you as a model for raising your own children?

1. Very much
2. Somewhat
3. Not very much
4. Not at all

A37. Please circle the number that indicates your level of agreement with the following statements.

	Strongly Agree ▼	Agree ▼	Disagree ▼	Strongly Disagree ▼
a. Most of the important decisions in the life of the family should be made by the man of the house	1	2	3	4
b. If a husband and a wife both work full-time, they should share household tasks equally	1	2	3	4
c. Women are much happier if they stay at home and take care of their children	1	2	3	4
d. There is some work that is men's and some that is women's and they should not be doing each other's	1	2	3	4
e. It is much better for everyone if the man earns the main living and the woman takes care of the home and family	1	2	3	4
f. It is more important for a wife to help her husband's career than to have one herself	1	2	3	4
g. It is usually a good idea for a couple to live together before getting married in order to find out whether they really get along	1	2	3	4
h. It's better for a person to get married than to go through life single	1	2	3	4
i. One sees so few good or happy marriages that one questions marriage as a way of life	1	2	3	4
j. Personal happiness is the primary goal in marriage	1	2	3	4
k. All in all, there are more advantages to being single than to being married	1	2	3	4
l. An employed mother can establish as warm and secure a relationship with her children as a mother who is not employed	1	2	3	4
m. Parents should encourage just as much independence in their daughters as in their sons	1	2	3	4
n. Preschool children are likely to suffer if their mother is employed	1	2	3	4
o. All in all, the benefits of being a parent just aren't worth the costs	1	2	3	4

		Strongly Agree ▼	Agree ▼	Disagree ▼	Strongly Disagree ▼
p.	Being a father and raising children is one of the most fulfilling experiences a man can have	1	2	3	4
q.	Mothers should not work full time if their child is younger than 5 years old	1	2	3	4
r.	It is fine for children under 3 years of age to be cared for all day in a daycare center or daycare home	1	2	3	4
s.	If children are seriously misbehaving it is best to spank them	1	2	3	4
t.	Being a mother and raising children is one of the most fulfilling experiences a woman can have	1	2	3	4
u.	Marriage is a lifetime relationship and should never be ended except under extreme circumstances	1	2	3	4
v.	It is essential for the child's well being that fathers spend time interacting and playing with their children	1	2	3	4
w.	It is difficult for men to express tender and affectionate feelings toward children	1	2	3	4
x.	A father should be as heavily involved in the care of his child as the mother	1	2	3	4
y.	Fathers play a central role in the child's personality development	1	2	3	4
z.	Fathers are able to enjoy children more when the children are older	1	2	3	4
aa.	The way a parent treats a child in the first four years has important life-long effects	1	2	3	4
bb.	If it keeps him from getting ahead in his job, a father is being too involved with his children	1	2	3	4
cc.	In general, fathers and mothers are equally good at meeting their children's needs	1	2	3	4

A38. **During the past 30 days, how often did you...**

	All of the Time ▼	Most of the Time ▼	Some of the Time ▼	A Little of the Time ▼	None of the Time ▼
a. Feel tired out for no good reason?	1	2	3	4	5
b. Feel nervous?	1	2	3	4	5
c. Feel so nervous that nothing could calm you down?	1	2	3	4	5
d. Feel hopeless?	1	2	3	4	5
e. Feel restless or fidgety?	1	2	3	4	5
f. Feel so restless you could not sit still?	1	2	3	4	5
g. Feel depressed?	1	2	3	4	5
h. Feel that everything was an effort?	1	2	3	4	5
i. Feel so sad nothing could cheer you up?	1	2	3	4	5
j. Feel worthless?	1	2	3	4	5

A39. Remember that when we mention “your spouse, your partner, or the other caregiver” we are referring to the person, if any, who was given the **gold** booklets to fill out. Are you currently . . .

1. Not living with a spouse, partner, or other caregiver? → **Go To A42 on Page 21**
2. Living with a spouse, partner or other caregiver?



CONTINUE TO A40 on Next Page

A40. In most families there are disagreements or arguments. How often do you and your (spouse/partner/other caregiver) disagree about:

	Often ▼	Sometimes ▼	Hardly Ever ▼	Never ▼
a. (His/Her) completion of household chores/duties?	1	2	3	4
b. How your children are raised?	1	2	3	4
c. Disciplining children?	1	2	3	4
d. How you spend money on children? ...	1	2	3	4
e. How (he/she) spends money on children?	1	2	3	4
f. The amount of time (he/she) spends with children?	1	2	3	4
g. The friends your (spouse/partner/other caregiver) spends time with?	1	2	3	4
h. Your (spouse's/partner's/other caregiver's) use of alcohol or drugs? ...	1	2	3	4
i. Leisure time activities you do together?	1	2	3	4

A41. How much do you and your (spouse/partner/other caregiver) agree or disagree about:

	Completely Agree ▼	Agree ▼	Neither Agree or Disagree ▼	Disagree ▼	Completely Disagree ▼
a. Your job or career plans?	1	2	3	4	5
b. (Your spouse's/your partner's/the other caregiver's) job or career plans?	1	2	3	4	5
c. Raising your children? ..	1	2	3	4	5
d. Spending leisure time? .	1	2	3	4	5
e. What you will be doing 10 years from now?	1	2	3	4	5
f. Where you will be living 10 years from now? ...	1	2	3	4	5

A42. Next are some statements about how families get along and settle arguments. Please select the number that shows how much you agree or disagree with each statement.

	Completely Agree ▼	Agree ▼	Disagree ▼	Completely Disagree ▼
a. We fight a lot in our family	1	2	3	4
b. Family members hardly ever lose their tempers	1	2	3	4
c. Family members sometimes get so angry they throw things	1	2	3	4
d. Family members always calmly discuss problems	1	2	3	4
e. Family members often criticize each other	1	2	3	4
f. Family members sometimes hit each other	1	2	3	4

A43. Do you smoke currently?

1. Yes
5. No

A44. Do you drink alcoholic beverages?

- 1. Yes
- 5. No → **GO TO A48**

A45. Have you ever felt that you ought to cut down on your drinking?

- 1. Yes
- 5. No

A46. Have you ever felt bad or guilty about your drinking?

- 1. Yes
- 5. No

A47. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

- 1. Yes
- 5. No

A48. Does anyone else in your household drink alcoholic beverages?

- 1. Yes
- 5. No → **GO TO A50**

A49. Do you think that anyone in your household's consumption of alcohol has a negative effect on your child(ren)?

- 1. Yes
- 5. No

A50. Do you have health insurance . . . **(Please circle all that apply.)**

- 1. Through your (or your spouse's) current or former employer or union?
- 2. Through a private plan purchased directly from an insurance company or HMO?
- 3. Through Medicare or Medicaid?
- 4. Through another source? **(Specify):** _____
- 5. Not at all?

A51. What was the total amount you spent last year on medical care and insurance for your family?

\$ _____ (**Amount in dollars**)

A52. At the end of the month, do you end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

1. Some money left over
2. Just enough to make ends meet
3. Not enough to make ends meet

A53. In the last year, have you done any of the following or have any of the following happened as a result of economic problems? (**Circle all that apply**)

1. Sold possessions or cashed in life insurance
2. Postponed major purchases
3. Postponed medical care
4. Borrowed money from friends or relatives
5. Applied for government assistance
6. Filed for or taken bankruptcy
7. Fallen behind in paying bills
8. Obtained a loan to consolidate or pay off debts
9. Had a creditor call or come to see you to demand payment
10. Had your wages attached or garnisheed by a creditor
11. Had a lien filed against your property because you could not pay a bill
12. Had your home, car or other property repossessed
13. Moved to cheaper living quarters
14. Moved in with other people
15. Sent one or more of your children to live with someone else
16. None of the above

A54. Please think about your **regular** activities outside the home last week, Monday through Sunday. Using the list below, please circle the activities you were doing last week. **(Circle all that apply)**

1. Working
2. Going to school or college
3. In a training program
4. Not working, but looking for work
5. Doing volunteer work
6. Engaged in recreational activities
7. Other (Specify: _____)

☐ Check here if no regular activities outside the home and GO TO NEXT PAGE

Please select the first two activities that you circled above. Write these activities in the space provided in the order they appear in the list and then complete the information requested in the rest of the grid. (If you circled only one then enter only that activity in the grid below.) If you work on split shifts, please fill in the beginning and ending times of each shift.

Activity #	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.	How many minutes does it take to get to this activity?
ACTIVITY # _____								
Time Activity Began	____:____	____:____	____:____	____:____	____:____	____:____	____:____	_____ (min.)
Time Activity Ended	____:____	____:____	____:____	____:____	____:____	____:____	____:____	
IF 2ND SHIFT:								
Time Activity Began	____:____	____:____	____:____	____:____	____:____	____:____	____:____	_____ (min.)
Time Activity Ended	____:____	____:____	____:____	____:____	____:____	____:____	____:____	
ACTIVITY # _____.								
Time Activity Began	____:____	____:____	____:____	____:____	____:____	____:____	____:____	_____ (min.)
Time Activity Ended	____:____	____:____	____:____	____:____	____:____	____:____	____:____	
IF 2ND SHIFT:								
Time Activity Began	____:____	____:____	____:____	____:____	____:____	____:____	____:____	_____ (min.)
Time Activity Ended	____:____	____:____	____:____	____:____	____:____	____:____	____:____	

If there are any other comments you would like to make, please use the space below.

Thank you for completing this questionnaire. Your help is greatly appreciated.

Please give this questionnaire to your interviewer or place it in the self-stamped addressed envelope provided for you and mail to the address on the envelope.

Thank you again for your assistance in this important project!

F

Sample Label

Please return in the self-addressed, stamped envelope to:

University of Michigan
Institute for Social Research/Survey Research Center
P.167 (457563, 1997)
426 Thompson Street
Ann Arbor, MI 48106-1248
1-800-759-7947