

ICPSR 4075

**Early Childhood Longitudinal  
Study [United States]:  
Kindergarten Class of 1998-1999,  
Third Grade**

Third Grade Instruments

*United States Department of Education  
National Center for Education Statistics*

First ICPSR Version  
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**ICPSR**

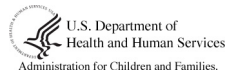
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*Research Connections* is a partnership among the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University; the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan; and the Child Care Bureau, at the Administration for Children and Families, U.S. Department of Health and Human Services.





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## **Bibliographic Description**

ICPSR Study No.: 4075

Title: Early Childhood Longitudinal Study [United States]: Kindergarten Class of 1998-1999, Third Grade

Principal Investigator(s): United States Department of Education. National Center for Education Statistics

Series: Early Childhood Longitudinal Study (ECLS) Series

Bibliographic Citation: U.S. Dept. of Education, National Center for Education Statistics. EARLY CHILDHOOD LONGITUDINAL STUDY [UNITED STATES]: KINDERGARTEN CLASS OF 1998-1999, THIRD GRADE [Computer file]. ICPSR version. Washington, DC: U.S. Dept of Education, Institute of Education Sciences [producer], 2004. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2004.

## **Scope of Study**

Summary: The Early Childhood Longitudinal Study, Kindergarten Class of 1998-1999 (ECLS-K) focuses on children's early school experiences beginning with kindergarten through fifth grade. It is a nationally representative sample that collects information from children, their families, their teachers, and their schools. ECLS-K provides data about the effects of a wide range of family, school, community, and individual variables on children's development, early learning, and early performance in school. This data collection contains the wave of data collected in the spring of third grade (2002). The third-grade data collection includes information about the diversity of the study children, the schools they attended, and their academic progress in the years following kindergarten. Other variables include child gender, child race, family background, childcare, childcare arrangements, food security, hours per week in child care, socioeconomic status, household income, highest level of education for parents and students, parents' employment status, teachers' evaluation practice, and usefulness of different activities in the classroom.

Subject Terms: birth, child care, child development, early childhood education, elementary education, family life, infants, kindergarten, mathematics, minority groups, preschool children, reading skills, school, school age children, school readiness

Geographic Coverage: United States

Time Period: Spring 2001-2002

Date of Collection: Spring 2002

Universe: Children and their families, teachers, and schools in the United States.

Data Type: survey data

Data Collection Notes: (1) Since the sample for the third-grade data is collected from all of the base-year respondents and children who were brought into the sample in the spring-first-grade wave, the documentation for the base-year and first-grade data are included as part of this collection. The data for the base year and first grade are available separately as EARLY CHILDHOOD LONGITUDINAL STUDY [UNITED STATES]: KINDERGARTEN CLASS OF 1998-1999 (ICPSR 3676). (2) The codebooks, data collection instruments, and user guide are provided by the data producer as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR Web site.

## Methodology

Sample: ECLS-K utilized a multistage probability sample design to select a nationally representative sample of children attending kindergarten in 1998-1999. The Third Grade sample consisted of all children who were base year respondents and children who were brought into the sample in spring-first-grade wave through the sample freshening procedure described in section 4.3 of the manual and their families, teachers, and schools. The first-grade data collection targeted base-year respondents, in which a case was considered responding if there was a completed child assessment or parent interview in fall- or spring-kindergarten. While all base-year respondents were eligible for the spring-first-grade data collection, the effort for fall-first-grade was limited to a 30-percent subsample. The spring student sample was freshened to include current first graders who had not been enrolled in kindergarten in 1998-1999 and, therefore, had no chance of being included in the ECLS-K base-year kindergarten sample. For both fall- and spring-first grade, only a subsample of students who had transferred from their kindergarten school was followed. The third-grade data collection targeted base-year respondents and children sampled in first grade through the freshening operation. As in the first-grade data collection, only a subsample of students who had transferred from their kindergarten school was followed. In third grade, however, the subsampling rate applied to transferred children was slightly higher: children whose home language was non-English (also known as children belonging to the language minority group) and who moved for the first time in third grade were followed at 100 percent. In other words, children belonging to the language minority group who did not move in first grade but moved in third grade were all followed into their new third grade schools. The Third Grade User Manual is



provided as part of the documentation for this collection.

**Data Source:** Computer-assisted telephone interviewing (CATI) for the parent interviews, computer-assisted personal interview (CAPI) and self-description questionnaires for child assessment, and self-administered questionnaires for the teachers and the school administrators

**Extent of Processing:** DDEF.PR/ CONCHK.PR/ UNDOCCHK.PR/ UNDOCCHK.ICPSR/ REFORM.DATA

## Access and Availability

**Extent of Collection:** 3 data files + machine-readable documentation (PDF) + SAS data definition statements + SPSS data definition statements + Stata data definition statements + data collection instruments (PDF)

**Data Format:** Logical Record Length with SAS, SPSS, and Stata data definition statements, SAS transport file, and SPSS portable file

## File Specifications

<i>Part No.</i>	<i>Part Name</i>	<i>File Structure</i>	<i>Case Count</i>	<i>Variable Count</i>	<i>LRECL</i>	<i>Records Per Case</i>
1	Third Grade Child Data	rectangular	15,305	3,225	5,798	2
2	Round 5 Base Weights and Adjustment Factors	rectangular	21,357	113	1,159	1
3	Cross-Round Weight Status	rectangular	22,978	16	37	1

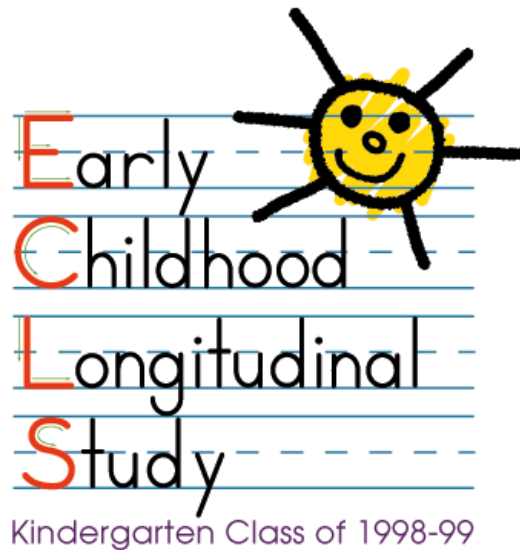


**PDF FILES CONTAINING  
THIRD GRADE INSTRUMENTS**



# SPRING 2002 TEACHER QUESTIONNAIRE

## PART A



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your class are participants in this study.

The Early Childhood Longitudinal Study Kindergarten Class of 1998 - 1999 (ECLS-K) is collecting information from teachers of children who are in the study to investigate the relationship between children's achievement and various school, teacher, and home factors. This questionnaire collects information about your classroom.

This questionnaire contains four sections:

- a) classroom and student characteristics,
- b) instructional activities, organization and curricular focus,
- c) student evaluation practices, and
- d) parent involvement.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided. Your best estimates are acceptable answers.

Thank you very much for your help.

## DEFINITIONS

Reference is made to children with limited English proficiency (LEP), as well as English-as-a-second-language (ESL) and bilingual education programs throughout the questionnaire. For this study, the following definitions apply:

- Children with limited English proficiency (LEP): Children whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency.
- Bilingual education program: A program in which native language is used to varying degrees in instructing children with limited English proficiency.
- Individualized education program (IEP): A written statement of the educational program designed to meet the individual needs of a child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act are expected to have an IEP.
- Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

## CLASSROOM AND STUDENT CHARACTERISTICS

1. In which grades are the children you currently teach at this school? CIRCLE ALL THAT APPLY. IF YOU TEACH AT MORE THAN ONE SCHOOL, REPORT ONLY FOR THE CLASS(ES) YOU TEACH AT THIS SCHOOL.

- a. Ungraded..... 1
- b. 1st..... 2
- c. 2nd..... 3
- d. 3rd ..... 4
- e. 4th..... 5
- f. 5th..... 6

2. Which category best describes the way **your** class(es) at this school (is/are) organized? CIRCLE ONE NUMBER.

- a. Self-contained class – You teach multiple subjects to the same class of children all or most of the day ..... 1
- b. Team teaching – You collaborate with one or more teachers in teaching multiple subjects to the same class of children .... 2
- c. Departmentalized Instruction – You teach subject matter courses (e.g., language arts, mathematics, science) to several classes of different children all or most of the day ..... 3 (SEE NOTE 1 BELOW)
- d. Elementary enrichment class – You teach only one subject (e.g., art, music, physical education, computer skills) in an elementary school ..... 4 (SEE NOTE 2 BELOW)

**Note 1: Parts of this questionnaire may not apply to you. The questionnaire was designed primarily with a self-contained class in mind.**

**For questions about the “children in your class,” please select one of your classes and respond regarding those children.**

**For questions about subjects that you do not teach, please mark them “Not Applicable.”**

**Note 2: You have probably received this questionnaire by mistake. Please call our Respondent Hotline at 1-800-750-6206.**

3. As of today's date, how many children in your class are at each of the following age levels? WRITE NUMBER ON LINE. ENTER "0" ON THE LINE IF THERE ARE NO CHILDREN IN A CATEGORY.

	Number of children
a. 7 years old or less .....	_____
b. 8 years old .....	_____
c. 9 years old .....	_____
d. 10 years old .....	_____
e. 11 years old or older.....	_____
<b>Total Class Enrollment</b> .....	_____

4. As of today's date, how many children in your class belong to each of the following racial-ethnic groups? WRITE NUMBER ON LINE. ENTER "0" ON THE LINE IF THERE ARE NO CHILDREN IN A CATEGORY.

	Number of children
a. Asian or Pacific Islander .....	_____
b. Hispanic, regardless of race.....	_____
c. Black, not of Hispanic origin .....	_____
d. White, not of Hispanic origin.....	_____
e. American Indian or Alaska Native .....	_____
f. Other (Please specify) _____	_____
<b>Total Class Enrollment</b> .....	_____

5. As of today's date, how many boys and girls are there in your class? WRITE NUMBER ON LINE.

	Number of children
a. Number of boys .....	_____
b. Number of girls .....	_____

6. How many children in your class are eligible for the following services? WRITE NUMBER ON LINE.

	Number of eligible children
a. Free school breakfast.....	_____
b. Reduced-price breakfast .....	_____
c. Free school lunch .....	_____
d. Reduced-price lunch .....	_____



7. How many children have enrolled in and left your classroom **since October 1st**? WRITE NUMBER ON LINE.

Number of  
children

- a. Number of new children who enrolled in your class..... \_\_\_\_
- b. Number of children who left your class ..... \_\_\_\_

8. How many of the children demonstrated the following reading skills when they started school this year? WRITE NUMBER ON LINE. IF STATEMENT DOES NOT APPLY TO ANY CHILDREN IN YOUR CLASS, ENTER "0" ON THAT LINE.

Number of  
children

- a. Read complete sentences..... \_\_\_\_
- b. Read easy chapter books..... \_\_\_\_
- c. Read full-length chapter books ..... \_\_\_\_

9. How many children in your class have the following characteristics? WRITE NUMBER ON LINE. IF STATEMENT DOES NOT APPLY TO ANY CHILDREN IN YOUR CLASS, ENTER "0" ON THAT LINE.

Number of  
children

- a. Are classified as Gifted and Talented ..... \_\_\_\_
- b. Are participating in a Gifted and Talented program ..... \_\_\_\_
- c. Are repeating this grade this year ..... \_\_\_\_
- d. Are below grade level in their reading skills..... \_\_\_\_
- e. Are below grade level in their math skills ..... \_\_\_\_
- f. Are above grade level in reading ..... \_\_\_\_
- g. Are above grade level in math ..... \_\_\_\_
- h. Are tardy, on an average day..... \_\_\_\_
- i. Are absent, on an average day ..... \_\_\_\_

10. At this point in the school year how would you rate the behavior in your class? CIRCLE ONE NUMBER.

- a. Group misbehaves very frequently and is almost always  
difficult to handle ..... 1
- b. Group misbehaves frequently and is often difficult to handle . 2
- c. Group misbehaves occasionally ..... 3
- d. Group behaves well..... 4
- e. Group behaves exceptionally well..... 5

11. How many children in your class have a **diagnosed** physical or psychological disability and need special services? WRITE NUMBER ON LINE. IF STATEMENT DOES NOT APPLY TO ANY CHILDREN IN YOUR CLASS, ENTER "0" ON THE LINE.

\_\_\_\_\_ IF "0," SKIP TO Q14.

12. How many of the children **diagnosed** with a physical or psychological disability have the following as their **primary** disability? WRITE NUMBER ON LINE. COUNT EACH CHILD ONLY ONCE. IF NO CHILDREN IN YOUR CLASS HAVE A PARTICULAR DISABILITY, ENTER "0" ON THAT LINE.

	Number of children
a. Communication, speech, language impairments .....	_____
b. Learning disabilities .....	_____
c. Serious emotional disturbances .....	_____
d. Mental retardation .....	_____
e. Developmental delay .....	_____
f. Vision impairments .....	_____
g. Hearing impairments .....	_____
h. Orthopedic impairments .....	_____
i. Other health impairments .....	_____
j. Multiple disabilities .....	_____
k. Autism .....	_____
l. Traumatic brain injuries .....	_____
m. Deaf-blindness .....	_____
n. Other (Please specify) _____	_____
_____	
o. Not classified .....	_____

13. For how many of the children **diagnosed** with a physical or psychological disability do the following apply? WRITE NUMBER ON LINE. IF STATEMENT DOES NOT APPLY TO ANY CHILDREN IN YOUR CLASS, ENTER "0" ON THAT LINE. SEE DEFINITIONS INSIDE COVER PAGE.

	Number of children
a. Are currently receiving special services or accommodations for their disabilities .....	_____
b. Have an Individualized Education Program (IEP) for children with disabilities .....	_____
c. Have a Section 504 Plan .....	_____
d. Need more help than they are currently receiving .....	_____

14. Do any of the children in your class speak a language other than English as their native, or first language? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2 (SKIP TO Q20)

15. Which languages other than English are spoken as their native language by the children in your class? CIRCLE ALL THAT APPLY.

- a. Spanish ..... 1  
b. An Asian language or languages (for example, Chinese, Hmong, Japanese) ..... 2  
c. Other language (Please specify) \_\_\_\_\_ 4

16. Do you have any children with limited English proficiency (LEP) in your class? (LEP children are children whose native language is other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2 (SKIP TO Q20)

17. How many children with limited English proficiency (LEP) do you have in your class? WRITE NUMBER ON LINE. IF STATEMENT DOES NOT APPLY TO ANY CHILDREN IN YOUR CLASS, ENTER "0" ON THE LINE.

Number of LEP children \_\_\_\_\_ IF "0," SKIP TO Q20.

18. How many of the LEP children in your class receive English as a second language (ESL) instruction in the following ways in your school? (ESL is an instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency.) WRITE NUMBER ON LINE. ENTER "0" IF NO CHILDREN FIT THE CATEGORY.

- |   | Number of<br>children |
|---|-----------------------|
| a. Receive no ESL instruction in the school.....  | _____                 |
| b. Receive ESL instruction within my class.....   | _____                 |
| c. Receive ESL instruction outside my class ..... | _____                 |

19. Which languages are spoken by you and any other teacher or aide to the LEP children in your class?  
CIRCLE ALL THAT APPLY.

- a. English..... 1
- b. Spanish ..... 2
- c. An Asian language or languages ..... 3
- d. Other language (Please specify)\_\_\_\_\_ 4

20. What languages are used for instruction in your class? CIRCLE ALL THAT APPLY.

- a. English..... 1
- b. Spanish ..... 2
- c. An Asian language or languages ..... 3
- d. Other language (Please specify)\_\_\_\_\_ 4

## INSTRUCTIONAL ACTIVITIES AND CURRICULAR FOCUS

21. How are the desks/tables organized in your classroom? CIRCLE ONE NUMBER.

- a. Desks/ tables are in rows facing the front of the classroom.... 1
- b. Desks/ tables are arranged in a circle/ semicircle..... 2
- c. Desks/ tables are arranged in small groups..... 3
- d. Classroom has no set arrangement. Desks/ tables are rearranged frequently for different activities..... 4

22. Does your classroom have the following resource areas for activities? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Reading area with books.....	1	2
b. Listening area .....	1	2
c. Writing area .....	1	2
d. Math area with manipulatives.....	1	2
e. Computer area .....	1	2
f. Science or nature area with science equipment (e.g., magnifying glass) .....	1	2
g. Dramatic play area .....	1	2
h. Art area.....	1	2

23. How many computers of the following types do you have in your classroom? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."

	<u>Number of computers</u>
a. How many computers (including laptops available on a daily basis) do you have in your classroom? .....	_____
b. How many of the computers in your classroom have access to the Internet? .....	_____
c. How many of the computers in your classroom are the children in your class allowed to use?.....	_____

24. In a typical day, how much time do the children spend in the following activities?  
CIRCLE ONE NUMBER ON EACH LINE. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	No Time	Half hour or less	About one hour	About two hours	Three hours or more
a. Teacher-directed whole class activities? .....	1	2	3	4	5
b. Teacher-directed small group activities? .....	1	2	3	4	5
c. Teacher-directed individual activities?.....	1	2	3	4	5
d. Child-selected activities?.....	1	2	3	4	5
e. Children working collaboratively in heterogeneous groups (not grouped by ability)?.....	1	2	3	4	5

25. To what extent do you integrate curriculum areas around common or unifying themes? (e.g., using math and science concepts in the same unit of study or using arts and social studies in the same unit of study)?  
CIRCLE ONE NUMBER.

- a. Never ..... 1  
b. Occasionally ..... 2  
c. Usually ..... 3  
d. All the time..... 4

26. **How often** and **how much time** do children in your class usually work on lessons or projects in the following general topic areas, whether as a whole class, in small groups, or in individualized arrangements? CIRCLE ONE NUMBER IN PART 1 OF EACH LINE. IF APPLICABLE, ALSO CIRCLE ONE NUMBER IN PART 2 OF EACH LINE.

	1. How Often					2. How Much Time			
	Never	Less than once a week	1-2 times a week	3-4 times a week	Daily	1-30 minutes a day	31-60 minutes a day	61-90 minutes a day	More than 90 minutes a day
a. Reading and language arts .....	1	2	3	4	5	1	2	3	4
b. Mathematics.....	1	2	3	4	5	1	2	3	4
c. Social studies.....	1	2	3	4	5	1	2	3	4
d. Science .....	1	2	3	4	5	1	2	3	4
e. Music.....	1	2	3	4	5	1	2	3	4
f. Art.....	1	2	3	4	5	1	2	3	4
g. Dance/creative movement .....	1	2	3	4	5	1	2	3	4
h. Theater / creative dramatics .....	1	2	3	4	5	1	2	3	4
i. Foreign language .....	1	2	3	4	5	1	2	3	4
j. English-as-a-second-language (ESL)...	1	2	3	4	5	1	2	3	4
k. Reference skills (e.g., searching for information in books, on the computer/ Internet).....	1	2	3	4	5	1	2	3	4

27. How often do you divide your class into instructional groups, based on achievement levels, for reading and math activities or lessons? CIRCLE ONE NUMBER ON EACH LINE.

	Never	Less than once a week	Once or twice a week	Three or four times a week	Daily
a. Reading .....	1	2	3	4	5
b. Math.....	1	2	3	4	5

28. On days when you use achievement grouping, how many groups do you have and how many minutes per day is your class usually divided into achievement groups for reading and math activities or lessons? WRITE NUMBERS ON LINES BELOW, AND CIRCLE ONE NUMBER ON EACH LINE. IF YOU DO NOT USE ACHIEVEMENT GROUPING IN THE SUBJECT LISTED, PLEASE WRITE "0" ON THE LINE AND SKIP TO THE NEXT SUBJECT.

	<b>Number of achievement groups</b>	<b>1-15 minutes/ day</b>	<b>16-30 minutes/ day</b>	<b>31-60 minutes/ day</b>	<b>More than 60 minutes/ day</b>
a. Reading .....	_____	1	2	3	4
b. Math .....	_____	1	2	3	4

29. How often do children in your class who need more help with reading receive the following kinds of services while at school? CIRCLE ONE NUMBER ON EACH LINE AND WRITE IN THE AVERAGE NUMBER OF MINUTES PER SESSION, NOT COUNTING TIME SPENT MOVING BETWEEN CLASS AND THE SERVICE.

	<b>Never</b>	<b>Less than once a week</b>	<b>Once or twice a week</b>	<b>Three or four times a week</b>	<b>Daily</b>	<b>Minutes per session</b>
a. Extra individual assistance from you .....	1	2	3	4	5	_____
b. Individual tutoring from an aide or volunteer.....	1	2	3	4	5	_____
c. Individual tutoring by a specialist.....	1	2	3	4	5	_____
d. Pull-out instruction in small groups.....	1	2	3	4	5	_____
e. Other (Please specify).....	1	2	3	4	5	_____
_____	1	2	3	4	5	_____

30. On a typical evening, about how much time do you expect children to spend on homework in each of the following areas? CIRCLE ONE NUMBER ON EACH LINE.

	<b>None</b>	<b>10 min.</b>	<b>20 min.</b>	<b>30 min.</b>	<b>More than 30 min.</b>
a. Reading and language arts .....	0	1	2	3	4
b. Math.....	0	1	2	3	4
c. Social studies .....	0	1	2	3	4
d. Science.....	0	1	2	3	4



31. How often do you do each of the following with children in this class? CIRCLE ONE NUMBER ON EACH LINE.

	Almost every day	Once or twice a week	Once or twice a month	Never or hardly ever
a. Have parents review or sign children's homework.....	1	2	3	4
b. Assign homework for children to do with parents .....	1	2	3	4

32. How many times **each week** do children in your class usually have physical education? CIRCLE ONE NUMBER.

- a. Never ..... 1 **(SKIP TO Q34)**  
b. Less than once a week..... 2  
c. Once or twice a week ..... 3  
d. Three or four times a week..... 4  
e. Daily ..... 5

33. How much time **each day** do children in your class usually spend when they participate in physical education? CIRCLE ONE NUMBER.

- a. Do not participate in physical education..... 1  
b. 1 to 15 minutes/day ..... 2  
c. 16 to 30 minutes/day ..... 3  
d. 31 to 60 minutes/day ..... 4  
e. More than 60 minutes/day..... 5

34. How many days a week do children have recess? WRITE NUMBER ON LINE.

\_\_\_\_ Days IF "0," SKIP TO Q36.

35. Between the starting bell and the dismissal bell, how many times a day do children have recess? CIRCLE ONE NUMBER.

- a. Once ..... 1  
b. Twice ..... 2  
c. Three or more times ..... 3

36. In a typical day, how much time does your class spend in the following activities? CIRCLE ONE NUMBER ON EACH LINE.

	None	1-15 minutes	16-30 minutes	31-45 minutes	Longer than 45 minutes
a. Lunch.....	0	1	2	3	4
b. Recess .....	0	1	2	3	4

IF YOU DO NOT HAVE ANY PAID AIDES ASSISTING YOU IN YOUR CLASS, CHECK THE BOX BELOW AND **SKIP TO Q41**.

☐

37. In a typical week, about how many total hours do your **paid** aide(s) typically spend in your classroom? WRITE NUMBER BELOW, TO THE NEAREST WHOLE HOUR. IF THERE ARE TWO OR MORE AIDES, PLEASE ADD UP THEIR WEEKLY HOURS.

\_\_\_\_\_ Total hours per week

38. In a typical week, how many **paid** aides usually assist in your class in the following ways? WRITE THE NUMBER OF PAID AIDE(S) IN THE APPROPRIATE BOXES BELOW. IF STATEMENT DOES NOT APPLY TO YOUR CLASS, ENTER "0" ON THAT LINE.

	Regular aides	Special Education aides	ESL or Bilingual Education aides
a. Working directly with children on instructional tasks .....	_____	_____	_____
b. Doing non-instructional work (e.g., photocopying, preparing materials, etc.) .....	_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE PAID AIDE **WHO SPENDS THE MOST TIME IN YOUR CLASS**.

39. How well does the aide speak English? CIRCLE ONE NUMBER.

- a. Not at all well ..... 1  
b. Not well ..... 2  
c. Well ..... 3  
d. Very well ..... 4

40. What is the **highest** level of education your aide has completed? CIRCLE ONE NUMBER.

- a. Less than high school ..... 1
- b. High school diploma or GED ..... 2
- c. Associate's degree ..... 3
- d. Bachelor's degree or above ..... 4
- e. Don't Know ..... 8

41. In a typical week, about how many total hours do volunteer(s) assist with your class? IF THERE ARE TWO OR MORE VOLUNTEERS PLEASE ADD UP THEIR WEEKLY HOURS. WRITE NUMBER ON LINE.

IF YOU HAVE NO VOLUNTEERS, CHECK HERE ☐ AND **SKIP TO Q43.**

\_\_\_\_\_ Total number of hours per week

42. How many hours a week do volunteers usually assist in your class in the following ways? WRITE THE TOTAL NUMBER OF HOURS ON THE LINES BELOW.

- a. Working directly with children on instructional tasks ..... \_\_\_\_\_  
hrs/week
- b. Doing non-instructional work (e.g., photocopying,  
preparing materials, etc.) ..... \_\_\_\_\_  
hrs/week

43. Which of the following statements is true about how well your school provides you with the instructional materials and other resources you need to teach your class? CIRCLE ONE NUMBER ON EACH LINE.

	I get all the resources I need	I get most of the resources I need	I get some of the resources I need	I don't get any of the resources I need	Not applicable
a. Reading and language arts .....	1	2	3	4	5
b. Mathematics.....	1	2	3	4	5
c. Science .....	1	2	3	4	5
d. Social studies.....	1	2	3	4	5

44. How often do your children use the following materials or resources in your class? CIRCLE ONE NUMBER ON EACH LINE.

	Not available	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Art materials .....	0	1	2	3	4	5	6
b. Musical instruments .....	0	1	2	3	4	5	6
c. Costumes for creative dramatics/ theater .....	0	1	2	3	4	5	6
d. Cooking or food related items.....	0	1	2	3	4	5	6
e. Books and other written materials in children's first language (for non- English speakers).....	0	1	2	3	4	5	6
f. VCR.....	0	1	2	3	4	5	6
g. TV for watching broadcast programs .....	0	1	2	3	4	5	6
h. Record, tape, or CD player .....	0	1	2	3	4	5	6
i. Science equipment (e.g., magnifying glass, scales, thermometers).....	0	1	2	3	4	5	6
j. Computer for access to the Internet.....	0	1	2	3	4	5	6
k. Computer for other uses.....	0	1	2	3	4	5	6
l. Children's newspapers and/or magazines .....	0	1	2	3	4	5	6
m. Reading kits .....	0	1	2	3	4	5	6
n. Computer software for reading instruction.....	0	1	2	3	4	5	6
o. A variety of books for reading (e.g., novels, collections of poetry, nonfiction).....	0	1	2	3	4	5	6
p. Reading materials drawn from other subject areas.....	0	1	2	3	4	5	6

45. How often do the children in your class do the following activities? CIRCLE ONE NUMBER ON EACH LINE.

	<b>No library or media center in this school</b>	<b>Once a month or less</b>	<b>Two or three times a month</b>	<b>Once or twice a week</b>	<b>Three or four times a week</b>	<b>Daily</b>
a. Go to the school library or media center .....	0	1	2	3	4	5
b. Borrow materials from the library or media center.....	0	1	2	3	4	5

LANGUAGE ARTS INSTRUCTIONAL INFORMATION

IF YOU DO NOT TEACH LANGUAGE ARTS, CHECK THIS BOX ☐ AND **SKIP TO Q53.**

46. What type of materials form the core of your reading program? CIRCLE ALL THAT APPLY.

- a. Primarily basal..... 1
- b. Primarily trade books..... 2
- c. Both basal and trade books..... 3
- d. Other materials, (Please specify) \_\_\_\_\_ 9

47. About what proportion of your reading instruction time is focused on having children read for the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	Almost all of the time	At least two-thirds of the time	At least one-third of the time	Little or no time
a. Reading for literary experience (e.g., stories, poetry, science fiction, folktales).....	1	2	3	4
b. Reading to gain information (e.g., science articles, historical sources, textbook chapters, essays) .....	1	2	3	4
c. Reading to perform a task (e.g., documents, forms, directions) .....	1	2	3	4

48. How often do children in your class engage in the following activities as part of reading? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Discuss new or difficult vocabulary .....	1	2	3	4
b. Read aloud .....	1	2	3	4
c. Talk with each other about what they have read .....	1	2	3	4
d. Write about something they have read .....	1	2	3	4
e. Work in a reading workbook or on a worksheet .....	1	2	3	4
f. Read silently .....	1	2	3	4
g. Read books they have chosen themselves .....	1	2	3	4
h. Do a group activity or project about what they have read .....	1	2	3	4
i. Discuss different interpretations of what they have read .....	1	2	3	4
j. Explain or support their understanding of what they have read .....	1	2	3	4
k. Take quizzes or tests .....	1	2	3	4
l. Watch movies, videos, filmstrips, television, or listen to tapes, compact discs, or records .....	1	2	3	4

49. About how much time do you spend each **week** with this class on instructing and helping children with their writing? CIRCLE ONE NUMBER.

- a. Less than 30 minutes ..... 1
- b. 30 to 44 minutes ..... 2
- c. 45 to 59 minutes ..... 3
- d. 60 to 90 minutes ..... 4
- e. More than 90 minutes ..... 5

50. About what proportion of your writing instruction time is focused on having children do the following types of writing? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost all of the time</b>	<b>At least two-thirds of the time</b>	<b>At least one-third of the time</b>	<b>Little or no time</b>
a. Narrative writing (e.g., stories, personal essays) .....	1	2	3	4
b. Informative writing (e.g., reports, summaries) .....	1	2	3	4
c. Persuasive writing (e.g., letters, reviews) .....	1	2	3	4

51. How often do you do each of the following with children in this class? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Do spelling, punctuation, or grammar exercises .....	1	2	3	4
b. Work on the writing process...	1	2	3	4
c. Write in a log or journal .....	1	2	3	4



52. How often children in your class engage in the following? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
a. Choose the topic that they will write about.....	1	2	3
b. Define their purpose and audience .....	1	2	3
c. Make a formal outline before they write .....	1	2	3
d. Write more than one draft of a paper .....	1	2	3
e. Use sources or resources other than their textbook.....	1	2	3
f. Talk to you about their writing while they are working on it .....	1	2	3
g. Discuss or comment on what other children wrote.....	1	2	3
h. Check for proper spelling, grammar, and punctuation themselves .....	1	2	3
i. Discuss their writing with members of their family	1	2	3
j. Contribute their writing to a collection of children's writing .....	1	2	3
k. Work on an assigned topic.....	1	2	3
l. Follow an assigned format .....	1	2	3

## MATHEMATICS INSTRUCTIONAL INFORMATION

IF YOU DO NOT TEACH MATHEMATICS, CHECK THIS BOX ☐ AND **SKIP TO Q55.**

53. How often do children in your class engage in the following? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Solve mathematics problems from their textbooks .....	1	2	3	4
b. Solve mathematics problems on worksheets .....	1	2	3	4
c. Solve mathematics problems in small groups or with a partner	1	2	3	4
d. Work with measuring instruments, e.g., rulers .....	1	2	3	4
e. Work with manipulatives, e.g., geometric shapes .....	1	2	3	4
f. Use a calculator .....	1	2	3	4
g. Take mathematics tests.....	1	2	3	4
h. Write a few sentences about how to solve a mathematics problem.....	1	2	3	4
i. Talk to the class about their mathematics work.....	1	2	3	4
j. Write reports or do mathematics projects.....	1	2	3	4
k. Discuss solutions to mathematics problems with other children.....	1	2	3	4
l. Work and discuss mathematics problems that reflect real-life situations.....	1	2	3	4
m. Use a computer for math .....	1	2	3	4

54. In this mathematics class how often do you address each of the following? CIRCLE ONE NUMBER ON EACH LINE.

	A lot	Some	A little	None
<b>TOPICS</b>				
a. Numbers and operations .....	1	2	3	4
b. Measurement.....	1	2	3	4
c. Geometry .....	1	2	3	4
d. Data analysis, statistics, and probability (informal introduction of concepts) .....	1	2	3	4
e. Algebra and functions (informal introduction of concepts) .....	1	2	3	4
<b>SKILLS</b>				
f. Learning mathematics facts and concepts .....	1	2	3	4
g. Learning skills and procedures needed to solve routine problems.....	1	2	3	4
h. Developing reasoning and analytical ability to solve unique problems.....	1	2	3	4
i. Learning how to communicate ideas in mathematics effectively .....	1	2	3	4
j. Recognizing the properties of shapes and relationships among shapes.....	1	2	3	4
k. Understanding place values with whole numbers .....	1	2	3	4
l. Reading, writing, and comparing fractions .....	1	2	3	4
m. Making reasonable estimates of quantities .....	1	2	3	4

## SCIENCE INSTRUCTIONAL INFORMATION

IF YOU DO NOT TEACH SCIENCE, CHECK THIS BOX ☐ AND **SKIP TO Q57.**

55. About how often do children in your class engage in the following? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Read a science textbook.....	1	2	3	4
b. Read a book or magazine about science ..	1	2	3	4
c. Discuss science in the news .....	1	2	3	4
d. Work with other children on a science activity or project .....	1	2	3	4
e. Give an oral science report .....	1	2	3	4
f. Prepare a written science report .....	1	2	3	4
g. Engage in hands-on activities or investigations in science .....	1	2	3	4
h. Talk about measurements and results from children's hands-on activities.....	1	2	3	4
i. Take a science test or quiz .....	1	2	3	4
j. Use library resources for science .....	1	2	3	4
k. Use computers for science .....	1	2	3	4

56. Think about your science instruction during the entire year. About how much emphasis did you give to each of the following objectives for your children? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Heavy emphasis</b>	<b>Moderate emphasis</b>	<b>Little or no emphasis</b>
a. Knowing science facts and terminology.....	1	2	3
b. Understanding key science concepts .....	1	2	3
c. Developing science problem-solving skills .....	1	2	3
d. Learning about the relevance of science to society and technology .....	1	2	3
e. Knowing how to communicate ideas in science effectively .....	1	2	3
f. Developing laboratory skills and techniques.....	1	2	3
g. Developing children's interest in science.....	1	2	3
h. Developing data analysis skills .....	1	2	3
i. Using technology as a scientific tool .....	1	2	3

## SOCIAL STUDIES INSTRUCTIONAL INFORMATION

IF YOU DO NOT TEACH SOCIAL STUDIES, CHECK THIS BOX ☐ AND GO TO Q58.

57. How often do you do the following as a part of social studies instruction with this class? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Ask children to complete a worksheet .....	1	2	3	4
b. Ask children to read extra material not in their textbook (such as newspapers, maps, charts, or cartoons).....	1	2	3	4
c. Give a lecture to the class about social studies .....	1	2	3	4
d. Ask children to do a group activity or project.....	1	2	3	4
e. Ask children to write a report of three or more pages .....	1	2	3	4
f. Have children watch television shows, videos, or film strips.....	1	2	3	4
g. Have children participate in debates or panel discussions .....	1	2	3	4
h. Have children participate in mock trials, role-plays, or dramatization .....	1	2	3	4
i. Have children write letters to state an opinion or solve a community problem .....	1	2	3	4
j. Have visitors from your community meet with the class to discuss important events and ideas .....	1	2	3	4
k. Have children visit government or community institutions .....	1	2	3	4
l. Have children participate in community volunteer projects or services.....	1	2	3	4
m. Have children access information through the Internet for use in the classroom .....	1	2	3	4
n. Discuss current events .....	1	2	3	4
o. Form or elect a student government.....	1	2	3	4
p. Give children social studies homework .....	1	2	3	4

## STUDENT EVALUATION

58. How important is each of the following in evaluating the children in your class? CIRCLE ONE NUMBER ON EACH LINE.

	Not important	Somewhat important	Very important	Extremely important	Not applicable
a. Individual child's achievement relative to the rest of the class.....	1	2	3	4	0
b. Individual child's achievement relative to local, state, or professional standards.....	1	2	3	4	0
c. Individual improvement or progress over past performance.....	1	2	3	4	0
d. Effort.....	1	2	3	4	0
e. Class participation.....	1	2	3	4	0
f. Daily attendance .....	1	2	3	4	0
g. Classroom behavior or conduct.....	1	2	3	4	0
h. Cooperativeness with other children .....	1	2	3	4	0
i. Ability to follow directions...	1	2	3	4	0
j. Completion of homework ...	1	2	3	4	0

59. Which of the following best describes your evaluation and grading practices for different types of children? CIRCLE ONE NUMBER.

- a. I hold the same standards for most children, but I make exceptions for children with special needs (e.g., children with disabilities, children with limited English proficiency) ..... 1
- b. I hold different standards for different children based on what I think they are capable of ..... 2
- c. I hold the same standards for everyone in my class..... 3

60. How often do you use the following to assess your children? CIRCLE ONE NUMBER ON EACH LINE.

	Never	One or two times a year	One or two times a month	One or two times a week	Three or more times a week
a. State or local standardized tests .....	1	2	3	4	5
b. Commercially-produced tests .....	1	2	3	4	5
c. Teacher-made tests or quizzes.....	1	2	3	4	5
d. Individual or group projects .....	1	2	3	4	5
e. Tests from textbook series (e.g., end-of-unit or chapter).....	1	2	3	4	5
f. Worksheets.....	1	2	3	4	5
g. Work samples .....	1	2	3	4	5
h. Other (Please specify) .....	1	2	3	4	5

61. If your school does not use school-wide standardized tests, check here ☐ and **SKIP TO Q65**.

62. Do you have access to the standardized test scores of the children in your class? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No..... 2 (**SKIP TO Q64**)

63. How useful do you find the standardized test scores of the children in your class for the purpose of guiding decisions about instruction? CIRCLE ONE NUMBER.

- a. Not useful ..... 1  
b. Somewhat useful..... 2  
c. Very useful ..... 3  
d. Extremely useful..... 4

64. About how many hours do you usually spend preparing your class to take school-wide standardized tests? For example, taking practice tests, etc. WRITE NUMBER ON LINE.

\_\_\_\_\_ Number of hours

## PARENT INVOLVEMENT

65. How many regularly scheduled conferences do you offer or schedule with a parent or guardian of each child in your class during the school year? CIRCLE ONE NUMBER.

- a. No conferences ..... 1
- b. One conference ..... 2
- c. Two conferences ..... 3
- d. Three or more conferences ..... 4

66. What percent of children in your class have parents who participate in the following activities? CIRCLE ONE NUMBER ON EACH LINE.

	None	1 to 25%	26 to 50%	51 to 75%	76% or more
a. Attend teacher-parent conferences .....	1	2	3	4	5
b. Volunteer regularly to help in your classroom or another part of the school .....	1	2	3	4	5
c. Attend other school activities (such as children's performance, athletic events, awards ceremonies, etc.) .....	1	2	3	4	5

67. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.



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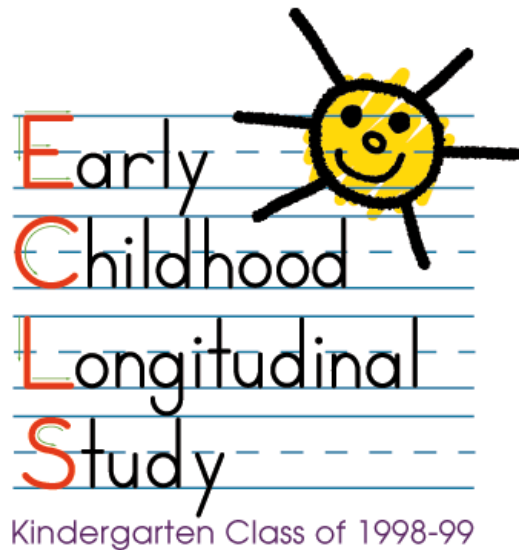
C .....	1
DR C .....	2
DR R .....	3
R .....	4

## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**

# SPRING 2002 TEACHER QUESTIONNAIRE

## PART B



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

Dear Teacher,

The Early Childhood Longitudinal Study Kindergarten Class of 1998 - 1999 (ECLS-K) is collecting information from teachers of children who are in the study to investigate the relationship between children's achievement and various school, teacher, and home factors. This questionnaire collects information concerning you and your views on teaching and the school.

This questionnaire contains three sections:

- a.) School and Staff Activities
- b.) Views on Teaching, School Climate and Environment
- c.) Your Background

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided.

Thank you very much for your help.

## DEFINITIONS

Reference is made to children with limited English proficiency (LEP), as well as English-as-a-second-language (ESL) and bilingual education programs throughout the questionnaire. For this study, the following definitions apply:

- Children with limited English proficiency (LEP): Children whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency.
- Bilingual education program: A program in which native language is used to varying degrees in instructing children with limited English proficiency.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

## SCHOOL and STAFF ACTIVITIES

1. How often have you participated in the following school-related activities since the beginning of the school year? CIRCLE ONE NUMBER ON EACH LINE.

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Meeting with other teachers to discuss lesson planning .....	1	2	3	4	5	6
b. Meeting with other teachers to discuss curriculum development.....	1	2	3	4	5	6
c. Meeting with other teachers or specialists to discuss individual children.....	1	2	3	4	5	6
d. Meeting with the special education teacher or service providers to discuss and plan for the children with disabilities in my class....	1	2	3	4	5	6

2. During the past year, how many hours in total have you spent in staff development workshops or seminars in the following content areas? Include attendance at professional meetings, conferences, workshops, and college or university courses.

Overall, how useful were these activities to you?

WRITE IN THE NUMBER OF HOURS SPENT IN A CONTENT AREA ON EACH LINE. THEN CIRCLE ONE NUMBER ON THE SAME LINE INDICATING THE USEFULNESS OF THE CONTENT AREA ACTIVITIES. IF YOU DID NOT PARTICIPATE IN STAFF DEVELOPMENT IN A PARTICULAR CONTENT AREA, WRITE IN "0" AND SKIP TO THE NEXT CONTENT AREA.

Content Area	Total number of hours	Not at all useful	Slightly useful	Moderately useful	Very useful
a. Reading/language arts or teaching of reading/ language arts .....	_____ Hours	1	2	3	4
b. Mathematics or teaching of mathematics.....	_____ Hours	1	2	3	4
c. Science or teaching of science .....	_____ Hours	1	2	3	4
d. Social studies or teaching of social studies .....	_____ Hours	1	2	3	4

## VIEWS ON TEACHING, SCHOOL CLIMATE, AND ENVIRONMENT

3. Please indicate the extent to which you agree with each of the following statements. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. Homework should be given to third grade children almost every day.....	1	2	3	4	5
b. Parents should set aside time every day for their third grade children to help with homework.....	1	2	3	4	5
c. Parents should read with or to their children regularly.....	1	2	3	4	5

4. Please indicate the extent to which you agree with each of the following statements about your school's climate. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. Staff members in this school generally have school spirit.....	1	2	3	4	5
b. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching.....	1	2	3	4	5
c. Many of the children I teach are not capable of learning the material I am supposed to teach them .....	1	2	3	4	5
d. I feel accepted and respected as a colleague by most staff members .....	1	2	3	4	5
e. Teachers in this school are continually learning and seeking new ideas .....	1	2	3	4	5
f. Routine administrative duties and paperwork interfere with my job of teaching.....	1	2	3	4	5
g. Parents are supportive of school staff.....	1	2	3	4	5

5. At your school, how much influence do you think teachers have over school policy in areas such as determining discipline policy, deciding how some school funds will be spent, and assigning children to classes? CIRCLE ONE NUMBER.

- a. No influence ..... 1
- b. Slight influence ..... 2
- c. Some influence..... 3
- d. Moderate influence..... 4
- e. A great deal of influence..... 5

6. How much control do you feel you have IN YOUR CLASSROOM over such areas as selecting skills to be taught, deciding about teaching techniques, and disciplining children? CIRCLE ONE NUMBER.

- a. No control ..... 1
- b. Slight control..... 2
- c. Some control ..... 3
- d. Moderate control ..... 4
- e. A great deal of control ..... 5

7. Please indicate the extent to which you agree with each of the following statements about your school's environment. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. The academic standards at this school are too low.....	1	2	3	4	5
b. There is broad agreement among the entire school faculty about the central mission of the school.....	1	2	3	4	5
c. The school administrator knows what kind of school he/she wants and has communicated it to the staff.....	1	2	3	4	5
d. The school administrator deals effectively with pressures from outside the school (for example, budget, parents, school board) that might otherwise affect my teaching.....	1	2	3	4	5
e. The school administrator sets priorities, makes plans, and sees that they are carried out.....	1	2	3	4	5
f. The school administration's behavior toward the staff is supportive and encouraging.....	1	2	3	4	5
g. Physical conflicts among children are a serious problem in this school.....	1	2	3	4	5
h. Children bullying other children is a serious problem in this school.....	1	2	3	4	5



8. Please indicate the extent to which you agree with each of the following statements on teaching. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I really enjoy my present teaching job .....	1	2	3	4	5
b. I am certain I am making a difference in the lives of the children I teach .....	1	2	3	4	5
c. If I could start over, I would choose teaching again as my career .....	1	2	3	4	5
d. I am satisfied with my class size.....	1	2	3	4	5
e. I worry about the security of my job because of the performance of the children in my class(es) on state or local tests.....	1	2	3	4	5

9. To what extent do you agree with the following statements? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I am adequately prepared to teach reading to the children who are in my class.....	1	2	3	4	5
b. I am adequately prepared to assist children who are experiencing difficulties in reading .....	1	2	3	4	5
c. I am adequately prepared to use computers for instruction in my class.....	1	2	3	4	5
d. In this school, I am able to get sufficient support to solve any computer problems I have .....	1	2	3	4	5
e. I am adequately trained to teach the children with disabilities who are in my class.....	1	2	3	4	5
f. Inclusion of children with disabilities in my class has worked well .....	1	2	3	4	5
g. I am adequately trained to teach children in my class who have limited English proficiency (LEP). .....	1	2	3	4	5
h. Inclusion of limited English proficient children in my class has worked well.....	1	2	3	4	5

## YOUR BACKGROUND

10. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1  
b. Female..... 2

11. In what year were you born?

19 \_\_\_\_

12. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2

13. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. American Indian or Alaska Native .....         | 1          | 2         |
| b. Asian.....                                     | 1          | 2         |
| c. Black or African American .....                | 1          | 2         |
| d. Native Hawaiian or Other Pacific Islander..... | 1          | 2         |
| e. White .....                                    | 1          | 2         |

14. Counting this school year, how many years have you been a school teacher, including as a part-time teacher? WRITE NUMBER ON LINE.

\_\_\_\_\_ Years

15. Counting this school year, how many years have you taught this grade, including as a part-time teacher? WRITE NUMBER ON LINE.

\_\_\_\_\_ Years

16. Counting this school year, how many years have you taught in your **current school**, including part-time teaching? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5).

\_\_\_\_\_ . \_\_\_\_\_ Years

17. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? CIRCLE ONE NUMBER.

- a. Regular full-time teacher ..... 1
- b. Regular part-time teacher..... 2
- c. Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school) ..... 3
- d. Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)..... 4
- e. Teacher aide ..... 5
- f. Other (Please specify) \_\_\_\_\_ 6

18. What is the **highest** level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma or GED ..... 1 **(SKIP TO Q21)**
- b. Associate's degree ..... 2
- c. Bachelor's degree..... 3
- d. At least one year of course work beyond a Bachelor's degree but not a graduate degree..... 4
- e. Master's degree..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master's degree level ..... 6
- g. Doctorate ..... 7

19. If you have an **associate's or bachelor's degree**, indicate your undergraduate major field of study. CIRCLE ONE NUMBER ON EACH LINE.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Early Childhood Education .....  | 1          | 2         |
| b. Elementary Education .....   | 1          | 2         |
| c. Special Education.....   | 1          | 2         |
| d. Other Education-related Major (such as secondary ed., ed. psych., administration, music education, etc.) ..... | 1          | 2         |
| e. Non-Education Major (such as history, English, etc.) .....   | 1          | 2         |

20. If you have a **graduate degree**, indicate the major field of study of your highest level graduate degree. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Early Childhood Education .....	1	2
b. Elementary Education .....	1	2
c. Special Education.....	1	2
d. Other Education-related Major (such as secondary ed., ed. psych., administration, music education, etc.) .....	1	2
e. Non-Education Major (such as history, English, etc.) .....	1	2

21. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

- a. Early childhood education ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- b. Elementary education..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- c. Special education ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- d. English as a Second Language (ESL) ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- e. Child development..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- f. Methods of teaching reading ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- g. Methods of teaching mathematics ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- h. Methods of teaching science..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+
- i. Classroom management ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6+

22. What type of teaching certification do you have? CIRCLE ONE NUMBER.

- a. None ..... 1
- b. Temporary, probational, provisional, or emergency  
certification ..... 2
- c. Certificate for completion of a state "alternative certification"  
program ..... 3
- d. Regular or standard state certificate ..... 4
- e. Advanced professional certificate ..... 5

23. Are you certified in these areas? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Elementary Education .....	1	2
b. Early Childhood Education .....	1	2
c. Secondary education.....	1	2
d. Specific subject matter certification.....	1	2
e. ESL certification .....	1	2
f. Special education .....	1	2

24. How many hours do you have designated as paid preparation periods per week? CIRCLE ONE NUMBER.

- |   |   |
|---|---|
| a. 2 hours or less per week .....                   | 1 |
| b. More than 2 hours but less than 5 per week ..... | 2 |
| c. 5 to 9 hours per week.....                       | 3 |
| d. 10 to 14 hours per week.....                     | 4 |
| e. 15 or more hours per week .....                  | 5 |

25. Other than time spent during the work day, how many hours a week on average do you spend preparing for the class you teach – for example, preparing lesson plans, grading papers? CIRCLE ONE NUMBER.

- |   |   |
|---|---|
| a. 2 hours or less per week .....                   | 1 |
| b. More than 2 hours but less than 5 per week ..... | 2 |
| c. 5 to 9 hours per week.....                       | 3 |
| d. 10 to 14 hours per week.....                     | 4 |
| e. 15 or more hours per week .....                  | 5 |

26. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C .....	1
DR C .....	2
DR R .....	3
R .....	4



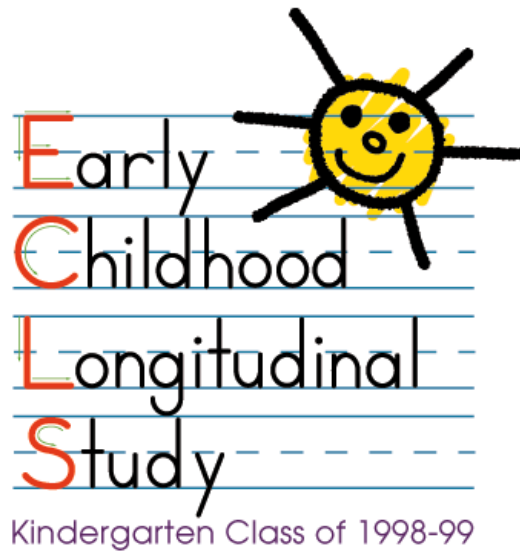
## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**



# SPRING 2002 TEACHER QUESTIONNAIRE

## PART C



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

## Academic Rating Scale

The Academic Rating Scale is separated into four areas: (1) Language and Literacy, (2) Mathematical Thinking, (3) Science, and (4) Social Studies. You are asked to rate the child's skills, knowledge, and behaviors within each of these three areas based on your experience with this child. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate similar skills and behaviors. The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do. The examples do, however, indicate the level of proficiency a child should have reached in order to receive the highest rating. Some of these examples describe a very high level of performance (beyond typical standards) in order to be able to evaluate achievement levels of even the high performing students.

The following **five-point scale** is used for each of the questions. It reflects the degree to which a child has acquired and demonstrates the targeted skills, knowledge, and behaviors.

- |     |   |                |   |   |
|-----|---|----------------|---|---|
| 1   | = | Not yet        | → | Child <u>has not yet</u> demonstrated skill, knowledge, or behavior.  |
| 2   | = | Beginning      | → | Child is <u>just beginning</u> to demonstrate skill, knowledge, or behavior but does so very inconsistently.                                |
| 3   | = | In progress    | → | Child demonstrates skill, knowledge, or behavior <u>with some regularity</u> but varies in level of competence.                             |
| 4   | = | Intermediate   | → | Child demonstrates skill, knowledge, or behavior <u>with increasing regularity and average competence</u> but is not completely proficient. |
| 5   | = | Proficient     | → | Child demonstrates skill, knowledge, or behavior <u>competently and consistently</u> .  |
| N/A | = | Not Applicable | → | Skill, knowledge, or behavior has <u>not been introduced</u> in classroom setting.  |

Rate only the child's **current** achievement. Please use the full range of ratings. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child using the numbers **1-5**. Circle **"NA"** only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

**Children with Limited English Proficiency:** Please answer the questions based on your knowledge of this child's skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child's native language in mind.

**Children with Special Needs:** It may be necessary to consider adaptations for some questions to make them more inclusive for this child's skills and/or use of adaptive equipment. Some children may utilize alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation). Please answer the questions with these adaptations in mind.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006.

## SECTION I. LANGUAGE AND LITERACY

1. Are you the child's primary teacher in this area? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q3)  
 b. No ..... 2 (GO TO Q2 BELOW)

2. If you are **not** the child's primary teacher in this subject area, please do one of the following:

- a. Consult with the person most familiar with the child's progress in this subject area to complete this scale, and circle 1 below.  
 b. If you cannot consult with a person knowledgeable about this subject area, skip this subject area, circle 2 below, and go on to the next subject area.

PLEASE CIRCLE ONE NUMBER BELOW.

I consulted with someone else to complete this scale..... 1 (GO TO Q3 BELOW)

I am unable to consult with a person knowledgeable about this subject area, so I am skipping it..... 2 (SKIP TO SECTION II)

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
3. <b>Conveys ideas clearly when speaking</b> – for example, presents a well-organized oral report, or uses precise language to express opinions, feelings, and ideas, or provides relevant answers to questions that summarize classmate's concerns. ....	1	2	3	4	5	N/A
4. <b>Uses various strategies to gain information</b> – for example, uses the index or table of contents to locate information, or uses encyclopedias or other reference books/media to learn about a topic .....	1	2	3	4	5	N/A
5. <b>Reads fluently</b> – for example, easily reads words as part of meaningful phrases rather than word by word including words with three or more syllables, such as rambunctious, residential, genuinely, and pneumonia.. ....	1	2	3	4	5	N/A
6. <b>Reads third grade books (fiction) independently with comprehension</b> – for example, relates why something happened in a story, or identifies emotions of characters in a story, or identifies a turning point in the story .....	1	2	3	4	5	N/A

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
7. <b>Reads and comprehends expository text</b> – for example, after reading about how early colonists lived, creates a chart comparing life today with colonial life, or after reading a children’s news story about pollution, identifies cause and effect relationships, or summarizes main ideas and the supporting details in a science or social studies selection. ....	1	2	3	4	5	N/A
8. <b>Composes multi-paragraph stories/reports</b> – for example, writes a report by developing and following an outline, or writes stories with a clear plot and distinct characters. ....	1	2	3	4	5	N/A
9. <b>Rereads and reflects on writing, making changes to clarify or elaborate</b> – for example, adds more adjectives and description, or includes additional details to increase clarity, or combines choppy sentences. ....	1	2	3	4	5	N/A
10. <b>Makes mechanical corrections when reviewing a rough draft</b> – for example, rereads a story and adds omitted words, or correct spelling and capitalization errors, or adds end punctuation when necessary. ....	1	2	3	4	5	N/A
11. <b>Uses the computer for a variety of purposes</b> – for example, to write reports or stories formatting them correctly, or to use a database to retrieve information. ....	1	2	3	4	5	N/A

## SECTION II. MATHEMATICAL THINKING

1. Are you the child's primary teacher in this area? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q3)  
 b. No ..... 2 (GO TO Q2 BELOW)

2. If you are **not** the child's primary teacher in this subject area, please do one of the following:

- a. Consult with the person most familiar with the child's progress in this subject area to complete this scale, and circle 1 below.  
 b. If you cannot consult with a person knowledgeable about this subject area, skip this subject area, circle 2 below, and go on to the next subject area.

PLEASE CIRCLE ONE NUMBER BELOW.

I consulted with someone else to complete this scale..... 1 (GO TO Q3 BELOW)

I am unable to consult with a person knowledgeable about this area, so I am skipping it ..... 2 (SKIP TO SECTION III)

If you are not the child's primary teacher in this area, please consult with the person most familiar with the child's progress in this area when completing these scales.

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
3. <b>Creates and extends patterns</b> – for example, extends an alternating pattern involving addition and subtraction (+3, -1, +3, -1, +3... or +5, -3, +5, -3,...) or creates a complex visual pattern (aabc).....	1	2	3	4	5	N/A
4. <b>Uses a variety of strategies to solve math problems</b> – for example, adds 100 and then subtracts 4 when doing the mental math problem $467+96$ , or writes the algorithms or equations needed to solve a word problem, or orders steps sequentially in a multistep problem.....	1	2	3	4	5	N/A
5. <b>Recognizes properties of shapes and relationships among shapes</b> – for example, recognizes that rectangles are composed of two right triangles, or demonstrates congruence by copying the exact size and shape of a pentagon onto a geoboard.....	1	2	3	4	5	N/A
6. <b>Uses measuring tools accurately</b> – for example, measures with rulers to the quarter-inch, or measures liquids to the nearest milliliter.....	1	2	3	4	5	N/A

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
7. <b>Shows understanding of place value with whole numbers</b> – for example, correctly orders the numbers 19,321, 14,999, 9,900, and 20,101 from least to greatest, or correctly regroups when adding and subtracting. ....	1	2	3	4	5	N/A
8. <b>Makes reasonable estimates of quantities and checks answers</b> – for example, estimates the cost of a list of 8 different items and compares to actual cost, or estimates the perimeter of a bulletin board and then checks with a yardstick. ....	1	2	3	4	5	N/A
9. <b>Surveys, collects, and organizes data into simple graphs</b> – for example, charts temperature changes over time, or makes a bar or line graph comparing the population in different cities of their state, or interprets a pictograph in which each symbol represents 5 people. ....	1	2	3	4	5	N/A
10. <b>Models, reads, writes, and compares fractions</b> – for example, shows that $\frac{1}{2}$ of the candy bar is $\frac{1}{4} + \frac{1}{4}$ , or shows that $\frac{1}{4}$ of a set of 12 is 3. ....	1	2	3	4	5	N/A
11. <b>Divides a 3 digit number by a 1 digit number</b> – for example, $348 \div 4$ or $228 \div 6$ . ....	1	2	3	4	5	N/A

### SECTION III. SCIENCE

1. Are you the child's primary teacher in this area? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q3)  
 b. No ..... 2 (GO TO Q2 BELOW)

2. If you are **not** the child's primary teacher in this subject area, please do one of the following:

- a. Consult with the person most familiar with the child's progress in this subject area to complete this scale, and circle 1 below.  
 b. If you cannot consult with a person knowledgeable about this subject area, skip this subject area, circle 2 below, and go on to the next subject area.

PLEASE CIRCLE ONE NUMBER BELOW.

- I consulted with someone else to complete this scale ..... 1 (GO TO Q3 BELOW)  
 I am unable to consult with a person knowledgeable about this area, so I am skipping it ..... 2 (SKIP TO SECTION IV)

If you are not the child's primary teacher in this area, please consult with the person most familiar with the child's progress in this area when completing these scales.

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
3. <b>Makes logical predictions when conducting scientific investigations</b> – for example, predicts that water will heat faster in the sun in a black cup than in a white cup, or predicts that the plants on the south side of the building will grow more quickly than the ones on the north side. ....	1	2	3	4	5	N/A
4. <b>Communicates scientific information</b> – for example, documents predictions, observations, and conclusions when doing an investigation, or makes diagrams of closed and open circuits, or makes line graphs of the height of plants over time. ....	1	2	3	4	5	N/A
5. <b>Classifies and compares living and non-living things in different ways</b> – for example, compares plant and animal needs, or sorts substances according to whether they dissolve in water, or sorts rocks by hardness and brittleness.....	1	2	3	4	5	N/A

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
6. <b>Forms explanations and conclusions based on observation and investigation</b> – for example, explains why one boat floats and another does not, or concludes that the candle stays lit longer under the larger jar because there is more oxygen available, or explains how many layers of clothing provide insulation against heat loss.....	1	2	3	4	5	N/A
7. <b>Demonstrates understanding of physical science concepts</b> – for example, explains that friction slows a block going down an inclined plane, or identifies the state of matter (solids, liquids, gases) of different substances, or identifies simple machines that help lift heavy objects. ....	1	2	3	4	5	N/A
8. <b>Demonstrates understanding of life science concepts</b> – for example, describes some characteristics that are inherited, or draws a diagram of a food chain, or explains the functions of parts of a plant, or categorizes foods according to the groups on the food pyramid. ....	1	2	3	4	5	N/A
9. <b>Demonstrates understanding of earth and space science concepts</b> – for example, explains why we have seasons, or labels condensation and evaporation on a diagram of the water cycle, or describes the difference between a planet and a moon. ....	1	2	3	4	5	N/A



## SECTION IV. SOCIAL STUDIES

1. Are you the child's primary teacher in this area? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q3)  
 b. No ..... 2 (GO TO Q2 BELOW)

2. If you are **not** the child's primary teacher in this subject area, please do one of the following:

- a. Consult with the person most familiar with the child's progress in this subject area to complete this scale, and circle 1 below.  
 b. If you cannot consult with a person knowledgeable about this subject area, skip this subject area, circle 2 below, and go on to the section.

PLEASE CIRCLE ONE NUMBER BELOW.

- I consulted with someone else to complete this scale ..... 1 (GO TO Q3 BELOW)  
 I am unable to consult with a person knowledgeable about this area, so I am skipping it ..... 2 (SKIP TO SOCIAL RATING SCALE)

If you are not the child's primary teacher in this area, please consult with the person most familiar with the child's progress in this area when completing these scales.

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
3. <b>Identifies similarities and differences in habits and living patterns between him/herself and other groups of people</b> – for example, makes a mural representing the lifestyles of Native Americans long ago and today, or contrasts colonial life in the 1700s with U.S. life in current times. ....	1	2	3	4	5	N/A
4. <b>Shows understanding of the purpose and structure of government functions (basic rights and responsibilities of a democratic government)</b> – for example, by choosing one of the rights listed in the Bill of Rights and explaining how someone could be restricted if they did not have this right, or by outlining the major responsibilities of the President or Governor.. ....	1	2	3	4	5	N/A

THIS CHILD...	CIRCLE ONE FOR EACH ITEM					
	Not Yet	Beginning	In progress	Intermediate	Proficient	Not Applicable
5. <b>Demonstrates understanding of the ways in which the past influences the present</b> – for example, describes the contributions of significant Americans such as Hamilton, Franklin, M.L. King, or describes the impact of technology, such as the cotton gin or the automobile, on life in America. ....	1	2	3	4	5	N/A
6. <b>Recognizes the reciprocal influence of environment on people</b> – for example, explains why people might settle in cities, or explains how crops and housing in different regions of the country are influenced by the climate and terrain of their environment, or explains the importance of major rivers.....	1	2	3	4	5	N/A
7. <b>Knows how to use maps and globes to locate and derive information</b> – for example, locates their own state in relation to the U.S. and the rest of the world, or uses grids to locate cities, or reads map legends, or identifies differences between political boundaries and physical boundaries on maps and globes. ....	1	2	3	4	5	N/A
8. <b>Demonstrates understanding of the U.S. economic system</b> – for example, explains the basic functions of banks, or describes how scarcity affects price, or explains the effects of supply and demand, or distinguishes between goods and services. ...	1	2	3	4	5	N/A

## Student Information

1. In which grade is this child enrolled? CIRCLE ONE NUMBER.

- a. First grade ..... 1
- b. Second grade ..... 2
- c. Third grade ..... 3 **(SKIP TO Q3)**
- d. Fourth grade ..... 4 **(SKIP TO Q3)**
- e. This is an ungraded classroom ..... 5

2. Was this child retained in grade at the end of the 2000-2001 school year? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2

3. Does this child receive instruction and/or related services in any of the following types of programs in your school during the school day? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>	<u>Program Not Provided</u>
a. Individual tutoring program in reading.....	1	2	3
b. Pull-out small group program in reading .....	1	2	3
c. Individual tutoring program in mathematics .....	1	2	3
d. Pull-out small group program in mathematics.....	1	2	3
e. Pull-out English as a Second Language (ESL) program (instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency).....	1	2	3
f. In-class English as a Second Language (ESL) program ..	1	2	3
g. Learning a language other than English .....	1	2	3
h. Gifted and talented program in reading.....	1	2	3
i. Gifted and talented program in mathematics .....	1	2	3
j. Special education and/or related services .....	1	2	3
k. Individual or group counseling from a trained professional .....	1	2	3
l. Meetings with a mentor who is not a professional counselor or psychologist.....	1	2	3

4. Does this child receive (or has he/she received during the past year) instruction and/or related services in any of the following types of programs in your school **outside of the regular school day**? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>	<u>Program Not Provided</u>
a. Instruction or services before school.....	1	2	3
b. Instruction or services after school.....	1	2	3
c. Instruction or services on weekends .....	1	2	3
d. Summer program during the summer of 2001 .....	1	2	3

5. Did this child participate in any of the following Federally funded Title I programs or services offered by the school during this school year? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>	<u>Not Offered</u>
a. Title I reading.....	1	2	3
b. Title I math.....	1	2	3
c. Title I English/language arts.....	1	2	3
d. Title I combined reading/English/language arts .....	1	2	3
e. Title I ESL/Bilingual .....	1	2	3
f. Title I handicapped/special education .....	1	2	3

6. During structured play time, including physical education, how does this child compare with other children in the class in terms of physical activity? CIRCLE ONE NUMBER.

a. A lot less active than most.....	1
b. A little less active than most.....	2
c. About the same as most.....	3
d. A little more active than most .....	4
e. A lot more active than most.....	5
f. I have not observed this child in structured play .....	6

7. During unstructured play time, how does this child compare with other children in the class in terms of physical activity? CIRCLE ONE NUMBER.

a. A lot less active than most.....	1
b. A little less active than most.....	2
c. About the same as most.....	3
d. A little more active than most .....	4
e. A lot more active than most.....	5
f. I have not observed this child in unstructured play .....	6

8. Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level? CIRCLE ONE NUMBER ON EACH LINE.

	Far below average	Below average	Average	Above average	Far above average
a. Language and literacy skills .....	1	2	3	4	5
b. Science and social studies .....	1	2	3	4	5
c. Mathematical skills.....	1	2	3	4	5

9. To what extent did this child participate in any grade-level assessment administered as part of the school's testing program during the current school year? CIRCLE ONE NUMBER.

- a. Child did not participate in the school's testing or assessment program..... 1 **(SKIP TO Q11)**
- b. Child participated in the school's testing or assessment program to a limited degree ..... 2
- c. Child participated fully in the school's testing or assessment program ..... 3
- d. There are no schoolwide assessments at this grade level ..... 4 **(SKIP TO Q11)**
- e. Don't know..... 8 **(SKIP TO Q11)**

10. Did this child receive special accommodations (e.g., for a disability or limited-English proficiency) to participate in the school's testing or assessment program? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2
- c. Don't know..... 8

11. How often does this child work to the best of her/his ability in the subjects for which you are the primary teacher? CIRCLE ONE NUMBER.

- a. Never ..... 1
- b. Seldom ..... 2
- c. Usually ..... 3
- d. Always ..... 4

12. Has this child ever fallen two or more weeks behind in school work this year because of a health problem? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2

13. How many achievement groups in **reading** do you currently have in this child's class? CIRCLE ONE NUMBER. IF YOU DO NOT HAVE READING ACHIEVEMENT GROUPS IN THIS CHILD'S CLASS, CIRCLE "0" AND GO TO QUESTION 16.

- a. None ..... 0 **(SKIP TO Q16)**
- b. One..... 1
- c. Two..... 2
- d. Three ..... 3
- e. Four ..... 4
- f. Five or more ..... 5

14. In which reading group is this child currently placed? USE "1" FOR THE HIGHEST ACHIEVEMENT GROUP. WRITE THE NUMBER OF THE ACHIEVEMENT GROUP NUMBER BELOW.

\_\_\_\_\_ Achievement Group

15. Has this child moved to a higher or lower reading achievement group, or not moved during this school year? CIRCLE ONE NUMBER.

- a. Moved to a higher group ..... 1
- b. Moved to a lower group..... 2
- c. Not moved ..... 3

16. On average how often do you meet with other school staff (i.e., administrators, other teachers, specialists, counselors) to discuss this child's program and progress? CIRCLE ONE NUMBER.

- a. Several times a week ..... 1
- b. Several times a month..... 2
- c. Once a month..... 3
- d. A few times over the school year ..... 4
- e. Once ..... 5
- f. Never ..... 6

17. During this school year, have this child's parents/guardians participated in the following activities? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>	<u>Not Applicable/ Not Offered</u>
a. Attended regularly-scheduled conferences at your school .....	1	2	3
b. Attended parent/teacher informal meetings that you initiated to talk about the child's progress .....	1	2	3
c. Returned your telephone calls .....	1	2	3
d. Initiated contact with you .....	1	2	3
e. Volunteered to help in your classroom or school .....	1	2	3

18. During this school year, besides regular teacher conferences, have you communicated with this child's parents? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2 (SKIP TO Q20)

19. Was the purpose usually to ... CIRCLE ONE NUMBER.

- a. Discuss problems ..... 1  
b. Discuss how well the child is doing? ..... 2  
c. Both ..... 3

20. How long has this child been in your classroom this school year? CIRCLE ONE NUMBER.

- a. Entire school year..... 1  
b. More than one semester but less than the entire school year 2  
c. More than one-quarter but less than one semester ..... 3  
d. Less than one-quarter of the school year..... 4

21. Is this child likely to be recommended for promotion at the end of this school year? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q23)  
b. No ..... 2

22. If not promoted, will he/she be eligible for a summer program for children who are retained? CIRCLE ONE NUMBER.

- a. Yes, with mandatory attendance ..... 1
- b. Yes, with optional attendance ..... 2
- c. No ..... 3
- d. No such program offered..... 4

23. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.



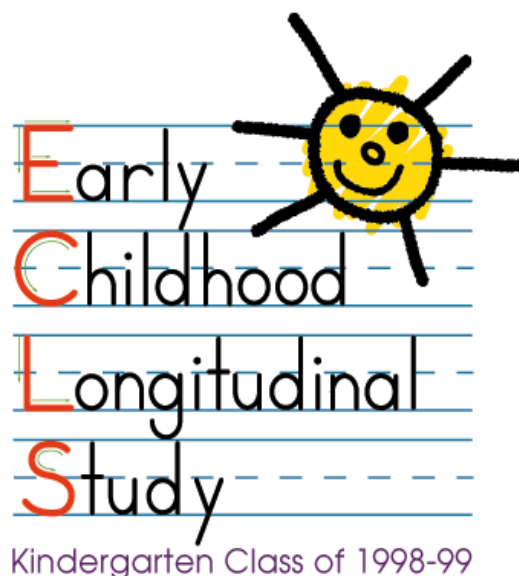
OFFICE USE ONLY

C .....	1
DR C .....	2
DR R .....	3
R .....	4

## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**

## SPRING 2002 STUDENT RECORDS ABSTRACT FORM



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

## INTRODUCTION

### Instructions for Completing this Form

This form is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. Please complete this form after the last day of school for the year so information about this child will be as complete as possible.

This form collects information from student records regarding attendance and whether or not the child has an IEP on record.

Please complete this form for the child whose name appears on the label on the cover whether the child is currently enrolled or has withdrawn from your school. To complete this form, please refer to the child's student record and record your answers directly on the form by circling the appropriate number or by writing your responses in the spaces provided.

If you have questions about completing this form, please call the Respondent Hotline at 1-800-750-6206.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

1. Was this child enrolled in this school the whole school year?
- a. Yes ..... 1 **(SKIP TO Q6)**
- b. No ..... 2 **(GO TO Q2)**

2. Write the date the child entered school this school year:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

3. Write the date the child left school:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

4. Why did the child leave? CIRCLE ONE NUMBER.

- a. Transferred ..... 1 **(GO TO Q5)**
- b. Other (Please Specify) ..... 2
- \_\_\_\_\_
- \_\_\_\_\_
- c. Unknown ..... 8

5. Please record the school name and address into which this child transferred:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
(Area Code) Telephone Number

6. Please record the total number of absences for this child for the 2001-2002 school year.  
Check here if your school does not keep attendance records ☐ (SKIP TO Q8)

Total absences	<input type="text"/>
Excused	<input type="text"/>
Unexcused	<input type="text"/>

7. Please record the total number of tardies for this child for the 2001-2002 school year.

Total tardies	<input type="text"/>
Excused	<input type="text"/>
Unexcused	<input type="text"/>

8. Does this child have an IEP/IFSP on record? CIRCLE ONE NUMBER.

- a. Yes, the child has an IEP/IFSP on record with the school ..... 1
- b. Yes, the child has an IEP/IFSP and it is on record  
at another school ..... 2
- c. No, the child does not have an IEP/IFSP ..... 3 (SKIP TO Q12)
- d. Don't know ..... 8 (SKIP TO Q12)

9. For which of the following academic school years does the child have at least one IEP/IFSP on record?  
CIRCLE EACH YEAR FOR WHICH THE CHILD HAS AN IEP/IFSP. IF MORE THAN ONE IEP/IFSP  
COVERS THE SAME SCHOOL YEAR, RECORD THE EARLIEST DATE FOR THAT YEAR.

	Write Month and Year IEP/IFSP was signed
2001-2002..... 1	<input type="text"/> / <input type="text"/>
2000-2001..... 2	<input type="text"/> / <input type="text"/>

10. What is the disability classification listed on the most current IEP/IFSP? CIRCLE ALL THAT APPLY. WRITE THE DISABILITY CLASSIFICATION IN THE SPACE BELOW IF IT DOES NOT EXACTLY MATCH ONE OF THE CODES PROVIDED.

Learning Disability.....	1	Physically Impaired .....	8
Serious Emotional Disturbance .....	2	Multiple Impairments .....	9
Speech or Language Impaired.....	3	Deaf and Blind .....	10
Mental Retardation .....	4	Developmental Delay .....	11
Visually Impaired (Blind) .....	5	Autism .....	12
Hearing Impaired (Deaf) .....	6	Traumatic Brain Injury .....	13
Health Impaired .....	7	Other (Please Specify) .....	14

---



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11. For the child's current IEP/IFSP, was the child's primary placement a general education classroom? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2  
c. Couldn't tell ..... 8

12. Is a copy of the child's report card for the 2001-2002 school year enclosed with this abstract form? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (PLEASE PLACE A COPY OF THE REPORT CARD INSIDE THIS FORM.)  
b. No ..... 2

13. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

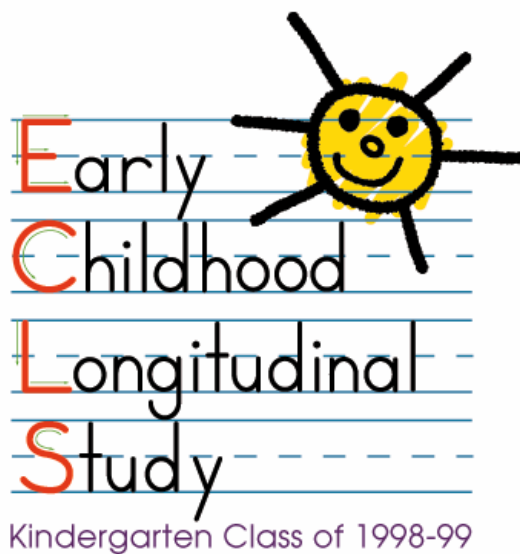
Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C .....	1
DR C .....	2
DR R .....	3
R .....	4



## SPRING 2002 PARENT CAPI QUESTIONNAIRE



Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

**ECLS-K Parent Interview --Round 5  
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## INTRODUCTION - INQ

### BOX 1

- IF (NumberOfChildren = 1) OR  
IF (NumberOfChildren = 2 AND ChildNum = 1), CONTINUE WITH INQ.005.
- IF (NumberOfChildren = 2 AND ChildNum = 2), GO TO BOX 1B.

INQ.005

We spoke with someone in your household before about an ongoing study that {{CHILD}} {and TWIN}} participated in a few years ago called the Early Childhood Longitudinal Study Kindergarten Cohort. The U.S. Department of Education's National Center for Education Statistics sponsors the study. Now that {{CHILD}} {and TWIN}} {is/are} older, I have some more questions for you that ask about {{CHILD}}'s {and TWIN}'s} school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved.

The information you provide will be kept confidential, and will be protected to the fullest extent allowable under the law.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "and TWIN" IF THERE IS A TWIN.  
DISPLAY "are" IF THERE IS A TWIN. OTHERWISE, DISPLAY "is."

INQ.010

During our last interview, we talked with {NAME OF RESPONDENT} who took part in the Early Childhood Longitudinal Study Kindergarten Cohort in the {spring of 1999/fall of 1999/spring of 2000}. Am I talking to the same person?

CAPI INSTRUCTION: DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM PRELOAD.  
USE THE NAME OF PERSONTYPE=R.

CAPI INSTRUCTION: DISALLOW DK AND RF.

CAPI INSTRUCTIONS: DISPLAY "spring 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 2. CAPI INSTRUCTIONS: DISPLAY "fall 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 3. DISPLAY "spring 2000" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 4.

YES .....	1
NO .....	2

INQ.010a

VERIFY NAME, RELATIONSHIP, AND AGE WITH RESPONDENT.

ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT.

IF NAME NOT LISTED, ENTER 0.

CAPI INSTRUCTIONS:

1. DISPLAY THE UPDATED HOUSEHOLD ROSTER WITH AGE, GENDER, AND RELATIONSHIP FROM THE PRELOAD, USING THE SAME HOUSEHOLD ROSTER ON PAGE 3 OF THE ELECTRONIC FACE SHEET. AT THE BEGINNING OF THE ELECTRONIC FACE SHEET, DISPLAY "0 NOT ON LIST."

2. DISPLAY HOUSEHOLD MEMBERS 15 YEARS OR OLDER AS RESPONSE CATEGORIES. DO NOT DISPLAY THE NAMES OF HOUSEHOLD MEMBERS CODED AS NO LONGER LIVING IN THE HOUSEHOLD IN MOST RECENT ROUND.
3. IF ZERO IS ENTERED, GO TO INQ.011. OTHERWISE, GO TO BOX 1B.
4. DISALLOW DK AND RF.
5. FLAG THE RESPONDENT.
6. SET A FLAG CALLED "FLAGS.SAMERESP" THAT EQUALS 1 IF THE RESPONDENT IN INQ.010 WHO SAID HE/SHE WAS THE SAME RESPONDENT AS IN THE MOST RECENT ROUND IS THE SAME PERSON INDICATED AS THE RESPONDENT IN INQ.010a.

INQ.011 May I have your name, please?

ENTER FIRST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

---

FIRST NAME

INQ.012 [May I have your name, please?]

ENTER LAST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

---

LAST NAME

**BOX 1B**

- IF NumberOfChildren = 2, CONTINUE WITH INQ.014.
- IF NumberOfChildren = 1, GO TO INQ.015.

INQ.014 {For this interview, I will first ask questions that collect information **specifically about {CHILD}** and general questions about you and your household. Once those questions are finished, I will need to ask some questions that collect information specifically about {TWIN}. There will **not** be as many questions for {TWIN }, since I will **not** need to ask the questions about you or your household.

/As I mentioned earlier, now I need to ask some questions **specifically about {CHILD}**. These questions will **not** take as long as the first round of questions, since I have already asked the general questions about you and your household.}

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "For this interview . . . you or your household." IF CURRENTLY ASKING ABOUT SAMPLED CHILD 1. FOR "CHILD," DISPLAY THE NAME OF SAMPLED CHILD 1. FOR "TWIN," DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: DISPLAY "As I mentioned . . . you and your household." IF CURRENTLY ASKING ABOUT SAMPLED CHILD 2. FOR "CHILD," DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: DISPLAY "Specifically about {CHILD}," AND "not" IN UNDERLINED TEXT.

INQ.015 {Before we begin the interview, I would like to verify some information.} I have recorded {CHILD's FIRST, MIDDLE, AND LAST NAME} as {CHILD}'s full name. Is this correct?

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO NAME BELOW OR PRESS ENTER TO ACCEPT FIRST/MIDDLE/LAST NAME.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '7' (REFUSED) OR '9' (DON'T KNOW).

CAPI INSTRUCTION: DISPLAY "Before we begin . . . some information." IF ONLY ONE SAMPLED CHILD OR IF ON INTERVIEW FOR CHILD 1.

CAPI INSTRUCTION: IF CURRENTLY ASKING ABOUT CHILD 2, FOR '{CHILD}', DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: FOR CHILD'S FIRST, MIDDLE, AND LAST NAME, DISPLAY CHILD'S CORRECTED FULL NAME FROM PRELOAD.

CAPI INSTRUCTION: USE PRELOAD LENGTH FOR CHILD'S NAME.

Current Info: [CHILD'S FIRST NAME]  
[CHILD'S MIDDLE NAME]  
[CHILD'S LAST NAME]

FIRST NAME: [ ]  
MIDDLE NAME: [ ]  
LAST NAME: [ ]

**BOX 1C**

IF MISSING GENDER OF CHILD FROM PRELOAD THEN GO TO INQ.016.  
ELSE GO TO BOX 2.

INQ.016 Is {CHILD} male or female?

MALE ..... 1  
FEMALE ..... 2

**BOX 2**

- IF ((NumberOfChildren = 1) OR  
IF ((NumberOfChildren = 2) AND (ChildNum = 1)))  
AND (missing DOB from PRELOAD), CONTINUE WITH INQ.017.
- IF NumberOfChildren = 2 AND ChildNum = 2, GO TO BOX 3.
- ELSE, GO TO INQ.020.

INQ.017 {I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?}/{What is {CHILD}'s date of birth?}

{ENTER DATE OF BIRTH BELOW/MAKE CORRECTIONS TO DATE OF BIRTH BELOW}.  
CAPI INSTRUCTION:

1. REFUSED AND DON'T KNOW IS ALLOWED.
2. DISPLAY "I have recorded...is that correct?" AND "MAKE CORRECTIONS TO DATE OF BIRTH BELOW." IF A DATE OF BIRTH IS AVAILABLE FOR THE FOCAL CHILD AND INQ.018 equals 2, 7, or 9 OTHERWISE, DISPLAY "What is {CHILD}'s date of birth?" AND "ENTER DATE OF BIRTH BELOW."
3. RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, AND 1991-1996 FOR YEAR.

**BOX 2a**

- IF ANY FIELD IN DATE OF BIRTH INQ.017=REFUSED OR DON'T KNOW, GO TO INQ.019.
- OTHERWISE, GO TO INQ.018.

INQ.018 So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.017} years old. Is that correct?

CAPI INSTRUCTION: IF NO, DK OR RF ENTERED, DISPLAY THIS MESSAGE, "IF AGE INCORRECT, CORRECT DATE OF BIRTH."

YES .....	1 (INQ.020)
NO .....	2
REFUSED .....	7
DON'T KNOW.....	9

INQ.019 How old is {CHILD}?

CAPI INSTRUCTION: RANGE CHECK 6-11.

CAPI INSTRUCTION: IF DK OR RF ENTERED, DISPLAY THIS MESSAGE, "YOU MUST ENTER AN AGE FOR THE CHILD IF DATE OF BIRTH IS MISSING. IF THE RESPONDENT DOESN'T KNOW THE AGE, ASK FOR HIS/HER BEST GUESS. IF THE RESPONDENT REFUSES TO PROVIDE AN AGE, ENTER YOUR BEST GUESS OR A '8' IF YOU CAN'T GUESS THE CHILD'S AGE."

AGE

INQ.020 {In the last interview, we recorded that {CHILD}'s home address was:}/{What is {CHILD}'s home address?}

STREET ADDRESS1:   
STREET ADDRESS2:   
CITY:   
STATE:   
ZIP CODE:

{Is this still correct?}  
{TYPE ADDRESS AND ENTER 1 FOR "YES, CORRECT ADDRESS."}

CAPI INSTRUCTION: IF PREVIOUS DATA ARE NOT AVAILABLE FOR ADDRESS, DISPLAY 'HELP AVAILABLE' WHEN ON STATE ENTRY FIELD. USE STATE ABBREVIATIONS AS HELP TEXT.

YES, CORRECT ADDRESS ..... 1 (INQ.040)

YES, SAME ADDRESS – MINOR

CORRECTIONS ..... 2

NO. NEW ADDRESS ..... 3

INQ.030

**HELP AVAILABLE**

MAKE CORRECTIONS TO ADDRESS BELOW.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

CAPI INSTRUCTION: DISPLAY 'HELP AVAILABLE' WHEN ON STATE ENTRY FIELD. USE STATE ABBREVIATIONS AS HELP TEXT.

CAPI INSTRUCTION: DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD.

Current Info: [STREET ADDRESS1]  
[STREET ADDRESS2]  
[CITY]  
[STATE]  
[ZIP CODE]

STREET ADDRESS1:

STREET ADDRESS2:

CITY:

STATE:

ZIP CODE:

INQ.040

{I have recorded that {PHONE NUMBER} is {CHILD}'s family's current home phone number. Is this correct? /What is {CHILD}'s family's current phone number?}

IF NO TELEPHONE, ENTER '000'.

CAPI INSTRUCTION: DISPLAY "I have recorded ... correct?: IF A PHONE NUMBER IS AVAILABLE, DISPLAY CORRECTED PHONE NUMBER FROM PRELOAD. IF the PRELOAD PHONE NUMBER WAS '000' RF, DK, OR MISSING, DISPLAY "What is..... phone number?"

CAPI INSTRUCTION: IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED FOR TELEPHONE NUMBER. (REFUSED AND DON'T KNOW ARE ALLOWED AT ALL FIELDS.)

Current Info: [TELEPHONE NUMBER]

ENTER TELEPHONE NUMBER

or

REFUSED ..... 7

DON'T KNOW .....	9
------------------	---

■ GO TO PIQ.

### BOX 3

PARENT INVOLVEMENT - PIQ

BOX 1

- IF (NumberOfChildren = 2 AND ChildNum = 2), GO TO PIQ.005.
- OTHERWISE, GO TO PIQ.006

PIQ.005            Now I'd like to ask you about {TWIN}'s school. Do {CHILD} and {TWIN} have the same teacher?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW..... 9

PIQ.006            {Now I'd like to ask you about {CHILD}'s school?} Did you {or {CHILD}'s parents} choose where to live so that {CHILD} could attend {his/her} current school?

CAPI INSTRUCTIONS: FOR THE FIRST DISPLAY, IF (NUMBEROFCHILDREN = 1) OR (NUMBEROFCHILDREN = 2 AND CHILDNUM = 1) DISPLAY "Now I'd like to ask..." OTHERWISE, USE A NULL DISPLAY.

FOR THE SECOND DISPLAY, IF "FLAGS.SAMERESP" = 1 (SAME RESPONDENT AS PREVIOUS ROUND) AND THE RESPONDENT IS NOT A MOTHER/FATHER OR MALE/FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS) ACCORDING TO THE PRELOAD THEN DISPLAY "or {CHILD}'s parents". OTHERWISE, USE A NULL DISPLAY.

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

PIQ.007            Is this {CHILD}'s regularly assigned school or a school that you {or {CHILD}'s parents} chose?

CAPI INSTRUCTIONS: IF "FLAGS.SAMERESP" = 1 (SAME RESPONDENT AS PREVIOUS ROUND) AND THE RESPONDENT IS NOT A MOTHER/FATHER OR MALE/FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS) ACCORDING TO THE PRELOAD THEN DISPLAY {or {CHILD}'s parents}

ASSIGNED ..... 1  
CHOSEN ..... 2  
ASSIGNED SCHOOL IS SCHOOL OF  
CHOICE..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

PIQ.010            During this school year, have you or another adult in your household taken it upon yourself to contact {CHILD}'s teacher or school for any reason having to do with {CHILD}?

YES ..... 1 (PIQ.015)  
NO ..... 2 (BOX 3)  
REFUSED ..... 7 (BOX 3)  
DON'T KNOW..... 9 (BOX 3)



PIQ.015 Why did you contact {CHILD}'s teacher or school?

CODE ALL THAT APPLY.

PROBE: Anything else?

TO REPORT AN ABSENCE OR TARDINESS.....	1
TO DISCUSS PROBLEMS THE CHILD IS HAVING AT SCHOOL...	2
TO REQUEST SPECIAL PLACEMENT OR SERVICES.....	3
TO REQUEST EVALUATION BY A SPECIALIST.....	4
TO REQUEST A SPECIFIC TEACHER .....	5
TO CHECK ON {CHILD}'s PROGRESS.....	6
TO ASK ABOUT HOMEWORK PROBLEMS .....	7
OTHER.....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2**

- If PIQ.015 = 91 then GO TO PIQ.018
- ELSE GO TO BOX 3

PIQ.018 [Why did you contact {CHILD}'s teacher or school?]

ENTER OTHER REASON

\_\_\_\_\_

**BOX 3**

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1), CONTINUE WITH PIQ.020.
- IF (NumberOfChildren = 2 AND ChildNum = 2) AND PIQ.005 = 1, DK, OR RF, GO TO PIQ.070. ELSE, IF (NumberOfChildren = 2 AND ChildNum = 2) AND PIQ.005 = 2, GO TO PIQ.060

PIQ.020

Since the beginning of this school year have you or the other adults in your household....

- a1. Attended an open house or back-to-school night?
- a2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
- b1. Attended a meeting of a PTA, PTO, or Parent-Teacher Organization?
- b2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
- c1. Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?
- c2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
- d1. Attended a school or class event, such as a play, sports event, or science fair?
- d2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
- e1. Volunteered at the school or served on a committee?
- e2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
- f1. Participated in fundraising for {CHILD}'s school?
- f2. Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?

CAPI INSTRUCTION:

1. DISPLAY A 7 X 3 MATRIX IN THE RESPONSE AREA. DISPLAY RESPONSE CODES AT a1, b1, c1, d1, e1, f1, IN THE 'ATTENDED" COLUMN. DISPLAY RESPONSE CODES AT a2, b2, c2, d2, e2, f2 IN THE 'WHO DID THIS COLUMN'

	ATTENDED?	WHO DID THIS?
OPEN HOUSE		
PTA		
PARENT-TEACHER CONFERENCE		
SCHOOL OR CLASS EVENT		
VOLUNTEERING		
FUNDRAISING		

2. WHEN ON b1. c1, d1, e1, f1, DISPLAY THE MAJOR STEM: "Since....household...." IN SQUARE BRACKETS.

3. CAPI INSTRUCTIONS:

IF	CONTINUE WITH	OTHERWISE, GO TO
A1 = 1	A2	B1
B1 = 1	B2	C1
C1 = 1	C2	D1
D1 = 1	D2	E1
E1 = 1	E2	F1
F1 = 1	F2	PIQ.030

4. CAPI INSTRUCTIONS:

RESPONSE CODES:

FOR A1, B1, C1, D1, E1, F1, 1=YES, 2=NO, 7=REFUSED,9=DON'T KNOW

FOR A2, B2, C2, D2, E2, F2, 1=MOTHER, 2=FATHER, 3=BOTH, 4=NEITHER, 7=REFUSED, 9=DON'T KNOW

PIQ.030

For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.

PROBE: Would you say {CHILD}'s school does this very well, just O.K., or doesn't do this at all?

CAP I INSTRUCTION: WHEN ON B-E, DISPLAY QUESTION STEM "For...year" AND "PROBE: ....at all?" IN SQUARE BRACKETS.

	<u>DOES THIS VERY WELL</u>	<u>JUST O.K.</u>	<u>DOESN'T DO THIS AT ALL</u>	<u>RF</u>	<u>DK</u>
a. The school lets you know between report cards how {CHILD} is doing in school. Would you say {CHILD}'s school does this very well, just O.K., or doesn't do this at all?....	1	2	3	7	9
b. The school helps you understand what children at {CHILD}'s age are like. ....	1	2	3	7	9
c. The school makes you aware of chances to volunteer at the school. ....	1	2	3	7	9
d. The school provides workshops, materials, or advice about how to help {CHILD} learn at home. ....	1	2	3	7	9
e. The school sends home information on {CHILD}' s standardized test scores. ....	1	2	3	7	9

PIQ.045

In our last interview, it was reported that {ENGLISH/NON-ENGLISH LANGUAGE/a language other than English} is spoken in your home. When (CHILD)'s teacher sends home notes or newsletters, are these in {ENGLISH/NON-ENGLISH LANGUAGE/a language that you speak}?

CAP I INSTRUCTION: IF NO OTHER LANGUAGE REGULARLY SPOKEN AT HOME BESIDES ENGLISH) OR IF (ENGLISH SPOKEN AS PRIMARY LANGUAGE) ACCORDING TO THE PRELOAD FILE DISPLAY 'ENGLISH.' OTHERWISE, DISPLAY THE LANGUAGE SPECIFIED IN THE PRELOAD IF A LANGUAGE CATEGORY WAS CHOSEN. OTHERWISE, IF THE PRELOAD HAS AN OTHER SPECIFY CATEGORY TEXT STRING FOR LANGUAGE, OR IF THE RESPONDENT DID NOT CHOOSE A PRIMARY LANGUAGE, OR IF ANSWER WAS DK OR RF, DISPLAY "a language other than English" IN THE DISPLAY IN THE FIRST SENTENCE AND "a language that you speak" IN THE DISPLAY IN THE SECOND SENTENCE.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

PIQ.050

This year, have the following reasons made it harder for you to participate in activities at {CHILD}'s school? How about...

CAP I INSTRUCTIONS: WHEN ON B-H, PUT THE MAJOR STEM: "This year, have the following reasons made it harder for you to participate in activities at {CHILD}'s school?" IN SQUARE BRACKETS. DISPLAY "How about ..." BELOW THE STEM IN BRACKETS ON A SEPARATE LINE.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. Inconvenient meeting times? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
b. No child care keeps your family from going to school meetings or events? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
c. Family members can't get time off from work? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
d. Problems with safety going to the school? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
e. The school does not make your family feel welcome? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
f. Problems with transportation to the school? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9

**BOX 3a**

IF ACCORDING TO THE PRELOAD A LANGUAGE OTHER THAN ENGLISH IS SPOKEN IN THE HOME, THEN GO TO PIQ.050G. ELSE, GO TO PIQ.050H.

g. Problems because you or members of your family speak a language other than English and meetings are conducted only in English? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9
h. You don't hear about things going on at school that you might want to be involved in? Has that made it harder for you to participate in activities at {CHILD}'s school? .....	1	2	7	9

PIQ.060

Have you met {CHILD}'s teacher yet?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

PIQ.065

About how many parents of children in {CHILD}'s class do you talk with regularly, either in person or on the phone?

CAP I INSTRUCTIONS: HARD RANGE CHECK: 0-40 PARENTS.

<u>  </u> <u>  </u> <u>  </u>	
NUMBER OF PARENTS	
OR	
REFUSED .....	77
DON'T KNOW .....	99

**HELP AVAILABLE**

PIQ.070

How far in school do you **expect** {CHILD} to go? Would you say you **expect** {him/her} ...

CAPI INSTRUCTION: DISPLAY "expect" IN UNDERLINED TEXT.

**HELP SCREEN**

How far the respondent expects the child to go in school:

This question is about how far in school the respondent realistically expects the child to go, not how far the respondent hopes the child will go. If it is difficult to answer the question because the answer depends on many factors, ask for the best guess.

To receive less than a high school diploma, .	1
To graduate from high school, .....	2
To attend two or more years of college, .....	3
To finish a four- or five-year college degree, .	4
To earn a master's degree or equivalent, or .	5
To finish a Ph.D., MD or other advanced degree? .....	6
REFUSED .....	7
DON'T KNOW .....	9

PIQ.090

Compared to other children in {CHILD}'s class, how well do you think {he/she} is doing in school this spring in **reading/ language arts**?

Do you think {he/she} is doing....

CAPI INSTRUCTION: DISPLAY "reading/language arts" IN UNDERLINED TEXT.

Much worse, .....	1
A little worse, .....	2
About the same,.....	3
A little better, or.....	4
Much better?.....	5
REFUSED .....	7
DON'T KNOW.....	9

PIQ.100

Compared to other children in {CHILD}'s class, how well do you think {he/she} is doing in school this spring in **math**?

Do you think {he/she} is doing...

CAPI INSTRUCTION: DISPLAY "math" IN UNDERLINED TEXT.

Much worse, .....	1
A little worse, .....	2
About the same,.....	3
A little better, or.....	4
Much better?.....	5
REFUSED .....	7
DON'T KNOW.....	9

**BOX 3b**

- IF (NumberOfChildren = 2 AND ChildNum = 2), AND PIQ.005=1, DK, OR RF, GO TO BOX 4.
- ELSE, CONTINUE WITH PIQ.120.

PIQ.120

Now I 'd like to ask you some questions about what the school is like. For each of the following, please tell me how much you agree or disagree with the statements about {CHILD}'s school.

PROBE: Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?

CAP I INSTRUCTION: WHEN ON B-H, DISPLAY MAIN QUESTION TEXT "Now...school" IN SQUARE BRACKETS. DISPLAY "PROBE:.....agree?" IN SQUARE BRACKETS FOR B-H UNDER EACH ITEM.

	<u>SD</u>	<u>D</u>	<u>NAD</u>	<u>A</u>	<u>SA</u>	<u>RF</u>	<u>DK</u>
a. Parents are actively involved in this school's programs. Would you say you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree? .....	1	2	3	4	5	7	9
b. Teacher absenteeism is a problem at this school .....	1	2	3	4	5	7	9
c. Child absenteeism is a problem at this school .	1	2	3	4	5	7	9
d. The community served by this school is supportive of its goals and activities .....	1	2	3	4	5	7	9
e. There is a consensus among administrators and teachers on goals and expectations. ....	1	2	3	4	5	7	9
f. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5	7	9
g. Overcrowding is a problem at this school .....	1	2	3	4	5	7	9
h. Parents of children in this school are welcome to observe classes any time they are in session	1	2	3	4	5	7	9

**BOX 4**

GO TO FSQ.

## FAMILY STRUCTURE – FSQ

### BOX 1

IF (NumberOfChildren = 1) OR  
IF (NumberOfChildren > 1 and ChildNum =1). CONTINUE WITH FSQ.010.  
IF (NumberOfChildren >1 and ChildNum=2), GO TO BOX 6.

FSQ.Intro      Now I have a few questions about your household. We have listed that (READ NAMES FROM MATRIX) lived in this household at the time of our last interview.

As I read each person's name again, please tell me if he or she **still** lives in this household.

PRESS ENTER TO CONTINUE

FSQ.010      Does {NAME} **still** live in this household?

CAPi MATRIX INSTRUCTIONS:

1.      DISPLAY 'STILL' IN UNDERLINED TEXT.
2.      DISPLAY THE COMPLETED HOUSEHOLD MATRIX FROM THE PRELOAD FILE. THIS INCLUDES THE PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS. THESE COLUMNS SHOULD BE PROTECTED, THAT IS, INFORMATION CANNOT BE CHANGED.  
  
DISPLAY ONLY THOSE HOUSEHOLD MEMBERS WHO, AS INDICATED IN THE PRELOAD, ARE STILL IN THE HOUSEHOLD (IF THERE IS A "1" IN THE SIXTH COLUMN OF THE PREVIOUS ROUND MATRIX.)
3.      ADD AS THE 6TH COLUMN TO THE MATRIX, 'STILL IN HH'. DISPLAY '1' IF PERSON STILL LIVES IN THE HOUSEHOLD AND '2' IF THE PERSON DOES NOT (BASED ON HOW FSQ.010 IS CODED).
4.      THE CURSOR SHOULD START AT THE 'STILL IN HH' COLUMN FOR THE FIRST PERSON LISTED IN THE MATRIX.
5.      ADD AS THE 7TH COLUMN TO THE MATRIX, 'REASON LEFT' (FSQ.015).
6.      IF THE 'STILL IN HH' COLUMN IS CODED 'NO', THE CURSOR SHOULD MOVE RIGHT TO THE 'REASON LEFT' COLUMN. IF THE 'STILL IN HH' IS CODED 'YES', THE CURSOR SHOULD MOVE TO THE 'STILL IN HH' COLUMN FOR THE NEXT PERSON ON THE MATRIX (THE 'REASON LEFT' COLUMN DOES NOT NEED TO BE COMPLETED IN THIS INSTANCE).
7.      IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS PREVIOUS ROUND) AND FSQ.010 = 2 (NOT IN HH), DISPLAY ERROR MESSAGE: 'THIS PERSON CANNOT BE THE RESPONDENT AND NOT BE IN THE HOUSEHOLD.'
8.      ADD AS THE 8TH COLUMN TO THE MATRIX, 'REASON LEFT OS' (FSQ.015OS).

9. ONCE THE MATRIX IS COMPLETE (AS APPLICABLE) MOVE TO THE NEXT ITEM FSQ.045.

YES ..... 1 (Ask about next HH member)  
 NO ..... 2 (FSQ.015)

FSQ.015 Why is {NAME} no longer living in this household?

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY THIS QUESTION WHENEVER IN THE "REASON LEFT" COLUMN.
2. ONCE THIS ITEM IS CODED, THE CURSOR SHOULD MOVE TO THE 'STILL IN HH' COLUMN FOR THE NEXT PERSON ON THE MATRIX.
3. HOWEVER, IF SOME OTHER REASON IS CODED, THEN FSQ.015OS MUST FIRST BE COMPLETED BEFORE MOVING TO THE NEXT PERSON ON THE MATRIX.

SEPARATION OR DIVORCE ..... 1  
 ATTENDING COLLEGE OR  
 BOARDING SCHOOL ..... 2  
 LIVING ELSEWHERE FOR  
 EMPLOYMENT-RELATED REASONS ..... 3  
 DECEASED ..... 4  
 MOVED ON ..... 5  
 MOVED BACK WITH PARENTS..... 6  
 SOME OTHER REASON (SPECIFY) \_\_\_\_\_ 91 (FSQ.015OS)  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

FSQ.015OS [Why is {NAME} no longer living in this household?]

ENTER OTHER REASON.

CAPI MATRIX INSTRUCTIONS.

1. DISPLAY "REASON LEFT OS" AS THE 8TH COLUMN IN THE MATRIX.
2. DISPLAY THIS QUESTION WHENEVER IN THE "REASON LEFT OS" COLUMN.
3. THIS COLUMN ONLY NEEDS TO BE COMPLETED IF CODE 91 IS SELECTED AS A REASON IN THE 'REASON LEFT' COLUMN.

\_\_\_\_\_  
 ENTER OTHER REASON

FSQ.020 { Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.

PROBE: Anyone else (living in this household)?

ENTER FIRST NAME OF {NEW} HOUSEHOLD MEMBER OR PRESS ENTER IF MATRIX IS COMPLETE.



CAPI MATRIX INSTRUCTIONS:

1. DISPLAY THE HOUSEHOLD MATRIX (PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS.)
2. THE INTERVIEWER CAN ADD UP TO 25 ROW ENTRIES.

THE INTERVIEWER CAN MOVE ALL AROUND THE MATRIX USING THE ARROW KEYS (EXCEPT ON PROTECTED FIELDS).

3. FOR EACH HOUSEHOLD:
  - a. DISPLAY ALL HOUSEHOLD MEMBERS AND ASSOCIATED INFORMATION FROM THE PRELOAD OR UPDATED IN INQ (FOR THE CHILD AND ROUND 5 RESPONDENT). HOWEVER, DO NOT DISPLAY THE NAMES OF THOSE HH MEMBERS THAT WERE CODED '2' AT FSQ.010 (NOT IN HH ANYMORE). LEAVE THAT PERSON'S ROW BLANK.
  - b. ALL PREVIOUS HH MEMBER ROWS SHOULD BE PROTECTED. THE CURSOR SHOULD APPEAR ON THE FIRST BLANK FIRST NAME COLUMN.
  - c. WHEN ON THE FIRST BLANK FIRST NAME COLUMN DISPLAY "Please tell...somewhere else.", "PROBE: ... household", "ENTER FIRST ...COMPLETE", AND THE "NEW" IN THAT SCREEN INSTRUCTION.
  - d. WHEN ON THE SECOND BLANK FIRST NAME COLUMN, DISPLAY THE "PLEASE TELL...SOMEWHERE ELSE." IN BRACKETS [ ]. THE PROBE AND SCREEN INSTRUCTION CITED ABOVE SHOULD ALSO CONTINUE TO BE DISPLAYED.
4. DISPLAY "C" IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE FOCAL CHILD. DISPLAY THE AGE AND GENDER OF THE CHILD IN THE APPROPRIATE COLUMNS OF THE SECOND ROW.

IF APPLICABLE, DISPLAY THE NAME OF THE FOCAL CHILD'S TWIN IN THE THIRD ROW OF THE FIRST NAME COLUMN.

DISPLAY "T" IN THE FIRST COLUMN TO INDICATE THAT THE PERSON IS THE FOCAL CHILD'S TWIN.

DISPLAY THE AGE AND GENDER OF THE TWIN IN THE APPROPRIATE COLUMNS OF THE THIRD ROW.

5. IF FLAGS.SAMERESP = 1, THEN DISPLAY THE "R" NEXT TO THE NAME OF THE PREVIOUS ROUND RESPONDENT. DISPLAY THE NAME OF RESPONDENT ON THE FIRST ROW.

FSQ.025 ENTER LAST NAME OF {NAME}.

CAPI INSTRUCTION: DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE LAST NAME COLUMN OF THE HOUSEHOLD MATRIX.

FSQ.030 How old {are you/is {NAME}}?

ENTER AGE OF {NAME}.

ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.

CAPI INSTRUCTION: ACCEPT DON'T KNOW OR REFUSED.

CAPI INSTRUCTION: DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN OF THE HOUSEHOLD MATRIX.

CAPI INSTRUCTION: DISPLAY "ARE YOU" WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR THE RESPONDENT'S ROW AND "IS {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.

FSQ.040 CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/Is {NAME}} male or female?

ENTER GENDER OF {NAME}.

DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN.

DISPLAY "ARE YOU" WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR THE RESPONDENT'S ROW AND "IS {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.

MALE .....	1
FEMALE .....	2
REFUSED .....	7
DON'T KNOW .....	9

FSQ.045 IS THE MATRIX COMPLETE?

CAPI INSTRUCTION: CHECK HOUSEHOLD MATRIX. IF ANY BLANK FIELDS, RETURN THE CURSOR TO THE BLANK FIELD ON THE MATRIX AND DISPLAY THE APPROPRIATE ERROR MESSAGE.

YES .....	1 (FSQ.060)
NO .....	2 (COMPLETE MATRIX)

FSQ.060 Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

YES .....	1 (FSQ.020)
NO .....	2 (FSQ. 110)
REFUSED .....	7 (FSQ. 110)
DON'T KNOW .....	9 (FSQ. 110)

FSQ.110 Do you have a spouse or partner who lives in this household?

YES .....	1 (FSQ. 120)
NO .....	2 (BOX 2)
REFUSED .....	7 (BOX 2)
DON'T KNOW .....	9 (BOX 2)

FSQ.120 Who in the household is your spouse or partner?

ENTER THE NUMBER NEXT TO THE NAME OF THE PERSON WHO IS {RESPONDENT}'S SPOUSE/PARTNER.

IF NAME NOT LISTED, BACK UP AND ADD PERSON (IF PART OF HOUSEHOLD).

CAPI INSTRUCTION: DISPLAY HOUSEHOLD MEMBERS 16 YEARS OR OLDER AS RESPONSE CATEGORY CHOICES. DO NOT DISPLAY THE NAMES OF HOUSEHOLD MEMBERS CODED AS NO LONGER LIVING IN THE HOUSEHOLD AT FSQ.010.

CAPI INSTRUCTION: DO NOT DISPLAY THE RESPONDENT'S NAME.

CAPI INSTRUCTION: FLAG PERSON SELECTED AT FSQ.120 AS "RESPONDENT'S SPOUSE/PARTNER".

CAPI INSTRUCTION: DISPLAY THE RESPONDENT'S FIRST NAME FOR {RESPONDENT}.

{DISPLAY HH MEMBER NAME 1} .....	1
{DISPLAY HH MEMBER NAME 2} .....	2
{DISPLAY HH MEMBER NAME 3} .....	3
{DISPLAY HH MEMBER NAME 4} .....	4
{DISPLAY HH MEMBER NAME 5} .....	5
{DISPLAY HH MEMBER NAME 6} .....	6
{DISPLAY HH MEMBER NAME 7} .....	7
{DISPLAY HH MEMBER NAME 8} .....	8

**BOX 2**

IF FLAGS.SAMERESP = 1 AND THE RESPONDENT IS NOT A BIRTH OR ADOPTIVE MOTHER/FATHER OR THE SPECIFIC RELATIONSHIP OF THIS RESPONDENT TO THE CHILD IS NE -1, 7 OR 9, GO TO FSQ.100.

ELSE, GO TO BOX 2A.

FSQ.100

During our last interview, it was reported that you were {CHILD}'s {RELATIONSHIP}. Has there been a change in your relationship to {CHILD}?

CAPI INSTRUCTIONS: USING CURRENT ROSTER, DISPLAY SPECIFIC RELATIONSHIP OF STEPMOTHER, FOSTER MOTHER, STEPFATHER, OR FOSTER FATHER. ELSE, IF RESPONDENT IS NOT ONE OF THESE RELATIONSHIPS, DISPLAY OTHER RELATIONSHIP INFORMATION FROM ROSTER (E.G., OTHER RELATIVE, OTHER NON-RELATIVE).

YES .....	1 (BOX 2A)
NO .....	2 (BOX 2A)
REFUSED .....	7 (BOX 2A)
DON'T KNOW .....	9 (BOX 2A)

**BOX 2A**

IF FLAGS.SAMERESP = 1 AND SPOUSE OR PARTNER IS THE SAME AS IN MOST RECENT INTERVIEW AND (IS NOT A BIRTH OR ADOPTIVE MOTHER/FATHER) OR (THE SPECIFIC RELATIONSHIP INFORMATION IS NE -1, 7 OR 9,) GO TO FSQ.121. ELSE, GO TO BOX 4.

FSQ.121

During our last interview, it was reported that {NAME OF SPOUSE/PARTNER} was {CHILD}'s {RELATIONSHIP}. Has there been a change in the relationship of {NAME OF SPOUSE/PARTNER} to {CHILD}?

CAPI INSTRUCTIONS: USING CURRENT ROSTER, DISPLAY SPECIFIC RELATIONSHIP OF STEPMOTHER, FOSTER MOTHER, STEPFATHER, OR FOSTER FATHER. ELSE, IF RESPONDENT IS NOT ONE OF THESE RELATIONSHIPS, DISPLAY OTHER RELATIONSHIP INFORMATION FROM ROSTER (E.G., OTHER RELATIVE, OTHER NON-RELATIVE).

YES .....	1
NO .....	2
DIFFERENT SPOUSE/PARTNER.....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

IF FSQ.100=1, GO TO FSQ.130. ELSE, IF FSQ.121=1, GO TO FSQ.130. ELSE, GO TO LOOP 1.

**LOOP 1**

ASK FSQ.130 - FSQ.181 FOR EACH NEW PERSON ENUMERATED ON THE HOUSEHOLD MATRIX (AT FSQ.020) WHO IS NOT THE FOCAL CHILD. DO NOT ASK ABOUT HOUSEHOLD MEMBERS ENUMERATED IN A PREVIOUS ROUND. OTHERWISE, GO TO BOX 5.

FSQ.130

**HELP AVAILABLE**

What is {your/{NAME}'s} relationship to {CHILD}?

{CODE RELATIONSHIP OF HOUSEHOLD MEMBERS ONLY.}

HELP TEXT:

Mother/Female Guardian: The female primarily responsible for the child. Includes birth or biological mothers, adoptive, step, and foster mothers, as well as, legal female guardians.

Father/Male Guardian: The male primarily responsible for the child. Includes birth or biological fathers, adoptive, step, and foster fathers, as well as, legal male guardians.

Sister: Include biological (full, half), adoptive, step, and foster sisters.

Brother: Include biological (full, half), adoptive, step, and foster brothers.

Girlfriend or Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Grandmother: The female parent of the child's biological or adoptive mother or father.

Grandfather: The male parent of the child's biological or adoptive mother or father.

Aunt: The sister of the child's biological or adoptive mother or father or the wife of the child's uncle.

Uncle: The brother of the child's biological or adoptive mother or father or the husband of the child's aunt.

Cousin: A child of the focal child's uncle, aunt, or cousin.

Other Relative: Refers to relationships that aren't specifically listed, such as great grandmother, niece, or nephew.

Other Non-relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married). It also refers to more ambiguous relationships that exist where there are two people living together as married and they have children. For example, the child's father and the father's girlfriend (who is not the child's mother) live together as married and the girlfriend's daughter lives with them. The relationship of the girlfriend's daughter to the child would be siblings if they were married, but since the father and the girlfriend are not married, she is an "other non-relative." If the "other non-relative" is coded, you will receive a list of other codes to use if they are more descriptive than "other non-relative."

CAPI INSTRUCTION: DISPLAY THE RELATIONSHIP MATRIX.

CAPI INSTRUCTION: DO NOT DISPLAY THE FOCAL CHILD'S ROW.

CAPI INSTRUCTION: DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

CAPI MATRIX INSTRUCTIONS:

- a. DO NOT DISPLAY THE NAMES OF HH MEMBERS NOT LIVING IN THE HOUSEHOLD (CODED '2' AT FSQ.010).
- b. THE NAMES AND RELATIONSHIPS OF HOUSEHOLD MEMBERS COLLECTED LAST ROUND SHOULD BE PROTECTED.
- c. THE CURSOR SHOULD START IN THE FIELD FOR THE FIRST NEW PERSON ADDED AT FSQ.020 THIS ROUND.
- d. DISPLAY "CODE RELATIONSHIP...ONLY."

MOTHER/FEMALE GUARDIAN .....	1 (FSQ.140)
FATHER/MALE GUARDIAN .....	2 (FSQ.150)
SISTER .....	3 (FSQ.160)
BROTHER .....	4 (FSQ.170)
GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN .....	5 (BOX 5)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN .....	6 (BOX 5)
GRANDMOTHER .....	7 (BOX 5)
GRANDFATHER .....	8 (BOX 5)
AUNT .....	9 (BOX 5)
UNCLE .....	10 (BOX 5)
COUSIN .....	11 (BOX 5)
OTHER RELATIVE .....	12 (BOX 5)
OTHER NON-RELATIVE .....	13 (FSQ.180)

FSQ.140

**HELP AVAILABLE**

{Are you/Is {NAME}} {CHILD}'s...

**HELP TEXT:**

Birth Mother: Child's female biological parent.

Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

Step Mother: The female other than the child's mother who is married to the child's father.

Foster Mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Female Guardian: The female legally placed in charge of the affairs of the child.

Birth mother, .....	1 (BOX 5)
Adoptive mother, .....	2 (BOX 5)
Step mother, or .....	3 (BOX 5)
Foster mother or female guardian? .....	4 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

FSQ.150

**HELP AVAILABLE**

{Are you/Is {NAME}} {CHILD}'s...

HELP TEXT:

Birth Father: Child's male biological parent.

Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.

Step Father: The male other than the child's father who is married to the child's mother.

Foster Father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Male Guardian: The male legally placed in charge of the affairs of the child.

Birth father, .....	1 (BOX 5)
Adoptive father, .....	2 (BOX 5)
Step father, or .....	3 (BOX 5)
Foster father or male guardian? .....	4 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

FSQ.160

**HELP AVAILABLE**

{Are you/Is {NAME}} {CHILD}'s...

HELP TEXT:

Full Sister: A female with whom the child shares the same biological parents.

Half Sister: A female with whom the child shares one biological parent.

Step Sister: A female to whom the child is unrelated except by the marriage of one biological parent.

Adoptive Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.

Foster Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Full sister, .....	1 (BOX 5)
Half sister,.....	2 (BOX 5)
Step sister, .....	3 (BOX 5)
Adoptive sister, or .....	4 (BOX 5)
Foster sister? .....	5 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

FSQ.170

**HELP AVAILABLE**

{Are you/Is {NAME}} {CHILD}'s...

**HELP TEXT:**

Full Brother: A male with whom the child shares the same biological parents.

Half Brother: A male with whom the child shares one biological parent.

Step Brother: A male to whom the child is unrelated except by the marriage of one biological parent.

Adoptive Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.

Foster Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Full brother, .....	1 (BOX 5)
Half brother,.....	2 (BOX 5)
Step brother, .....	3 (BOX 5)
Adoptive brother, or .....	4 (BOX 5)
Foster brother? .....	5 (BOX 5)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

FSQ.180

**HELP AVAILABLE**

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

**HELP TEXT:**

Girlfriend or Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Female Guardian: The female legally placed in charge of the affairs of the child.

Male Guardian: The male legally placed in charge of the affairs of the child.

Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN .....	1 (BOX 5)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN .....	2 (BOX 5)
FEMALE GUARDIAN .....	3 (BOX 5)
MALE GUARDIAN .....	4 (BOX 5)
DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER .....	5 (BOX 5)
OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER .....	6 (BOX 5)
OTHER NONRELATIVE .....	7 (FSQ.181)
SPECIFY _____	
REFUSED .....	77 (BOX 5)
DON'T KNOW .....	99 (BOX 5)

FSQ.181

SPECIFY OTHER NON-RELATIVE.

\_\_\_\_\_  
OTHER NON-RELATIVE

**BOX 5**

**END LOOP 1.**

- ASK FSQ.130 - FSQ.181 FOR NEXT NEW PERSON ON THE HOUSEHOLD ROSTER WHO IS NOT THE FOCAL CHILD.
- IF NO NEXT PERSON, CONTINUE WITH BOX 5A.

**BOX 5A**

**LOOP 2.**

- IF ANY FOCAL CHILD, RESPONDENT, MOTHER FIGURE, OR FATHER FIGURE, OR RESPONDENT AND RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) IS MISSING ETHNICITY OR RACE DATA, CONTINUE WITH FSQ.190.
- OTHERWISE, GO TO BOX 5B.

FSQ.190

**HELP AVAILABLE**

{Are you/Is {NAME}} of Hispanic origin?

**HELP TEXT:**

Hispanic or Latino Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

**CAPI MATRIX INSTRUCTIONS:**

DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.



DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

NOTE: ASK ABOUT HISPANIC ORIGIN AND RACE ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT OR IF THERE ARE NO PARENTS, THEN ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW OR IF MISSING FOR PREVIOUS HH MEMBERS.)

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FSQ.195

**HELP AVAILABLE**

What is {your/{NAME}'s} race?

CODE ALL THAT APPLY.

HELP TEXT:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

CAPI MATRIX INSTRUCTIONS:

DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

IF CODE '91' (ANOTHER RACE) IS CHOSEN, DISPLAY THE 'RACE OS' COLUMN (FSQ.198) FOR COMPLETION.

DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

NOTE: ASK ABOUT HISPANIC ORIGIN AND RACE ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT OR IF THERE ARE NO PARENTS, THEN ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW OR IF MISSING FOR PREVIOUS HH MEMBERS.)

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

AMERICAN INDIAN OR ALASKA NATIVE ..	1	
ASIAN .....	2	
BLACK OR AFRICAN AMERICAN .....	3	
NATIVE HAWAIIAN OR OTHER		
PACIFIC ISLANDER .....	4	
WHITE .....	5	
ANOTHER RACE (SPECIFY) .....	91	(FSQ.198)
REFUSED .....	7	
DON'T KNOW .....	9	

FSQ.198 [What is {your/{NAME}'s} race?]

ENTER OTHER-SPECIFY TEXT.

---

OTHER RACE

**BOX 5B**

**END LOOP 2.**

- ASK FSQ.190 – FSQ.198 FOR NEXT PERSON WHO IS THE FOCAL CHILD, MOTHER FIGURE, FATHER FIGURE, OR RESPONDENT OR RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) WHOSE ETHNICITY OR RACE DATA ARE MISSING.
- IF NO NEXT PERSON, CONTINUE WITH BOX 6.

**BOX 6**

ASK FSQ.240 – FSQ.260 IF ANY FOCAL CHILD, RESPONDENT, MOTHER FIGURE, OR FATHER FIGURE, OR RESPONDENT AND RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) IS MISSING DATA ON COUNTRY OF ORIGIN SERIES (IF MISSING DATA FOR FSQ.240, FSQ.250, OR FSQ.260). ELSE, GO TO BOX 7.

FSQ.240 Now I have a few questions about {your/{NAME}'s} country of birth. In what country {were/was} {you/{NAME}} born?

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT 'NOT ON LIST' IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAP I INSTRUCTION: DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

DISPLAY FIRST NAME OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACE IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

<p><b>BOX 6A</b></p> <p>IF FSQ.240 = 0 (NOT ON LIST), CONTINUE WITH FSQ.240OS.</p> <p>IF FSQ.240 = 1, 5, 98, 152, 195, 217, 249, DK, OR RF, GO TO BOX 7.</p> <p>OTHERWISE, CONTINUE WITH FSQ.250.</p>
---

FSQ.240OS      [In what country {were/was} {you/{NAME}} born?]

SPECIFY COUNTRY.

\_\_\_\_\_

FSQ.250      How old {was/were} {you/{NAME}} when {you/{he/she}} first moved to the United States?

CAPI INSTRUCTION: RANGE CHECK: 0 – 75 YEARS OLD. UNLESS AGE IN HOUSEHOLD ROSTER = DK OR RF, AGE ENTERED AT THIS ITEM CANNOT EXCEED THIS PERSON'S AGE IN THE HOUSEHOLD ROSTER. OTHERWISE, DISPLAY ERROR MESSAGE: "This age cannot be greater than person's age."

<div><div></div><div></div><div></div></div>	
AGE	
or	
REFUSED .....	77
DON'T KNOW.....	99

FSQ.260      {Are/is} {you/{NAME}} a United States citizen?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FSQ.300      {FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?

SEE ATTACHED FOR FILL SPECIFICATIONS.

MARRIED .....	1
SEPARATED .....	2
DIVORCED .....	3
WIDOWED .....	4
NEVER MARRIED .....	5
REFUSED .....	7
DON'T KNOW .....	9

Many things happen in families that may affect young people. In the last 2 years, have any of the following happened to your family?

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. One of {CHILD}'s parents got divorced or separated .....	1	2	7	9
b. One of {CHILD}'s parents got married or remarried .....	1	2	7	9
c. A parent of {CHILD}'s died .....	1	2	7	9
d. A close relative of {CHILD}'s died .....	1	2	7	9
e. {CHILD}'s family was homeless for a period of time .....	1	2	7	9
f. A close friend of {CHILD}'s family died .....	1	2	7	9

#### BOX 7

IDENTIFY THE 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS FOLLOWS:

- 1) THE KEY PARENT FIGURES SHOULD BE CHOSEN ONLY FROM AMONG CURRENT MEMBERS OF THE HOUSEHOLD;
- 2) IF A MOTHER (RELATION=1) IS IN THE HOUSEHOLD SHE SHOULD BE A KEY PARENT FIGURE; IF A FATHER (RELATION =2) IS IN THE HOUSEHOLD HE SHOULD BE A KEY PARENT FIGURE; IF THERE ARE TWO MOTHERS (RELATION=1) PICK THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER =1, ADOPTIVE MOTHER=2, STEPMOTHER=3, AND FOSTER MOTHER OR FEMALE GUARDIAN =4. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER. IF THERE ARE TWO FATHERS (RELATION=2), PICK THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER =1, ADOPTIVE FATHER=2, STEPFATHER=3, AND FOSTER FATHER OR MALE GUARDIAN =4. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER;
- 3) IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THE MOTHER HAS A SPOUSE/PARTNER, THE MOTHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 4) IF THERE IS A FATHER (RELATION=2) AND THE FATHER HAS A SPOUSE/PARTNER, THE FATHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 5) OTHERWISE, IF THERE ARE NOT PARENTS IN THE HOUSEHOLD (RELATION NE 1 OR 2), THE RESPONDENT SHOULD BE A KEY PARENT FIGURE AND THE RESPONDENT'S SPOUSE/PARTNER, IF ONE, SHOULD BE A KEY PARENT FIGURE.

#### BOX 8

GO TO SECTION HEQ.

### FSQ.300 FILL SPECIFICATIONS

{FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?

{FILL 1}	{FILL 2}	ParentIsR  The current roster shows a relationship of birth/adoptive mother or birth/adoptive father for the person flagged as the respondent for YES	BioMoInHH  The current roster shows the relationship of birth mother for at least one HH member (not the R) for YES	BioFaInHH  The current roster shows the relationship of birth father for at least one HH member (not the R) for YES	AdopMoInHH  The current roster shows the relationship of adoptive mother for at least one HH member (not the R) for YES	AdopFaInHH  The current roster shows the relationship of adoptive father for at least one HH member (not the R) for YES
Are you	have you	YES				
Are CHILD's biological parents	have they	NO	YES	YES		
Are CHILD's biological parents	have they	NO	NO	NO	NO	NO
Is CHILD's biological mother	has she	NO	YES	NO		
Is CHILD's biological father	has he	NO	NO	YES		
Is CHILD's adoptive mother	has she	NO	NO	NO	YES	NO
Is CHILD's adoptive father	has he	NO	NO	NO	NO	YES
Are CHILD's adoptive parents	have they	NO	NO	NO	YES	YES

## HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION – HEQ

### BOX 1

IF CHILDNUM=1 OR IF CHILDNUM=2, CONTINUE WITH HEQ.010.

### HELP AVAILABLE

HEQ.010

Now I'd like to talk with you about {CHILD}'s activities with family members. In a typical **week**, how often do you or any other family members do the following things with {CHILD}?

PROBE: Would you say not at all, once or twice, 3-6 times, or every day?

#### HELP TEXT:

**FAMILY MEMBER:** A family member refers to any person who lives in the child's household and any relative of the child living outside the child's household.

**Tell stories:** Story-telling is different from reading. Stories include fairy tales, family stories, or any type of story that is not read.

**Sing Songs with child:** Include times that a family member sings to or with the child. This may include teaching the child songs, singing along with tapes or to the radio, or singing while playing musical instruments.

**Help child with arts and crafts:** Arts and crafts may include making seasonal decorations, making cutouts or drawing pictures, painting or finger-painting, whittling wood, etc. It also includes helping the child with arts and crafts projects assigned by school, but done at home.

**Involve child in household chores:** Chores not mentioned can also satisfy this item.

**Play games or do puzzles:** Includes indoor "quiet" games like board games or puzzles, or more active indoor games like Ping-Pong.

**Talk about nature or do science projects:** Talking about nature could include answering any questions the child may have about trees, weather, etc. or watching a television program or video about nature together and then discussing it. Science projects include any type of project designed to show the child how the world works, such as understanding how plants grow, studying rocks, using flashlights to create shadows, or mixing paints to create different colors.

**Build something or play with construction toys:** This would include activities that the child does with family members, such as making a tent, constructing a toy car, building a doghouse, and using Lincoln logs, Brio, or other construction toys or tools.

**Play a sport or exercise together:** This includes calisthenics, riding bicycles, rollerblading, individual or team sports, games like hide-and-go-seek, or other outdoor activities where activity or exercise is involved. Do not include times when the child does the sport or activity by him or herself.

**Practice reading, writing, or working with numbers:** This includes time family members spend on homework, reading a calendar, practicing in an exercise or workbook.

**Read books:** Include only times family members have read books to the child. Do not include times when the child reads or looks at books by him or herself.

#### CAPI INSTRUCTION:

1. WHEN ON B-J. DISPLAY "PROBE.....every day?" IN SQUARE BRACKETS.
2. DISPLAY "Now ..... {CHILD}?" IN SQUARE BRACKETS WHEN ON B-J.
3. DISPLAY "WEEK" in UNDERLINED TEXT.

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	REF	DK
a. Tell stories to {CHILD}? Would you say not at all, once or twice, 3-6 times, or every day? .....	1	2	3	4	7	9
b. Sing songs with {CHILD}?.....	1	2	3	4	7	9
c. Help {CHILD} to do arts and crafts?.....	1	2	3	4	7	9
d. Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets? .....	1	2	3	4	7	9
e. Play games or do puzzles with {CHILD}? ...	1	2	3	4	7	9
f. Talk about nature or do science projects with {CHILD}? .....	1	2	3	4	7	9

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	REF	DK
g. Build something or play with construction toys with {CHILD}? .....	1	2	3	4	7	9
h. Play a sport or exercise together? .....	1	2	3	4	7	9
i. Practice reading, writing or working with numbers? .....	1	2	3	4	7	9
j. Read books to {CHILD}?.....	1	2	3	4	7	9

**BOX 2**

IF HEQ.010j =1, 7, OR 9 THEN GO TO HEQ.016.  
ELSE CONTINUE WITH HEQ.015.

HEQ.015 Generally, how long is {CHILD} read to at each of these times?

CAPI INSTRUCTION: HARD RANGE CHECK: 1-60 MINUTES.

ENTER MINUTES  
 or  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

HEQ.016 In the past week, how often did {CHILD} read to (himself/herself) or to others outside of school?

Would you say ...

CAPI INSTRUCTION: DISPLAY "WEEK" IN UNDERLINED TEXT.

Never ..... 1  
 Once or twice a week ..... 2  
 Three to six times a week, or ..... 3  
 Every day?..... 4  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HEQ.017 In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?

CAPI INSTRUCTION: DISPLAY PREVIOUS MONTH FOR "MONTH" AND DATE OF INTERVIEW FOR "DAY"

	YES	NO	REF	DK
a. Gone to a play, concert, or other live show? .....	1	2	7	9
b. Visited an art gallery, museum, or historical site?.....	1	2	7	9
c. Visited a zoo, aquarium, or petting farm? .....	1	2	7	9
d. Attended an athletic or sporting event in which {CHILD} was not a player? .....	1	2	7	9

HEQ.020 Outside of school hours in the past year, has {CHILD} participated in:

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

	YES	NO	REF	DK
a. Dance lessons?.....	1	2	7	9
b. Organized athletic activities, like basketball, soccer, baseball, or gymnastics? .....	1	2	7	9
c. Organized clubs or recreational programs like scouts?.....	1	2	7	9
d. Music lessons, for example, piano, instrumental music or singing lessons? .....	1	2	7	9
e. Art classes or lessons, for example, painting, drawing, sculpturing? .....	1	2	7	9
f. Organized performing arts programs, such as children's choirs, dance programs, or theater performances? .....	1	2	7	9

**BOX 3**

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH HEQ.021. OTHERWISE, GO TO HEQ.040.

HEQ.021 Which of the following items does your family have in your home?

CAPI INSTRUCTION: WHEN ON B-D, DISPLAY Which...home?" IN SQUARE BRACKETS.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A newspaper received on a regular basis? .....	1	2	7	9
b. A magazine received on a regular basis? .....	1	2	7	9
c. A dictionary or an encyclopedia? .....	1	2	7	9
d. A pocket calculator? .....	1	2	7	9

**HELP AVAILABLE**

HEQ.022 About how many children's books does {CHILD} have in your home now, including library books?  
Please only include books that are for children.

HELP TEXT:

NUMBER OF CHILDREN'S BOOKS: This item asks about the books that belong to the child, not all books in the home (e.g., not parents' books). Books shared by siblings may be counted. For example, if the children share 50 books, count all 50.

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5000 BOOKS.

|\_|\_|\_|\_|\_|  
 ENTER # OF BOOKS  
 OR  
 REFUSED ..... 7777  
 DON'T KNOW ..... 9999

HEQ.023 Do you have a library card?

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HEQ.024 Does {CHILD} have {his/her} own library card?

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9



HEQ.026 In the past month, that is, since {MONTH} {DAY}, has anyone in your family visited a library with {CHILD}?

CAPI INSTRUCTION: DISPLAY PREVIOUS MONTH FOR {MONTH} AND DATE OF INTERVIEW FOR {DAY}.

CAPI INSTRUCTION: DISPLAY "MONTH" IN UNDERLINED TEXT.

YES ..... 1 (HEQ.030)  
 NO ..... 2 (HEQ.028)  
 REFUSED ..... 7 (HEQ.028)  
 DON'T KNOW ..... 9 (HEQ.028)

HEQ.028 How about in the past year? Has anyone in your family visited a library with {CHILD}?

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

# HELP AVAILABLE

HEQ.030 Now I'd like to talk with you about what you read at home. How often do you read the following items at home?

PROBE: Would you say never, less than once a week, a few times a week or everyday?

HELP TEXT: Reading material printed in another language counts.

CAPI INSTRUCTION: DISPLAY "AT HOME" IN UNDERLINED TEXT. DISPLAY "PROBE: ...everyday?" IN SQUARE BRACKETS FOR B-D.

	NEVER	LESS THAN 1 A WEEK	A FEW TIMES WK	EVERY DAY	REF	DK
a. Newspapers or magazines? Would you say, never, less than once a week a few times a week, or everyday? .....	1	2	3	4	7	9
b. Books? .....	1	2	3	4	7	9
c. Letters, notes, and e-mails? .....	1	2	3	4	7	9
d. Internet or web pages? .....	1	2	3	4	7	9

HEQ.040 Do you have a home computer that {CHILD} uses?

YES ..... 1 (HEQ.044)  
 NO ..... 2 (BOX 4A)  
 REFUSED ..... 7 (BOX 4A)  
 DON'T KNOW ..... 9 (BOX 4A)

HEQ.044 In an average week how often does {CHILD} use the computer? Would you say...

Never ..... 1 (BOX 4A)  
 Once or twice a week ..... 2 (BOX 4)  
 Three to six times a week, or ..... 3 (BOX 4)  
 Every day? ..... 4 (BOX 4)  
 REFUSED ..... 7 (BOX 4)  
 DON'T KNOW ..... 9 (BOX 4)

**BOX 4**

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH HEQ.045. OTHERWISE, IF (NumberOfChildren > 1 AND ChildNum  
= 2) AND (HEQ.045 = 1 IN ChildNum = 1's INTERVIEW), GO TO HEQ.046. ELSE, GO  
TO HEQ.050.

HEQ.045 Do you have access to the Internet at home?

YES .....	1 (HEQ.046)
NO .....	2 (HEQ.050)
REFUSED .....	7 (HEQ.050)
DON'T KNOW .....	9 (HEQ.050)

HEQ.046 Does {CHILD} use a computer at home to get on the Internet?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HEQ.050 In an average week how often does {CHILD} use the computer for educational purposes and homework  
such as to improve reading or math skills? Would you say...

Never .....	1
Once or twice a week .....	2
Three to six times a week, or .....	3
Every day? .....	4
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4A**

IF (NumberOfChildren=1) OR (NumberOfChildren>1 AND  
ChildNum=1), CONTINUE WITH HEQ.060. ELSE, IF (Number of  
Children>1 and CHILDNUM=2) AND HEQ.060=1 IN ChildNum=1's  
INTERVIEW, GO TO HEQ.065. ELSE, IF (NumberOf Children>1  
and ChildNum=2) AND HEQ.060=2, 7, OF 9 IN ChildNum=1's  
INTERVIEW, GO TO HEQ.090.

HEQ.060 Now I'd like to ask some questions about {CHILD}'s television viewing. We are interested in {his/her}  
television viewing only **in your home**. We want you to include television shows, videotapes, and DVDs,  
but not games like NINTENDO.

Do you have a television at home?

YES .....	1 (HEQ.065)
NO .....	2 (HEQ.090)
REFUSED .....	7 (HEQ.090)
DON'T KNOW .....	9 (HEQ.090)

HEQ.065 On any given weekday, how many hours of television, videotapes, or DVDs on average does {CHILD}  
watch **at home**? How about...

- a. Before 8:00am?
- b. Between 8:00am and 3:00pm?
- c. Between 3:00pm and dinner time?
- d. After dinner time?

CAPI INSTRUCTIONS:

1. DISPLAY "at home" IN UNDERLINED TEXT.

2. DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

	HOURS	MINUTES
Before 8:00 am		
Between 8:00 a.m. and 3:00 p.m.		
Between 3:00 p.m. and dinner time		
After dinner time		

3. WHEN CURSOR IS ON THE HOUR FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.'
4. WHEN CURSOR IS ON THE MINUTE FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF MINUTES.'
5. WHEN CURSOR IS ON THE HOUR FIELDS OF HEQ.065B-D OR, OR ANY OF THE MINUTE FIELDS, DISPLAY 'on any given....How about...' IN SQUARE BRACKETS.
6. DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.
7. USE THE FOLLOWING SKIP INSTRUCTIONS FOR DK OR RF AT HOUR FIELDS:

IF DK OR RF AT:	SKIP TO	ELSE
HEQ.065A HOUR FIELD	HEQ.065B	CONTINUE WITH MINUTE
HEQ.065B HOUR FIELD	HEQ.065C	CONTINUE WITH MINUTE
HEQ.065C HOUR FIELD	HEQ.065D	CONTINUE WITH MINUTE
HEQ.065D HOUR FIELD	HEQ.070	CONTINUE WITH MINUTE

8. HARD RANGE: 0 - 6 FOR HOURS; 0 - 59 FOR MINUTES. THE TOTAL OF THE FOUR TIME FRAMES SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of hours exceeds 24! Please correct the entries."

HEQ.070

How about on Saturday and Sunday? How many hours does {CHILD} watch television, videotapes, or DVDs at home on...

- a. Saturdays?
- b. Sundays?

CAPI INSTRUCTIONS:

1. DISPLAY "at home" IN UNDERLINED TEXT.

2. DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

	HOURS	MINUTES
Saturdays		
Sundays		

3. WHEN CURSOR IS ON THE HOUR FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.'
4. WHEN CURSOR IS ON THE MINUTE FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF MINUTES.'
5. WHEN CURSOR IS ON THE HOUR FIELD OF HEQ.070B OR ANY OF THE MINUTE FIELDS, DISPLAY 'How about...at home on...' IN SQUARE BRACKETS.
6. DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.

7. USE THE FOLLOWING SKIP INSTRUCTIONS FOR DK OR RF AT HOUR FIELDS:

IF DK OR RF AT:	SKIP TO	ELSE
HEQ.070A HOUR FIELD	HEQ.070B	CONTINUE WITH MINUTE
HEQ.070B HOUR FIELD	HEQ.075	CONTINUE WITH MINUTE

8. HARD RANGE: 0 - 24 HOUR FOR FIELDS; 0 - 59 FOR MINUTE FIELDS. IF HOURS = 24, THEN MINUTES CANNOT EXCEED 0. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of hours exceeds 24! Please correct the entries."

HEQ.075 Are there family rules for {CHILD} about any of the following television-related activities?

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. What programs {CHILD} can watch? .....	1	2	7	9
b. How early or late {he/she} may watch television? .....	1	2	7	9
c. How many hours {he/she} may watch television on weekdays? .....	1	2	7	9
d. How many hours {he/she} may watch television each week? .....	1	2	7	9

HEQ.090 Now I have some questions about {CHILD's} homework. How often does {CHILD} do homework either at home or somewhere else outside of school? Would you say...

PROBE: This refers to homework assigned by the school and not extra work provided by the parent.

Never, .....	1 (HEQ.100)
Less than once a week, .....	2 (HEQ.091)
1 to 2 times a week, .....	3 (HEQ.091)
3 to 4 times a week, or .....	4 (HEQ.091)
5 or more times a week? .....	5 (HEQ.091)
REFUSED .....	7 (HEQ.100)
DON'T KNOW .....	9 (HEQ.100)

HEQ.091 Is there a place in your home that is set aside for {CHILD} to do homework?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HEQ.092 Approximately, how much time is set aside everyday for {CHILD} to do homework?

CAPI INSTRUCTION: HARD RANGE CHECK: 1-180 MINUTES.

____ ____ ____	
ENTER MINUTES	
or	
REFUSED .....	777
DON'T KNOW .....	999

HEQ.093 Does {CHILD} have someone who can help {him/her} with homework in reading, language arts, or spelling?

YES .....	1 (HEQ.094)
NO .....	2 (HEQ.096)
REFUSED .....	7 (HEQ.096)
DON'T KNOW .....	9 (HEQ.096)

HEQ.094

Which of the following people has helped {CHILD} with (his/her) reading, language arts, or spelling homework either at home or somewhere else during this school year?

CAPI INSTRUCTIONS: AFTER FIRST TIME QUESTION APPEARS, DISPLAY "Which...year?" IN SQUARE BRACKETS. FOR A, DISPLAY "mother" IF THE MOTHER IS A BIRTH OR ADOPTIVE MOTHER, DISPLAY "stepmother" IF THE MOTHER IS A STEPMOTHER, OR DISPLAY "foster mother" IF THE MOTHER IS A FOSTER MOTHER.

FOR B, DISPLAY "father" IF THE FATHER IS A BIRTH OR ADOPTIVE FATHER, DISPLAY "stepfather" IF THE FATHER IS A STEPFATHER, OR DISPLAY "foster father" IF THE FATHER IS A FOSTER FATHER.

FOR D, DISPLAY "brother" IF THE CHILD HAS A BROTHER WHOSE AGE IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1. DISPLAY "sister" IF THE CHILD HAS A SISTER WHOSE AGE IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1. DISPLAY "brother or sister" IF THE CHILD HAS BOTH A BROTHER AND SISTER WHOSE AGES ARE GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1.

YES   NO   REF   DK

**BOX 5**

IF THE CURRENT ROSTER SHOWS THAT CHILD'S MOTHER (OF ANY TYPE, BIRTH, ADOPTIVE, ETC.) IS IN THE HOUSEHOLD THEN ASK A. IF THERE ARE TWO MOTHERS, USE HEQ.094A FOR THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER = 1, ADOPTIVE MOTHER = 2, STEPMOTHER = 3, AND FOSTER MOTHER OR FEMALE GUARDIAN = 4. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, DISPLAY THAT RELATIONSHIP. ELSE, GO TO BOX 6.

a. {CHILD}'s {mother/stepmother/foster mother}? ..... 1   2   7   9

**BOX 6**

IF THE CURRENT ROSTER SHOWS THAT CHILD'S FATHER (OF ANY TYPE, BIRTH, ADOPTIVE, ETC.) IS IN THE HOUSEHOLD THEN ASK B. IF THERE ARE TWO FATHERS, USE HEQ.094B FOR THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER = 1, ADOPTIVE FATHER = 2, STEPFATHER = 3, AND FOSTER FATHER OR MALE GUARDIAN = 4. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, DISPLAY THAT RELATIONSHIP. ELSE, GO TO BOX 7.

b. {CHILD}'s {father/stepfather/foster father}? ..... 1   2   7   9

**BOX 7**

IF THE CURRENT ROSTER SHOWS THAT THE CHILD'S GRANDPARENT IS IN THE HOUSEHOLD, ASK C. ELSE, GO TO BOX 8.

c. A grandparent who lives with {CHILD}? ..... 1   2   7   9

**BOX 8**

IF THE CURRENT ROSTER SHOWS A BROTHER OR SISTER TO THE CHILD IN THE HOUSEHOLD AND THE AGE OF THIS SIBLING IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1, ASK D. ELSE, GO TO BOX 9.

d. {CHILD}'s {{brother} {or} {sister}}? ..... 1   2   7   9

**BOX 9**

IF THE CURRENT ROSTER SHOWS THAT ANY HH MEMBER IS 18 OR OLDER,  
ASK E. ELSE, GO TO F.

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| e. | Another adult in your household whom we haven't<br>already mentioned? ..... | 1 | 2 | 7 | 9 |
| f. | Someone at an after-school program?.....                                    | 1 | 2 | 7 | 9 |
| g. | Other adults who do not live in your household? .....                       | 1 | 2 | 7 | 9 |

HEQ.095 During this school year, how often have you {or any of the people we just mentioned} helped {CHILD} with {his/her} reading, language arts or spelling homework? Would you say...

CAPI INSTRUCTION: DISPLAY "or any of the people..." IF ANY HEQ.094a-g = 1.

- |                               |   |
|-------------------------------|---|
| Never, .....                  | 1 |
| Less than once a week, .....  | 2 |
| 1 to 2 times a week, .....    | 3 |
| 3 to 4 times a week, or ..... | 4 |
| 5 or more times a week? ..... | 5 |
| REFUSED .....                 | 7 |
| DON'T KNOW .....              | 9 |

HEQ.096 Does {CHILD} have someone who can help {him/her} with homework in math?

- |                  |             |
|------------------|-------------|
| YES .....        | 1 (HEQ.097) |
| NO .....         | 2 (HEQ.100) |
| REFUSED .....    | 7 (HEQ.100) |
| DON'T KNOW ..... | 9 (HEQ.100) |

HEQ.097 Which of the following people has helped {CHILD} with (his/her) math homework either at home or somewhere else during this school year?

CAPI INSTRUCTIONS: AFTER FIRST TIME QUESTION APPEARS, DISPLAY "Which...year?" IN SQUARE BRACKETS. FOR A, DISPLAY "mother" IF THE MOTHER IS A BIRTH OR ADOPTIVE MOTHER, DISPLAY "stepmother" IF THE MOTHER IS A STEPMOTHER, OR DISPLAY "foster mother" IF THE MOTHER IS A FOSTER MOTHER.

FOR B, DISPLAY "father" IF THE FATHER IS A BIRTH OR ADOPTIVE FATHER, DISPLAY "stepfather" IF THE FATHER IS A STEPFATHER, OR DISPLAY "foster father" IF THE FATHER IS A FOSTER FATHER.

FOR D, DISPLAY "brother" IF THE CHILD HAS A BROTHER WHOSE AGE IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1. DISPLAY "sister" IF THE CHILD HAS A SISTER WHOSE AGE IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1. DISPLAY "brother or sister" IF THE CHILD HAS BOTH A BROTHER AND SISTER WHOSE AGES ARE GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1.

YES    NO    REF    DK

**BOX 10**

IF THE CURRENT ROSTER SHOWS THAT CHILD'S MOTHER (OF ANY TYPE, BIRTH, ADOPTIVE, ETC.) IS IN THE HOUSEHOLD THEN ASK A. IF THERE ARE TWO MOTHERS, USE HEQ.097A FOR THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER = 1, ADOPTIVE MOTHER = 2, STEPMOTHER = 3, AND FOSTER MOTHER OR FEMALE GUARDIAN = 4. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, DISPLAY THAT RELATIONSHIP. ELSE, GO TO BOX 11.

a. {CHILD}'s {mother/stepmother/foster mother}? ..... 1 2 7 9

**BOX 11**

IF THE CURRENT ROSTER SHOWS THAT CHILD'S FATHER (OF ANY TYPE, BIRTH, ADOPTIVE, ETC.) IS IN THE HOUSEHOLD THEN ASK B. IF THERE ARE TWO FATHERS, USE HEQ.097B FOR THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER = 1, ADOPTIVE FATHER = 2, STEPFATHER = 3, AND FOSTER FATHER OR MALE GUARDIAN = 4. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, DISPLAY THAT RELATIONSHIP. ELSE, GO TO BOX 12.

b. {CHILD}'s {father/stepfather/foster father}?..... 1 2 7 9

**BOX 12**

IF THE CURRENT ROSTER SHOWS THAT THE CHILD'S GRANDPARENT IS IN THE HOUSEHOLD, ASK C. ELSE, GO TO BOX 13.

c. A grandparent who lives with {CHILD}? ..... 1 2 7 9

**BOX 13**

IF THE CURRENT ROSTER SHOWS A BROTHER OR SISTER TO THE CHILD IN THE HOUSEHOLD AND THE AGE OF THIS SIBLING IS GREATER THAN OR EQUAL TO THE SAMPLED CHILD'S AGE - 1, ASK D. ELSE, GO TO BOX 14.

d. {CHILD}'s {{brother} {or} {sister}}? ..... 1 2 7 9

**BOX 14**

IF THE CURRENT ROSTER SHOWS THAT ANY HH MEMBER IS 18 OR OLDER, ASK E. ELSE, GO TO F.

e. Another adult in your household whom we haven't already mentioned? ..... 1 2 7 9  
 f. Someone at an after-school program?..... 1 2 7 9  
 g. Other adults who do not live in your household? ..... 1 2 7 9

HEQ.098 During this school year, how often have you or another adult helped {CHILD} with {his/her} math homework? Would you say...

Never, ..... 1  
 Less than once a week, ..... 2  
 1 to 2 times a week, ..... 3  
 3 to 4 times a week, or ..... 4  
 5 or more times a week? ..... 5  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HEQ.100 Is {CHILD} tutored on a regular basis, by someone other than you or a family member, in a specific subject, such as reading, math, science, or a foreign language?

YES ..... 1 (HEQ.106)  
 NO ..... 2 (BOX 14B)  
 REFUSED ..... 7 (BOX 14B)  
 DON'T KNOW ..... 9 (BOX 14B)

HEQ.106 What is {CHILD} tutored in?

CODE ALL THAT APPLY.

PROBE: Anything else?

READING .....	1 (BOX 14B)
MATH .....	2 (BOX 14B)
SCIENCE .....	3 (BOX 14B)
FOREIGN LANGUAGE .....	4 (BOX 14B)
SPEECH.....	5 (BOX 14B)
WRITING AND SPELLING.....	6 (BOX 14B)
OTHER (SPECIFY) .....	91 (HEQ.107OS)
REFUSED .....	7 (BOX 14B)
DON'T KNOW .....	9 (BOX 14B)

HEQ.107OS [What is {CHILD} tutored in?]

SPECIFY SUBJECT.

**BOX 14B**

IF (NumberofChildren=1) OR (Number of Children>1 AND ChildNum=1),  
ASK ALL OF HEQ.110. OTHERWISE, IF (NumberofChildren>1 and  
ChildNum=2), ASK ONLY HEQ.110b.

**HELP AVAILABLE**

HEQ.110 {I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a typical week, please tell me the number of days...

CAPI INSTRUCTION: DISPLAY "I'm...family" IF (Number of Children=1) OR IF (Number of Children>1 and ChildNum=1.) OTHERWISE, IF (Number of Children >1 and ChildNum=2) DISPLAY "Now...routines."

- At least some of the family eats breakfast together.
- {CHILD} has breakfast at a regular time.
- Your family eats the evening meal together.
- The evening meal is served at a regular time.

CAPI INSTRUCTIONS:

- DISPLAY "HELP AVAILABLE" WHEN ON B, C, AND D. DISPLAY THE FOLLOWING HELP TEXT FOR B AND D: "Regular means generally around the same time." DISPLAY THE FOLLOWING HELP TEXT FOR C: "By family, we mean at least one adult and one child."
- WHEN ON B-D. DISPLAY "I'm going... days" IN SQUARE BRACKETS.
- DISPLAY "WEEK" IN UNDERLINED TEXT.
- HARD RANGE CHECK: 0-7 DAYS.

|\_|  
NUMBER OF DAYS  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99



HEQ.115 During the last **five days** {CHILD} was in school, how many breakfasts did (he/she) eat that were **NOT** school breakfasts. By breakfast we mean breakfasts eaten at home, at childcare, or at school, but not part of a school breakfast program. Please count only one breakfast per day.

CAPI INSTRUCTIONS:

1. DISPLAY "five days" IN UNDERLINED TEXT.
2. DISPLAY NOT" IN UNDERLINED TEXT.

3. HARD RANGE CHECK: 0-5 BREAKFASTS

NUMBER OF BREAKFASTS  
 OR  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

**BOX 15**

IF NUMBER OF BREAKFASTS IS ZERO REFUSED OR DON'T KNOW, GO TO HEQ.118.  
ELSE, GO TO HEQ.116.

HEQ.116 Where did {CHILD} eat these breakfasts?

CAPI INSTRUCTION: WHEN ON B-F, DISPLAY "Where...breakfasts?" IN SQUARE BRACKETS.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. At home? .....	1	2	7	9
b. At a relative's or friend's home? .....	1	2	7	9
c. At a child care location? .....	1	2	7	9
d. At school, but not part of school breakfast? .....	1	2	7	9
e. At a restaurant, including food taken out from fast food restaurants? .....	1	2	7	9
f. Somewhere else? (SPECIFY) .....	1	2	7	9

**BOX 16**

- IF HEQ.116f = 1, CONTINUE WITH HEQ.117OS. OTHERWISE, GO TO HEQ.118.

HEQ.117OS {Where did {CHILD} eat these breakfasts?}

SPECIFY LOCATION.

HEQ.118 During the last **five days** {CHILD} was in school, how many breakfasts did you eat? Please count only one breakfast per day.

CAPI INSTRUCTIONS:

1. DISPLAY "five days" IN UNDERLINED TEXT.
2. HARD RANGE CHECK: 0-5 BREAKFASTS

      
NUMBER OF BREAKFASTS  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

HEQ.124 How does {CHILD} usually get to school in the morning?

SCHOOL BUS ..... 1 (HEQ.126)  
PARENT DRIVES (HIM/HER) ..... 2 (HEQ.126)  
CARPOOL ..... 3 (HEQ.126)  
WALK ..... 4 (HEQ.126)  
OTHER (SPECIFY) ..... 91 (HEQ.125)  
REFUSED ..... 7 (HEQ.126)  
DON'T KNOW ..... 9 (HEQ.126)

HEQ.125OS {How does {CHILD} usually get to school in the morning?}

SPECIFY OTHER.

HEQ.126 How long does this take? Would you say...

Less than 15 minutes, ..... 1  
15-30 minutes, or ..... 2  
More then 30 minutes? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

HEQ.127 On school days, how much time does {CHILD} have between arriving at school and classes starting? Would you say...

Less than 10 minutes, ..... 1  
10-20 minutes, or ..... 2  
More then 20 minutes? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

HEQ.140 On weeknights during the school year, does {CHILD} usually go to bed at about the same time each night, or does {his/her} bedtime vary a lot from night to night?

HAS USUAL BEDTIME ..... 1 (HEQ.145)  
BEDTIME VARIES ..... 2 (BOX 17)  
REFUSED ..... 7 (BOX 17)  
DON'T KNOW ..... 9 (BOX 17)

HEQ.145 About what time does {CHILD} usually go to bed?

ENTER HOUR: MINUTE.

CAPI INSTRUCTION: RANGE CHECK: LOWER RANGE: 1:00. UPPER RANGE: 12:59.

|\_|\_| - |\_|\_|  
HOUR MINUTE

or

REFUSED ..... 77 (BOX 7)

DON'T KNOW ..... 99 (BOX 7)

HEQ.150 [About what time does {CHILD} usually go to bed?]

SELECT A.M. OR P.M.

A.M. .... 1

P.M. .... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 17**

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH HEQ.400. OTHERWISE, GO TO BOX 18.

HEQ.400 Now, I have some questions about your neighborhood. How safe is it for children to play outside during the day in your neighborhood?

Would you say it's ...

Not at all safe, ..... 1

Somewhat safe, or..... 2

Very safe? ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

HEQ.410 How much of a problem are the following in the block or area around your house or apartment?

Would you say they are a big problem, somewhat of a problem or no problem at all?

What about?

	BIG PROBLEM	SOME PROBLEM	NO PROBLEM	RF	DK
a. Garbage, litter or broken glass in the street or road, on the sidewalks, or in yards? .....	1	2	3	7	9
b. Selling or using drugs or excessive drinking in public? .....	1	2	3	7	9
c. Burglary or robbery? .....	1	2	3	7	9
d. Violent crimes like drive-by shootings? .....	1	2	3	7	9
e. Vacant houses and buildings? .....	1	2	3	7	9

**BOX 18**

GO TO CFQ ( CRITICAL FAMILY PROCESSES)

## CRITICAL FAMILY PROCESSES – CFQ

### BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH CFQ.020. OTHERWISE, GO TO BOX 3.

CFQ.020

Now I'm going to read some statements. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.

PROBE: Would you say it is never true for you, sometimes true for your, or always true for you?

CAPI INSTRUCTION: DISPLAY "PROBE ..... you" IN SQUARE BRACKETS IF ON B-F.

	NEVER <u>TRUE</u>	SOMETIMES <u>TRUE</u>	ALWAYS <u>TRUE</u>	<u>REF</u>	<u>DK</u>
a. If I need to do an errand, I can easily find someone to watch {CHILD}. Would you say it is never true for you, sometimes true for you, or always true for you?.....	1	2	3	7	9
b. If I need a ride to get {CHILD} to the doctor, friends or family will help me.....	1	2	3	7	9
c. If {CHILD} is sick, friends or family will call or come by to check on how things are going.....	1	2	3	7	9
d. If {CHILD} is having problems at school, there is a friend, relative, or neighbor I can talk it over with .....	1	2	3	7	9
e. If I have an emergency and need cash, family or friends will loan it to me .....	1	2	3	7	9
f. If I have troubles or need advice, I have someone I can talk to.....	1	2	3	7	9

### BOX 2

IF FSQ.110=1 (Partner currently living in household), ask question CFQ.100.  
OTHERWISE, go to BOX 3

CFQ.100

Now, I'd like to ask a question about your relationship with {NAME OF CURRENT PARTNER}.

Would you say that your relationship is...

CAPI INSTRUCTION: DISPLAY NAME OF PARTNER FROM FSQ.120.

Very happy, .....	1
Fairly happy, or .....	2
Not too happy? .....	3
REFUSED .....	7
DON'T KNOW .....	9

### BOX 3

GO TO CCQ (CHILD CARE).

## CHILD CARE – CCQ

### BOX 1

- IF (NumberOfChildren=1) OR IF NumberOfChildren >1 AND ON CHILDNUM=1, GO TO CCQ.005.
- IF (NumberOfChildren = 2) AND ON ChildNum = 2, CONTINUE WITH CCQ.003.

CCQ.003 Next, I'd like to talk with you about the child care arrangements you have for {TWIN}.

Does {TWIN} currently have the same child care arrangements as {CHILD} ?

YES .....	1 (BOX 9)
NO .....	2 (CCQ.010)
REFUSED .....	7 (CCQ.010)
DON'T KNOW .....	9 (CCQ.010)

CCQ.005 I'd like to talk to you about all child care {CHILD} now receives on a regular basis before or after school from someone other than {you/{his/her} {parents/guardians}}. This does not include occasional baby-sitting or backup care providers.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {PARENTS/GUARDIANS}".

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

## Relative Care

## HELP AVAILABLE

CCQ.010 Is {CHILD} now receiving care from a relative on a regular basis before or after school? This may include grandparents, brothers and sisters, or any relatives other than (you/{CHILD}'s (parents/guardians)).

CAPI INSTRUCTION: DISPLAY "regular basis before or after school" IN UNDERLINED TEXT.

FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {PARENTS/GUARDIANS}".

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

**HELP TEXT:**

**Care from a relative:** Record care or programs provided by someone other than the child's parents. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If **there is at least one parent in the household**, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If **neither parent lives in the household**, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

**Regular Basis:** An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES .....	1 (CCQ.060)
NO .....	2 (CCQ.150)
REFUSED .....	7 (CCQ.150)
DON'T KNOW .....	9 (CCQ.150)

**HELP AVAILABLE**

CCQ.060      How many different regular care arrangements do you currently have with relatives before or after school?

**HELP TEXT:**

**Regular Care Arrangements:** Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

CAPI INSTRUCTION: DISPLAY "regular" IN UNDERLINED TEXT.

ONE .....	1
TWO .....	2
THREE .....	3
FOUR .....	4
FIVE OR MORE .....	5
REFUSED .....	7
DON'T KNOW .....	9

CCQ.065      {Let's talk about the relative who provides the most care for {CHILD} now.} Who is the relative who cares for {CHILD} before or after school?

PROBE FOR RELATIONSHIP TO CHILD.

CAPI INSTRUCTION: DISPLAY "{Let's talk about the relative who provided the most care for {CHILD} during the summer.}" IF CCQ.060 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

GRANDPARENT .....	1
AUNT .....	2
UNCLE .....	3
BROTHER .....	4
SISTER .....	5
ANOTHER RELATIVE .....	6
REFUSED .....	7
DON'T KNOW .....	9

CCQ.070 Is the care provided by {{CHILD}}'s {RELATIVE}/ that relative} in your home or another home?

CAPI INSTRUCTION: DISPLAY "{CHILD}'S {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

OWN HOME .....	1
OTHER HOME .....	2
BOTH/VARIES .....	3
REFUSED .....	7
DON'T KNOW .....	9

CCQ.075 Does {CHILD} receive that care before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL.....	1
AFTER SCHOOL.....	2
WEEKENDS .....	3
REFUSED .....	7
DON'T KNOW .....	9

#### HELP AVAILABLE

CCQ.080 Is the care that {CHILD} receives from {{his/her} {RELATIVE}/that relative} regularly scheduled at least once each week?

#### HELP TEXT:

**Regularly Scheduled:** Regularly scheduled at least once each week could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once each week.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" IN UNDERLINED TEXT.

YES .....	1
NO .....	2 (CCQ.115)
REFUSED .....	7 (CCQ.115)
DON'T KNOW .....	9 (CCQ.115)

CCQ.085 How many days each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative} before or after school?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

<table> <tr> <td> </td> <td> </td> </tr> </table> ENTER # OF DAYS or REFUSED ..... 77 DON'T KNOW ..... 99		

CCQ.090      How many hours each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3,4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

<table> <tr> <td> </td> <td> </td> </tr> </table> ENTER # OF HOURS or REFUSED ..... 77 DON'T KNOW ..... 99		

#### HELP AVAILABLE

CCQ.095      How many children are usually cared for together, in the same group at the same time, by {{his/her} {RELATIVE}/that relative}, counting {CHILD}?

#### HELP TEXT:

Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-10.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: DISPLAY "children" IN UNDERLINED TEXT.

<table> <tr> <td> </td> <td> </td> </tr> </table> ENTER # OF CHILDREN OR REFUSED ..... 77 DON'T KNOW ..... 99		



CCQ.100 How many adults usually care for {CHILD} at the same time {at your home/at {{his/her} {RELATIVE}'s/that relative's} home)?

**HELP TEXT:**

Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor) should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

CAPI INSTRUCTION: DISPLAY "AT YOUR HOME." IF CCQ.070 = 1. DISPLAY "AT {his/her} {RELATIVE}'s/THAT RELATIVE'S} HOME" IF CCQ.070 = 2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: SOFT RANGE CHECK: 1-4. HARD RANGE CHECK: 1-8.

CAPI INSTRUCTION: DISPLAY {his/her} {RELATIVE} IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

CAPI INSTRUCTION: DISPLAY "ADULTS" IN UNDERLINED TEXT.

ENTER # OF ADULTS  
 OR  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

CCQ.115 Is there any charge or fee for the care, paid either by you or someone else?

YES ..... 1 (CCQ.120)  
 NO ..... 2 (BOX 4A)  
 REFUSED ..... 7 (BOX 4A)  
 DON'T KNOW ..... 9 (BOX 4A)

CCQ.120 Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about...

CAPI INSTRUCTION: WHEN ON A DISPLAY "specifically" IN UNDERLINED TEXT.

CAPI INSTRUCTION: FOR ITEMS B-D, DISPLAY "Do .... about ..." IN SQUARE BRACKETS.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?.....	1	2	7	9
b. A social service or welfare agency?.....	1	2	7	9
c. An employer?.....	1	2	7	9

CCQ.125 How much does your household pay {(his/her) {RELATIVE}/that relative} to care for {CHILD}?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO CCQ130.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

CAPI INSTRUCTION: HARD RANGE CHECK: \$0 – 9999.

CAPI INSTRUCTION: IF CCQ.115=1, AND CCQ.120, A – C ALL = 2, THEN CCQ.125 CANNOT EQUAL ZERO.

\$ | | | |  
ENTER AMOUNT OF PAYMENT..... (CCQ.128)  
OR  
REFUSED ..... 777777 (CCQ.130)  
DON'T KNOW ..... 999999 (CCQ.130)

CCQ.128 [How much does your household pay {(his/her) {RELATIVE} to care for {CHILD}}?

ENTER UNIT.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

PER HOUR..... 1  
PER DAY..... 2  
PER WEEK..... 3  
BIWEEKLY ..... 4  
PER MONTH..... 5  
PER YEAR ..... 6  
OTHER (SPECIFY) ..... 91  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4**

- IF CCQ 128 = 91, CONTINUE WITH CCQ.128OS. OTHERWISE, GO TO CCQ.130.

CCQ.128OS [How much does your household pay {{his/her} {RELATIVE}/that relative} to care for {CHILD}?)

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

---

SPECIFY UNIT

CCQ.130 Is this amount for {CHILD} only, or does it include other children in your household?

CHILD ONLY ..... 1(CCQ.150)  
CHILD AND OTHERS ..... 2(CCQ.135)  
REFUSED ..... 7(CCQ.150)  
DON'T KNOW..... 9(CCQ.150)

CCQ.135 How many children is this amount for, including {CHILD}?

CAPI INSTRUCTION: HARD RANGE CHECK: 2-12. SOFT RANGE CHECK: 2-6

\_\_\_\_\_  
ENTER NUMBER OF CHILDREN.  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 4A**

- IF ONLY ONE CURRENT REGULAR RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ.060 = 1, 7, or 9), GO TO CCQ.150.
- OTHERWISE, CONTINUE WITH CCQ.140.

CCQ.140 You said that {CHILD} was cared for by {NUMBER} other {relatives/relative} on a regular basis. How many hours each week does {CHILD} receive care from {these/this} other {relatives/relative}?

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.060 = 2; "2" IF CCQ.060 = 3; DISPLAY "3" IF CCQ.060 = 4. IF CCQ.060 = 5, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CCQ.060 = 2, DISPLAY "relative," "this" and "relative." OTHERWISE, DISPLAY "relatives", "these," and "relatives."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

\_\_\_\_\_  
ENTER # OF HOURS  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

## Non-Relative Care

### HELP AVAILABLE

CCQ.150 {Now I'd like to ask you about any care {CHILD} receives from nonrelatives in a private home, not including child care centers.} Is {CHILD} now receiving care in a private home on a regular basis before or after school from someone who is not related to {him/her}? This includes home childcare providers, regular sitters or neighbors.

CAPI INSTRUCTION: DISPLAY "now" AND "regular basis before or after school" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "Now . . . centers" IF CCQ.010 = 1. OTHERWISE, USE A NULL DISPLAY.

#### HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES .....	1 (CCQ.165)
NO .....	2 (CCQ.260)
REFUSED .....	7 (CCQ.260)
DON'T KNOW .....	9 (CCQ.260)

### HELP AVAILABLE

CCQ.165 How many different regular care arrangements before or after school do you currently have with nonrelatives?

CAPI INSTRUCTION: DISPLAY "regular," "before or after school," and "currently" in UNDERLINED TEXT.

HELP TEXT: **Regular Care Arrangements:** Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

ONE .....	1
TWO .....	2
THREE .....	3
FOUR .....	4
FIVE OR MORE .....	5
REFUSED .....	7
DON'T KNOW .....	9

CCQ.170 {Let's talk about the nonrelative who provides the most care for {CHILD} now.} Is that care provided in your home or another home?

CAPI INSTRUCTION: DISPLAY "Let's talk about the nonrelative who provided the most care for {CHILD} now" IF CCQ.165 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

OWN HOME .....	1
OTHER HOME .....	2
BOTH/VARIES .....	3
REFUSED .....	7
DON'T KNOW .....	9

CCQ.175 Does {CHILD} receive that care before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL.....	1
AFTER SCHOOL.....	2
WEEKENDS .....	3
REFUSED .....	7
DON'T KNOW .....	9

#### HELP AVAILABLE

CCQ.180 Is the care that {CHILD} receives from that person regularly scheduled at least once each week?

#### HELP TEXT:

**Regularly Scheduled:** Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" IN UNDERLINED TEXT.

YES .....	1
NO .....	2 (CCQ.210)
REFUSED .....	7 (CCQ.210)
DON'T KNOW .....	9 (CCQ.210)

CCQ.185 How many days each week does {CHILD} receive care from that person before or after school?

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

<u>  </u>	
ENTER # OF DAYS	
or	
REFUSED.....	77
DON'T KNOW.....	99

CCQ.190 How many hours each week does {CHILD} receive care from that person?

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

<u>  </u> <u>  </u>	
ENTER # OF HOURS	
OR	
REFUSED .....	77
DON'T KNOW .....	99

**HELP AVAILABLE**

CCQ.195 How many children are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-8. HARD RANGE CHECK 1-15.

CAPI INSTRUCTION: DISPLAY "CHILDREN" IN UNDERLINED TEXT.

HELP TEXT: Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program.

| | |  
 ENTER # OF CHILDREN  
 or  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

**HELP AVAILABLE**

CCQ.200 How many adults usually care for {CHILD} at the same time {at {your/that} home}?

CAPI INSTRUCTION: DISPLAY "AT YOUR HOME" IF CCQ.170 = 1. DISPLAY "AT THAT HOME" IF CCQ.170 = 2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-4. HARD RANGE CHECK 1-8.

CAPI INSTRUCTION: DISPLAY "adults" IN UNDERLINED TEXT.

**HELP TEXT:** Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor) should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

| |  
 ENTER # OF ADULTS  
 OR  
 REFUSED ..... 77  
 DON'T KNOW ..... 99

CCQ.210 Is there any charge or fee for the care, paid either by you or someone else?

YES ..... 1 (CCQ.215)  
 NO ..... 2 (BOX 7)  
 REFUSED ..... 7 (BOX 7)  
 DON'T KNOW ..... 9 (BOX 7)

CCQ.215 Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about...

CAPI INSTRUCTION: WHEN ON ITEMS B-D, DISPLAY "DO ....about ...." IN SQUARE BRACKETS.

CAPI INSTRUCTION: WHEN ON A, DISPLAY " specifically" IN UNDERLINED TEXT.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?.....	1	2	7	9
b. A social service or welfare agency?.....	1	2	7	9
c. An employer?.....	1	2	7	9

CCQ.220 How much does your household pay this nonrelative to care for {CHILD}?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO CCQ.230. IF GET DOLLAR, CONTINUE WITH CCQ.225. OTHERWISE, GO TO CCQ.230.

CAPI INSTRUCTION: EDIT: IF CCQ.210 = 1 AND ITEMS A-C AT CCQ.215 ALL = 2, THEN CCQ.220 CANNOT EQUAL ZERO.

CAPI INSTRUCTION: HARD RANGE CHECK: \$0 – 9999.

\$       
ENTER AMOUNT ..... (CCQ.225)  
OR  
REFUSED ..... 77777 (CCQ.230)  
DON'T KNOW ..... 99999 (CCQ.230)

CCQ.225 [How much does your household pay this nonrelative to care for {CHILD}?]

ENTER UNIT

PER HOUR..... 1  
PER DAY..... 2  
PER WEEK..... 3  
BIWEEKLY ..... 4  
PER MONTH..... 5  
PER YEAR ..... 6  
OTHER (SPECIFY)..... 91  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 6**

■ IF CCQ.225 = 91, CONTINUE WITH CCQ.2250S. OTHERWISE, GO TO CCQ.230.

CCQ.2250S [How much does your household pay this nonrelative to care for {CHILD}?]  
SPECIFY UNIT.

CCQ.230 Is this amount for {CHILD} only, or does it include other children in your household?

CHILD ONLY ..... 1 (CCQ.250)  
CHILD AND OTHERS ..... 2 (CCQ.240)  
REFUSED ..... 7 (CCQ.250)  
DON'T KNOW..... 9 (CCQ.250)

CCQ.240 How many children is this amount for, including {CHILD}?

CAPI INSTRUCTION: HARD RANGE CHECK: 2-12; SOFT RANGE CHECK: 2-6.

      
ENTER NUMBER OF CHILDREN  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 7**

- IF ONLY ONE CURRENT REGULAR NON-RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ 165 = 1, 7, OR 9), GO TO CCQ.260.
- OTHERWISE, CONTINUE WITH CCQ.250.

CCQ.250

You said that {CHILD} was cared for by {NUMBER} other {nonrelative/nonrelatives} on a regular basis. How many hours each week does {CHILD} receive care from {this nonrelative/these nonrelatives}?

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.165 = 2; DISPLAY "2" IF CCQ.165 = 3; DISPLAY "3" IF CCQ.165 = 4.

CAPI INSTRUCTION: IF CCQ.165 = 2, DISPLAY "nonrelative" AND "this nonrelative." OTHERWISE, DISPLAY "nonrelatives" AND "these nonrelatives."

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

|\_|\_|

ENTER # OF HOURS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

**Day Care Center/Before- or After-School Program**

**HELP AVAILABLE**

CCQ.260

Is {CHILD} now attending a day care center or a before or after school program at a school or in a center on a regular basis?

CAPI INSTRUCTION: DISPLAY "now"" and "regular basis" in UNDERLINED TEXT.

**HELP TEXT:**

**Day Care Center:** Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building.

**Regular Basis:** An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES ..... 1 (CCQ.325)

NO ..... 2 (CCQ.410)

REFUSED ..... 7 (CCQ.410)

DON'T KNOW ..... 9 (CCQ.410)

CCQ.325

How many different day care centers or before or after school programs does {CHILD} currently go to?

CAPI INSTRUCTION: DISPLAY "currently" IN UNDERLINED TEXT.

ONE..... 1

TWO ..... 2

THREE ..... 3

FOUR ..... 4

FIVE OR MORE ..... 5

REFUSED ..... 7

DON'T KNOW ..... 9



CCQ.330 {Let's talk about the program where {CHILD} spends the most time now.} Is that program located in the school where {CHILD} attends third grade?

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY {Let's talk about the program where {CHILD} spends the most time now.} IF CCQ.325 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

CCQ.335 Does {CHILD} go to that program before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL.....	1
AFTER SCHOOL.....	2
WEEKENDS .....	3
REFUSED .....	7
DON'T KNOW .....	9

#### HELP AVAILABLE

CCQ.340 Does {CHILD} go to that program on a regularly scheduled basis at least once each week?

#### HELP TEXT:

**Regularly Scheduled:** Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" and "each" IN UNDERLINED TEXT.

YES .....	1
NO .....	2 (CCQ.370)
REFUSED .....	7 (CCQ.370)
DON'T KNOW .....	9 (CCQ.370)

CCQ.350 How many days each week does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

<input type="text"/>	
ENTER # OF DAYS	
or	
REFUSED .....	77
DON'T KNOW .....	99

CCQ.355 Other than regular school hours, how many hours each week does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

<input type="text"/>	
ENTER # OF HOURS	
OR	
REFUSED .....	77
DON'T KNOW .....	99

**HELP AVAILABLE**

CCQ.360 How many children are usually in {CHILD}'s room or group, at the same time, at that program?

CAPI INSTRUCTION: SOFT RANGE CHECK: 5-25. HARD RANGE CHECK: 1-40.

CAPI INSTRUCTION: DISPLAY "children" IN UNDERLINED TEXT.

HELP TEXT: Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program. For center-based programs, enter the number of children usually in the child's room or group at the same time at the program, NOT the number in the whole program or center. If the number of children varies, probe for the number of children usually cared for together.

_ _	
ENTER # OF CHILDREN	
OR	
REFUSED .....	77
DON'T KNOW .....	99

**HELP AVAILABLE**

CCQ.365 How many adults are usually in {CHILD}'s room or group, at the same time, at that program?

CAPI INSTRUCTION: SOFT RANGE CHECK: 1-5. HARD RANGE CHECK: 1-10.

CAPI INSTRUCTION: DISPLAY "adults" IN UNDERLINED TEXT.

**HELP TEXT:** Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor) should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

_ _	
ENTER # OF ADULTS	
OR	
REFUSED .....	77
DON'T KNOW .....	99

CCQ.370 How many meals or snacks per day does {CHILD} receive in total at all the day care centers or the before or after school programs {he/she} attends?

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5.

_	
ENTER NUMBER OF MEALS	
OR	
REFUSED .....	7
DON'T KNOW .....	9

CCQ.380 Is there any charge or fee for the program, paid either by you or someone else?

YES .....	1 (CCQ.385)
NO .....	2 (BOX 8B)
REFUSED .....	7 (BOX 8B)
DON'T KNOW .....	9 (BOX 8B)

CCQ.385 Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about...

CAPI INSTRUCTION: WHEN ON ITEMS B-D, DISPLAY "Do ... about ..." in SQUARE BRACKETS.

CAPI INSTRUCTION: WHEN ON A, DISPLAY "Specifically" in UNDERLINED TEXT.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
b. A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?.....	1	2	7	9
b. A social service or welfare agency?.....	1	2	7	9
c. An employer?.....	1	2	7	9

CCQ.390 How much does your household pay the day care center to care for {CHILD}?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO BOX 8B.

CAPI INSTRUCTION: IF GET DOLLAR, CONTINUE WITH CCQ.393. OTHERWISE, GO TO CCQ.395.

CAPI INSTRUCTION: EDIT: IF CCQ.380 = 1 AND ITEMS A-C AT CCQ.385 ALL = 2, THEN CCQ.390 CANNOT EQUAL ZERO.

CAP INSTRUCTION: HARD RANGE CHECK: \$0 – 9999.

\$ | | | | |  
ENTER AMOUNT OF PAYMENT..... (CCQ.393)  
OR  
REFUSED ..... 777777 (CCQ.395)  
DON'T KNOW ..... 999999 (CCQ.395)

CCQ.393 [How much does your household pay the day care center to care for {CHILD}?]

ENTER UNIT.

PER HOUR..... 1  
PER DAY..... 2  
PER WEEK..... 3  
BIWEEKLY..... 4  
PER MONTH..... 5  
PER YEAR..... 6  
OTHER (SPECIFY)..... 91  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 8A**

- IF CCQ.393 = 91, CONTINUE WITH CCQ.393OS. OTHERWISE, GO TO CCQ.395.

CCQ.393OS [How much does your household pay the day care center to care for {CHILD}?]

\_\_\_\_\_  
SPECIFY UNIT

CCQ.395 Is this amount for {CHILD} only, or does it include other children in your household?

CHILD ONLY .....	1 (BOX 8B)
CHILD AND OTHERS .....	2 (CCQ.400)
REFUSED .....	7 (BOX 8B)
DON'T KNOW .....	9 (BOX 8B)

CCQ.400 How many children is this amount for, including {CHILD}?

CAPI INSTRUCTION: HARD RANGE CHECK: 2-12; SOFT RANGE CHECK: 2-6.

_	
ENTER NUMBER OF CHILDREN	
OR	
REFUSED .....	77
DON'T KNOW .....	99

**BOX 8B**

- IF CCQ.325 = 1, RF, OR DK, GO TO CCQ.410. OTHERWISE, CONTINUE WITH CCQ.403.

CCQ.403 You said that {CHILD} attended {NUMBER} other day care {center/centers} or before or after school {program/programs} on a regular basis. How many hours each week does {CHILD} attend {this program/these programs}?

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.325 = 2; DISPLAY "2" IF CCQ.325 = 3; DISPLAY "3" IF CCQ.325 = 4. IF CCQ.325 = 5, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CCQ.325 = 2, DISPLAY "center," "program" AND "this program." OTHERWISE, DISPLAY "centers," "programs" AND "these programs."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

_ _	
ENTER # OF HOURS	
OR	
REFUSED .....	77
DON'T KNOW .....	99

CCQ.410 Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does {CHILD} spend time caring for {himself/herself} on a regular basis before or after school?

YES .....	1 (CCQ.420)
NO .....	2 (BOX 9)
REFUSED .....	7 (BOX 9)
DON'T KNOW .....	9 (BOX 9)

CCQ.420

How many hours per week does {CHILD} take care of (himself/herself)?

CAP I INSTRUCTIONS:

1. DISPLAY "hours" AND "week" IN UNDERLINED TEXT.
2. SOFT RANGE CHECK : 0 – 25. HARD RANGE CHECK: 0-70 HOURS.

ENTER # HOURS  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 9**

GO TO SECTION DWQ.

## DISCIPLINE, WARMTH, AND EMOTIONAL SUPPORTIVENESS - DWQ

### BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH BOX 2.  
IF (NumberOfChildren > 1 and CHILDNUM=2, GO TO BOX 3.

### BOX 2

IF PERSON FLAGGED AS THE RESPONDENT IS A "PARENT FIGURE" MEANING THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS) OR IF NO HOUSEHOLD MEMBER IS A "PARENT FIGURE" AS DEFINED ABOVE, CONTINUE WITH DWQ.010.

OTHERWISE, GO TO DWQ.100.

DWQ.010

Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.

PROBE: Is it completely true, mostly true, somewhat true or not at all true?

DISPLAY "PROBE: ...true?" IN SQUARE BRACKETS FOR B-H AND PUT DISPLAY UNDERNEATH TEXT.

	<u>CT</u>	<u>MT</u>	<u>ST</u>	<u>NT</u>	<u>REF</u>	<u>DK</u>
a. {CHILD} and I often have warm, close times together.....	1	2	3	4	7	9
b. Most of the time I feel that {CHILD} likes me and wants to be near me .....	1	2	3	4	7	9
c. Even when I'm in a bad mood, I show {CHILD} a lot of love .....	1	2	3	4	7	9
d. I express affection by hugging, kissing and praising {CHILD} .....	1	2	3	4	7	9
e. {CHILD} does things that really bother me..	1	2	3	4	7	9
f. I find myself giving up more of my life to meet {CHILD}'s needs than I ever expected.....	1	2	3	4	7	9
g. I often feel angry with {CHILD}.....	1	2	3	4	7	9
h. {CHILD} seems harder to care for than most.	1	2	3	4	7	9

DWQ.100

Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked {CHILD} in the past week?

ENTER -1 IF RESPONDENT VOLUNTEERS THAT {CHILD} IS NEVER SPANKED.

CAP I INSTRUCTION: SOFT RANGE CHECK: -1 to 15 spankings. HARD RANGE CHECK -1 to 95.

ENTER NUMBER OF SPANKINGS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

DWQ.110

Most children get angry with their parents from time to time. If {CHILD} got so angry that (he/she) hit you, what would you do? Would you...

CODE ALL THAT APPLY.

Spank (him/her). .....	1
Have (him/her) take a time out, .....	2
Hit (him/her) back, .....	3
Talk to (him/her) about what (he/she) did wrong, .....	4
Ignore it, .....	5
Make (him/her) do some work around the house, .....	6
Make fun of (him/her), .....	7
Make (him/her) apologize, .....	8
Take away a privilege, .....	9
Give a warning, .....	10
Yell at {CHILD} or threaten (him/her), or.....	11
Something else? (SPECIFY) .....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2A**

IF DWQ.110 = 91 then GO TO DWQ.110a.  
ELSE, GO TO BOX 3.

DWQ.110a

[Most children get angry with their parents from time to time. If {CHILD} got so angry that (he/she) hit you, what would you do? Would you...]

SPECIFY ACTIVITY.

\_\_\_\_\_

**BOX 3**

GO TO SECTION NRQ.

## NON-RESIDENT PARENT QUESTIONS - NRQ

### BOX 1

- IF **BOTH** BIOLOGICAL PARENTS (ACCORDING TO THE ROSTER, AT LEAST ONE HOUSEHOLD MEMBER IS A BIRTH MOTHER **AND** AT LEAST ONE HOUSEHOLD MEMBER IS A BIRTH FATHER) ARE CURRENTLY LIVING TOGETHER IN THE HOUSEHOLD, GO TO BOX 10.
- OTHERWISE, CONTINUE WITH BOX 2.

### BOX 2

#### LOOP 1

- ASK BOX 3 - NRQ.050 ONE TIME FOR EACH BIOLOGICAL MOTHER, ADOPTIVE MOTHER, BIOLOGICAL FATHER, AND ADOPTIVE FATHER NOT LIVING IN THE HOUSEHOLD. DEFINE RELATIONSHIPS ACCORDING TO THE CURRENT ROSTER.  
DETERMINING LOOPING ELIGIBILITY:
  1. BIOLOGICAL MOTHER: NO HOUSEHOLD MEMBER WHO IS A BIRTH MOTHER
  2. ADOPTIVE MOTHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD, BUT ADOPTIVE FATHER IS IN THE HOUSEHOLD.
  3. BIOLOGICAL FATHER: NO HOUSEHOLD MEMBER WHO IS A BIRTH FATHER.
  4. ADOPTIVE FATHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD, BUT ADOPTIVE MOTHER IS IN THE HOUSEHOLD
  5. IF NRQ.100 = 5 (PARENT DECEASED) IN ROUND 4 FOR ANY OF THE NON-RESIDENT PARENTS, DO NOT LOOP ON THIS PARENT.
- IF THERE ARE ANY ELIGIBLE CASES ACCORDING TO THE LOOPING RULES ABOVE, GO TO BOX 3 FOR EACH ELIGIBLE CASE UNTIL ALL ELIGIBLES HAVE BEEN ASKED ABOUT IN THE QUESTIONS. ELSE, GO TO BOX 10.

### BOX 3

- IF NumberOfChildren = 1 OR  
IF NumberOfChildren >1 AND ChildNum = 1,  
GO TO NRQ.100
- OTHERWISE, CONTINUE WITH BOX 4.

### BOX 4

- IF NRQ.100 = 5 (PARENT DECEASED), 6 (NO CONTACT SINCE ADOPTION), 7 (NO ADOPTIVE PARENT), DK, OR REF FOR ChildNum = 1, GO TO BOX 7.
- OTHERWISE, CONTINUE WITH NRQ.050.



NRQ.050 Did {CHILD 2} have the same amount of contact with {his/her} {biological/adoptive} {mother/father} as {CHILD}?

YES .....	1 (BOX 7)
NO .....	2 (NRQ.100)
REFUSED .....	7 (BOX 7)
DON'T KNOW .....	9 (BOX 7)

NRQ.100 The next questions are about {CHILD}'s contact with {his/her} (biological/adoptive) (father/mother).

[We understand that some of these questions may be difficult {for adoptive parents} to answer, however, these are standard questions we ask when a child does not live with {his/her} biological parents. Any information you can provide will be helpful.]

How long has it been since {CHILD} last had a visit, a phone call, or received a card or letter from {his/her} (biological/adoptive) (father/mother)? Would you say ...

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

DISPLAY 'WE...HELPFUL' IF THERE ARE NO BIRTH PARENTS IN THE HOUSEHOLD. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'FOR ADOPTIVE PARENTS' IF THE RESPONDENT IS AN ADOPTIVE FATHER OR MOTHER.

Less than one month, .....	1 (NRQ.110)
More than a month but less than a year,.....	2 (BOX 5)
More than a year, or .....	3 (BOX 5)
No contact since birth? .....	4 (BOX 7)
PARENT IS DECEASED .....	5 (BOX 7)
NO CONTACT SINCE ADOPTION .....	6 (BOX 7)
NO ADOPTIVE (MOTHER/FATHER).....	7 (BOX 7)
REFUSED .....	77 (BOX 7)
DON'T KNOW .....	99 (BOX 7)

NRQ.110            How many days has {CHILD} seen {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|\_|\_|\_|

ENTER NUMBER OF DAYS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

NRQ.114            How many days was {CHILD} scheduled to see (his/her) (biological/adoptive) {father/mother} in the past 4 weeks?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|\_|\_|\_|

ENTER NUMBER OF DAYS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

NRQ.115 How many nights did {CHILD} and (his/her) (biological/adoptive) {father/mother} sleep in the same house in the past 4 weeks?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|\_|\_|

ENTER NUMBER OF DAYS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

NRQ.116 Did {CHILD}'s (biological/adoptive) {father/mother} miss any scheduled visits with {CHILD} in the past 4 weeks?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

NRQ.117 How many times have {CHILD} and (his/her) (biological/adoptive) {father/mother} talked on the telephone to each other in the past 4 weeks?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|\_|\_|

ENTER NUMBER OF DAYS

OR

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 5**

- IF NumberOfChildren = 1 OR IF NumberOfChildren >1 AND Childnum = 1,  
CONTINUE WITH NRQ120. OTHERWISE, GO TO BOX 6.

NRQ.120 Since September 2001, has {CHILD}'s {biological/adoptive} {mother/father}...

**CAPI INSTRUCTIONS:**

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

CAPI INSTRUCTIONS: DISPLAY "Since,,,,,father" in SQUARE BRACKETS WHEN ON B-D.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. Attended an open house or a back-to-school night?.....	1	2	7	9
b. Gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher? .....	1	2	7	8
c. Attended a school or class event, such as a play or sport event or science fair?.....	1	2	7	9
d. Acted as a volunteer at the school or served on a committee?.....	1	2	7	9

NRQ.250 How many minutes does {CHILD}'s {biological/adoptive} {mother/father} live from {him/her}?

**CAPI INSTRUCTIONS:**

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

10 MINUTES OR LESS .....	1
11-30 MINUTES .....	2
31-59 MINUTES .....	3
1-2 HOURS .....	4
MORE THAN 2 HOURS .....	5
REFUSED .....	7
DON'T KNOW .....	9

NRQ.251 Does {CHILD}'s {biological/adoptive} {mother/father} live in the same state or a different state than {CHILD}?

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

SAME STATE.....	1
DIFFERENT STATE.....	2
REFUSED .....	7
DON'T KNOW .....	9

NRQ.252 During the last year, how often has {CHILD}'s {biological/adoptive} {mother/father} paid for {CHILD}'s medical insurance, doctor bills, or medicines, separate from child support?

Has {he/she} helped pay for these.....

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH OR ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "she" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH OR ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "he" FOR THE PARTICULAR LOOP R IS ON.

Often, .....	1
Sometimes, .....	2
Hardly ever, or .....	3
Never? .....	4
REFUSED .....	7
DON'T KNOW .....	9

NRQ.253

What about other bills or expenses for {CHILD}? In the last year, has {he/she} helped pay for these....

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH OR ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "she" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH OR ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "he" FOR THE PARTICULAR LOOP R IS ON.

Often, .....	1
Sometimes, .....	2
Hardly ever, or .....	3
Never? .....	4
REFUSED .....	7
DON'T KNOW .....	9

**BOX 6**

- IF LOOPING ON NON-RESIDENT BIOLOGICAL FATHER, CONTINUE WITH NRQ.255. OTHERWISE, GO TO BOX 7.

NRQ.255

Did {CHILD}'s biological father sign the application for {CHILD}'s birth certificate or sign a statement that legally says he is {CHILD}'s biological father?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 7**

ASK NRQ.100 TO NRQ.255 FOR THE NEXT NON-RESIDENTIAL PARENT, IF NO NEXT NON-RESIDENTIAL PARENT, GO TO BOX 8.

**BOX 8**

IF NRQ.100=5 (PARENT DECEASED), 6 (NO CONTACT SINCE ADOPTION), 7 (NO ADOPTIVE PARENT), DK, OR RF FOR ALL THE NON-RESIDENT PARENTS OF THE FIRST CHILD (NUMBEROFCHILDREN=1 OR (NUMBEROFCHILDREN>1 AND CHILDNUM=1)), GO TO BOX 10.

IF (NUMBEROFCHILDREN>1 AND CHILDNUM=2), GO TO BOX 10. OTHERWISE, CONTINUE WITH NRQ.261.

NRQ.261      Next, I'd like to ask some questions about child support. Have child support payments for {CHILD} ever been awarded by a court or a judge, agreed to in writing, agreed to informally, or do you not have an agreement of any kind?  
CODE ALL THAT APPLY. '5' CANNOT BE CODED WITH ANY OTHER RESPONSE OPTION.

YES, AWARDED BY A COURT .....	1 (BOX 9)
YES, AGREED TO IN WRITING .....	2 (BOX 9)
YES, AGREED TO INFORMALLY .....	3 (BOX 9)
YES, AWARD PENDING.....	4 (BOX 9)
NO AGREEMENT .....	5 (BOX 10)
OTHER (SPECIFY).....	91 (NRQ.261OS)
REFUSED .....	7 (BOX 10)
DON'T KNOW .....	9 (BOX 10)

NRQ.261OS      What kind of agreement do you have?  
  
SPECIFY AGREEMENT.  
CAPI INSTRUCTION: DK AND RF DISALLOWED.

<b>BOX 9</b>
<p>■ IF MORE THAN 1 NONRESIDENT PARENT CONTINUE WITH NRQ.264. OTHERWISE, GO TO NRQ.265.</p>

NRQ.264      What parent do you have this agreement with?  
  
PROBE: Any other parent?  
CODE ALL THAT APPLY.  
CAPI INSTRUCTION: DK AND RF DISALLOWED.

{CHILD}'S BIOLOGICAL FATHER .....	1
{CHILD}'S BIOLOGICAL MOTHER .....	2
{CHILD}'S ADOPTIVE FATHER.....	3
{CHILD}'S ADOPTIVE MOTHER.....	4

NRQ.265      In the past year were you supposed to receive any child support payments for {CHILD}?

YES .....	1
NO .....	2 (BOX 10)
REFUSED .....	7 (BOX 10)
DON'T KNOW .....	9 (BOX 10)

NRQ.266      During the last year, have you received this money regularly, so that you could almost always count on getting the money?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

<b>BOX 10</b>
GO TO SECTION CHQ.

## CHILD HEALTH AND WELL BEING: CHQ

### BOX 1

ASK CHQ.010 – CHQ.730 ABOUT EACH SAMPLED CHILD.

CHQ.010 Now I have some questions about {CHILD}'s health and well-being. For the next set of questions, please base your answer on how {CHILD} compares to other children of the same age.

Would you say {CHILD} is independent and takes care of {himself/herself} ...

Better than other children {his/her} age, .....	1
As well as other children,.....	2
Slightly less well than other children, or.....	3
Much less well than other children?.....	4
REFUSED .....	7
DON'T KNOW .....	9

CHQ.020 Does {CHILD} pay attention ....

Better than other children {his/her} age, .....	1
As well as other children,.....	2
Slightly less well than other children, or.....	3
Much less well than other children?.....	4
REFUSED .....	7
DON'T KNOW .....	9

CHQ.030 Does {CHILD} learn, think, and solve problems ...

Better than other children {his/her} age, .....	1
As well as other children,.....	2
Slightly less well than other children, or .....	3
Much less well than other children? .....	4
REFUSED .....	7
DON'T KNOW .....	9

### BOX 2

- IF CHILD HAS PROBLEMS WITH PAYING ATTENTION (CHQ.020 = 3 or 4) OR CHILD HAS PROBLEMS WITH LEARNING, THINKING AND SOLVING PROBLEMS (CHQ.030 = 3 OR 4), CONTINUE WITH CHQ.040.
- OTHERWISE, GO TO CHQ.080.



CHQ.040

**HELP AVAILABLE**

Since spring 2000 has {CHILD} been evaluated by a professional in response to {his/her} ability to pay attention or learn?

IF R INCLUDES EVALUATION OF OVERALL ACTIVITY LEVEL, SAY: Please answer for the evaluation of {CHILD}'s attention span only.

CAPI INSTRUCTION: DISPLAY "IF ... SAY: " IN LIGHT BLUE AND DISPLAY "Please ....only" IN BLACK.

**HELP TEXT: Professional:** This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES .....	1
NO .....	2 (CHQ. 080)
REFUSED .....	7 (CHQ. 080)
DON'T KNOW .....	9 (CHQ. 080)

CHQ.050

Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ. 080)
REFUSED .....	7 (CHQ. 080)
DON'T KNOW .....	9 (CHQ. 080)

CHQ.060

**HELP AVAILABLE**

What was the diagnosis?

PROBE: What was the primary diagnosis?

**HELP TEXT:**

**Learning disability:** This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

**Attention deficit disorder (ADD):** A childhood syndrome characterized by short attention span that is inappropriate for his/her age group.

**Attention deficit hyperactivity disorder (ADHD):** The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs. Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

**Developmental delay:** A condition in which a young child falls significantly behind his/her agemates in physical, mental, social/emotional, or speech development. It does not simply mean that the child talked somewhat later than some children talked or was smaller than average. Not to be confused with autism or pervasive developmental delay. If the child's social behavior and relationships with other people are generally consistent with his or her delayed cognitive development, then the classification of the

condition as developmental delay is probably appropriate. If this is not the case, see the definitions of autism and pervasive developmental disorder or delay.

**Autism** is a pervasive lack of responsiveness to other people that has its onset before 30 months of age. Other defining characteristics are that the impaired social development and delayed or deviant language development are not merely predictable from the child's cognitive retardation. Some autistic children are actually advanced in their reading skills, memory skills, or musical abilities. There is also an insistence on sameness, as shown by stereotyped play, abnormal preoccupations, or resistance to change.

**Pervasive developmental disorder or delay** is also characterized by gross and sustained impairment in social relationships, but typically has an onset **after** 30 months of age. Other characteristics are sudden excessive anxiety, inappropriate affect or emotions, resistance to change in the environment, oddities of motor movement, abnormalities of speech, hypersensitivity to sensory stimuli, and self-mutilation. This condition generally does **not** involve delusions, hallucinations, incoherence, or bizarre associations.

**Dyslexia:** A learning disability (see above definition) marked by impairment of the ability to recognize and comprehend the written word.

**Mental Retardation:** The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

LEARNING DISABILITY .....	1
ATTENTION DEFICIT DISORDER (ADD) ....	2
ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD) .....	3
DEVELOPMENTAL DELAY .....	4
AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER.....	5
DYSLEXIA .....	6
MENTAL RETARDATION .....	7
OTHER (SPECIFY).....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 3**

IF CHQ.060 = 91, CONTINUE WITH CHQ.060OS. OTHERWISE, GO TO CHQ.070.

CHQ.060OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

\_\_\_\_\_

CHQ.070      What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

ENTER MONTH  
 OR  
 REFUSED ..... 777 (CHQ.080)  
 DON'T KNOW ..... 999 (CHQ.075)

CHQ.075      [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

ENTER YEAR  
 OR  
 REFUSED ..... 7777  
 DON'T KNOW ..... 9999

CHQ.080      Thinking about {CHILD}'s overall activity level, would you say {he/she} is ...

Less active than other children of {his/her} age, .....	1	(CHQ150)
About as active, .....	2	(CHQ150)
Slightly more active, or.....	3	(CHQ150)
A lot more active than other children of {his/her} age?	4	
REFUSED .....	7	(CHQ150)
DON'T KNOW .....	9	(CHQ150)

CHQ.090      Do you have any concerns about {CHILD}'s overall activity level?

YES .....	1	
NO .....	2	(CHQ.150)
REFUSED .....	7	(CHQ.150)
DON'T KNOW .....	9	(CHQ.150)

**HELP AVAILABLE**

CHQ.100 Since spring 2000 has {CHILD} been evaluated by a professional in response to {his/her} overall activity level?

IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s overall activity level only.

CAPI INSTRUCTION: DISPLAY "IF ... SAY: " IN LIGHT BLUE AND DISPLAY "Please ....only" IN BLACK.

**HELP TEXT: Professional:** This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES .....	1
NO .....	2 (CHQ.150)
REFUSED .....	7 (CHQ.150)
DON'T KNOW .....	9 (CHQ.150)

CHQ.110 Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ.150)
REFUSED .....	7 (CHQ.150)
DON'T KNOW .....	9 (CHQ.150)

**HELP AVAILABLE**

CHQ.120 What was the diagnosis?

PROBE: What was the primary diagnosis?

**HELP TEXT:**

**Learning disability:** This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

**Attention deficit disorder (ADD):** A childhood syndrome characterized by hyperactivity and short attention span.

**Attention deficit hyperactivity disorder (ADHD):** The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs. Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

**Hyperactivity:** Having behavior characterized by constant overactivity.

**Dyslexia:** A learning disability (see above definition) marked by impairment of the ability to recognize and comprehend the written word.

**Mental Retardation:** The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

LEARNING DISABILITY .....	1
ATTENTION DEFICIT DISORDER (ADD) ....	2
ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD) .....	3
HYPERACTIVITY .....	4
DYSLEXIA .....	5
MENTAL RETARDATION .....	6
OTHER (SPECIFY) .....	91
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

IF CHQ.120 = 91, CONTINUE WITH CHQ.1200S. OTHERWISE, GO TO CHQ.130.

CHQ.1200S [What was the diagnosis?]

SPECIFY DIAGNOSIS.

\_\_\_\_\_

CHQ.130 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_\_  
ENTER MONTH  
OR  
REFUSED ..... 77 (CHQ.150)  
DON'T KNOW ..... 99 (CHQ.135)

CHQ.135 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_\_  
ENTER YEAR  
OR  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CHQ.150 Does {CHILD} pronounce words, communicate with and understand others ...

IF RESPONDENT INDICATES CHILD DIFFERS ON ANY OF THE AREAS (E.G., CAN UNDERSTAND BUT NOT PRONOUNCE), SAY: Answer for the area in which the child has the most difficulty.

CAPI INSTRUCTION: DISPLAY "IF ... SAY: IN LIGHT BLUE "AND DISPLAY "Answer ....difficulty" IN BLACK.

Better than other children {his/her} age, .....	1 (CHQ.270)
As well as other children, .....	2 (CHQ.270)
Slightly less well than other children, or.....	3 (CHQ.160)
Much less well than other children?.....	4 (CHQ.160)
REFUSED .....	7 (CHQ.270)
DON'T KNOW .....	9 (CHQ.270)

#### HELP AVAILABLE

CHQ.160 Since spring 2000 has {CHILD} been evaluated by a professional in response to {his/her} ability to communicate?

**HELP TEXT:** Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES .....	1
NO .....	2 (CHQ.190)
REFUSED .....	7 (CHQ.190)
DON'T KNOW .....	9 (CHQ.190)

CHQ.170 Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ.190)
REFUSED .....	7 (CHQ.190)
DON'T KNOW .....	9 (CHQ.190)

CHQ.180 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

<input type="text"/> <input type="text"/> ENTER MONTH	
OR	
REFUSED .....	77 (CHQ.190)
DON'T KNOW .....	99 (CHQ.185)

CHQ.185 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
ENTER YEAR  
OR  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CHQ.190 Does {CHILD} have difficulty hearing and understanding speech in a normal conversation?

YES ..... 1 (CHQ.200)  
NO ..... 2 (CHQ.270)  
REFUSED ..... 7 (CHQ.270)  
DON'T KNOW ..... 9 (CHQ.270)

**HELP AVAILABLE**

CHQ.200 Since spring 2000 has {CHILD} 's hearing been evaluated by a professional?

**HELP TEXT:** Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

For the **vision and hearing questions**, having been evaluated at the school by a health professional **does** count as being evaluated by a professional.

YES ..... 1 (CHQ.210)  
NO ..... 2 (CHQ.270)  
REFUSED ..... 7 (CHQ.270)  
DON'T KNOW ..... 9 (CHQ.270)

CHQ.210 Did you obtain a diagnosis of a problem from a professional?

YES ..... 1  
NO ..... 2 (CHQ.270)  
REFUSED ..... 7 (CHQ.270)  
DON'T KNOW ..... 9 (CHQ.270)

CHQ.220 What was the month and year {CHILD}'s hearing was evaluated?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_|\_\_\_\_|  
ENTER MONTH  
OR  
REFUSED ..... 77 (CHQ.230)  
DON'T KNOW ..... 99 (CHQ.225)

CHQ.225 [What was the month and year {CHILD}'s hearing was evaluated?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
ENTER YEAR  
OR  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CHQ.230 Which of the following best describes {CHILD}'s hearing loss? Is {he/she} ...

Deaf in both ears, ..... 1  
Deaf in one ear and hard of hearing in the other, ..... 2  
Deaf in one ear and normally hearing in the other, ..... 3  
Hard of hearing in both ears, or ..... 4  
Hard of hearing in one ear and normally hearing in the other? 5  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.240 Does {CHILD} usually wear a hearing aid?

**HELP AVAILABLE**

**HELP TEXT:** Hearing Aid: A small electronic sound amplifier worn in or behind the ear that compensates for impaired hearing.

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.250 Does {CHILD} have cochlear implants?

**HELP AVAILABLE**

**HELP TEXT:** Cochlear Implants: An electronic device that is surgically placed in the inner ear which is designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5**

- IF CHILD DOES NOT WEAR HEARING AID (CHQ.240=2,7, OR 9) AND DOES NOT HAVE COCHLEAR IMPLANTS (CHQ.250=2,7, OR 9), GO TO CHQ.270
- OTHERWISE, CONTINUE WITH CHQ.260.



CHQ.260 What is the effect of the device on {CHILD}'s ability to hear and understand speech in normal conversations? Does it ...

Greatly improves {his/her} ability to understand speech, .....	1
Somewhat improves {his/her} ability to understand speech, .....	2
Minimally improves {his/her} ability to understand speech, or .....	3
Does not improve {his/her} ability to understand speech? .....	4
REFUSED .....	7
DON'T KNOW .....	9

CHQ.270 Now I want to ask you about {CHILD}'s vision. Without the use of eyeglasses or contact lenses, does {CHILD} have difficulty seeing objects in the distance or letters on paper?

YES .....	1 (CHQ.290)
NO .....	2 (CHQ.325)
REFUSED .....	7 (CHQ.325)
DON'T KNOW .....	9 (CHQ.325)

#### HELP AVAILABLE

CHQ.290 Since spring 2000 has {CHILD}'s vision been evaluated by a professional?

**HELP TEXT:** Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

For the **vision and hearing questions**, having been evaluated at the school by a health professional **does** count as being evaluated by a professional.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

#### BOX 6

- IF CHILD HAS DIFFICULTY SEEING (CHQ.270=1)  
AND  
CHILD HAS NOT HAD VISION EVALUATED (CHQ.290=2, 7, OR 9),  
GO TO CHQ.325.
- OTHERWISE, CONTINUE WITH CHQ.300.

CHQ.300 Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ.325)
REFUSED .....	7 (CHQ.325)
DON'T KNOW .....	9 (CHQ.325)

CHQ.310      What was the month and year when {CHILD}'s vision was evaluated?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

| | |  
 ENTER MONTH  
 OR  
 REFUSED ..... 77 (CHQ.315)  
 DON'T KNOW ..... 99 (CHQ.313)

CHQ.313      [What was the month and year when {CHILD}'S vision was evaluated?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

| | | | |  
 ENTER YEAR  
 OR  
 REFUSED ..... 7777  
 DON'T KNOW ..... 9999

CHQ.315      Is {CHILD}'s eyesight ...

Correctable with glasses, ..... 1 (CHQ.325)  
 Improvable with glasses, or ..... 2  
 Not correctable with glasses? ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CHQ.320      Please tell me which of the following {CHILD}'s **best** eyesight allows {him/her} to see?

CAPI INSTRUCTION: DISPLAY "best" IN UNDERLINED TEXT.

Print in children's story books, ..... 1  
 Form and/or color of objects, but not detail, ..... 2  
 Shadows, ..... 3  
 Lights, or ..... 4  
 Does {CHILD} see no light or have no light perception? ... 5  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

CHQ.325      Would you say {CHILD} behaves and relates to other children and adults ...

Better than other children {his/her} age, ..... 1 (CHQ.350)  
 As well as other children, ..... 2 (CHQ.350)  
 Slightly less well than other children, or ..... 3 (CHQ.350)  
 Much less well than other children? ..... 4  
 REFUSED ..... 7 (CHQ.350)  
 DON'T KNOW ..... 9 (CHQ.350)

CHQ.327 Do you have any concerns about {CHILD}'s overall behavior and relations to other children and adults?

YES .....	1
NO .....	2 (CHQ.350)
REFUSED .....	7 (CHQ.350)
DON'T KNOW .....	9 (CHQ.350)

**HELP AVAILABLE**

CHQ.330 Since spring 2000 has {CHILD} been evaluated by a professional in response to {his/her} overall behavior and relations to other children and adults?

IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s overall behavior only.

CAPI INSTRUCTION: DISPLAY "IF ... SAY: " IN LIGHT BLUE AND DISPLAY "Please ....only" IN BLACK.

**HELP TEXT: Professional:** This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES .....	1
NO .....	2 (CHQ.350)
REFUSED .....	7 (CHQ.350)
DON'T KNOW .....	9 (CHQ.350)

CHQ.335 Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ.350)
REFUSED .....	7 (CHQ.350)
DON'T KNOW .....	9 (CHQ.350)

**HELP AVAILABLE**

CHQ.337 What was the diagnosis?

PROBE: What was the primary diagnosis?

**HELP TEXT:**

**Learning disability:** This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

**Attention deficit disorder (ADD):** A childhood syndrome characterized by hyperactivity and short attention span.

**Attention deficit hyperactivity disorder (ADHD):** The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs. Inattention means difficulty

concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

**Hyperactivity:** Having behavior characterized by constant overactivity.

**Mental Retardation:** The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

LEARNING DISABILITY .....	1
ATTENTION DEFICIT DISORDER (ADD) ....	2
ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD) .....	3
HYPERACTIVITY .....	4
MENTAL RETARDATION .....	5
OTHER (SPECIFY) .....	91
REFUSED .....	7
DON'T KNOW .....	9

**BOX 7**

IF CHQ.337 = 91, CONTINUE WITH CHQ.337OS. OTHERWISE, GO TO CHQ.340.

CHQ.337OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

\_\_\_\_\_

CHQ.340 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

_ _	
ENTER MONTH	
OR	
REFUSED .....	77 (CHQ.345)
DON'T KNOW .....	99 (CHQ.350)

CHQ.345 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

_ _ _ _	
ENTER YEAR	
OR	
REFUSED .....	7777
DON'T KNOW .....	9999

CHQ.350 Do you have any concerns about {CHILD}'s overall emotional behavior, such as anxiety or depression?

YES .....	1
NO .....	2 (CHQ.500)
REFUSED .....	7 (CHQ.500)
DON'T KNOW .....	9 (CHQ.500)

**HELP AVAILABLE**

CHQ.355 Since spring 2000 has {CHILD} been evaluated by a professional in response to {his/her} overall emotional behavior?

IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s overall emotional behavior only.

CAPI INSTRUCTION: DISPLAY "IF ... SAY: IN LIGHT BLUE "AND DISPLAY "Please ....only" IN BLACK.

**HELP TEXT: Professional:** This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES .....	1
NO .....	2 (CHQ.500)
REFUSED .....	7 (CHQ.500)
DON'T KNOW .....	9 (CHQ.500)

CHQ.360 Did you obtain a diagnosis of a problem from a professional?

YES .....	1
NO .....	2 (CHQ.500)
REFUSED .....	7 (CHQ.500)
DON'T KNOW .....	9 (CHQ.500)

**HELP AVAILABLE**

CHQ.365 What was the diagnosis?

PROBE: What was the primary diagnosis?

**HELP TEXT:**

**Panic Disorder:** A disorder in which there is the sudden onset of several different physical signs, such as rapid heartrate, shaking, sweating, nausea, dizziness, and difficulty breathing. A panic disorder may make a child think that something horrible is about to happen.

**Separation Anxiety Disorder:** This is the fear a child has of being separated from his/her parents which is far more than would be expected for the child's developmental stage.

**Agoraphobia:** This is anxiety about being in places or situations from which escape might be difficult or embarrassing or in which help might not be available in the event of having an unexpected panic attack. Children usually avoid the situations or else they are endured with distress or anxiety about having a panic attack. This disorder is not due to any social phobia such as obsessive-compulsive disorder, or separation anxiety.

**Social Phobia:** A marked and persistent fear of social or performance situations in which the child is exposed to unfamiliar people or possible scrutiny. These situations provoke anxiety, which can take the form of panic, crying, and tantrums, freezing or shrinking from the situation. The avoidance or anxious

anticipation and distress caused by these situations interfere significantly with the child's routine, academic functioning or social activities.

**Obsessive Compulsive Disorder:** A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that aren't visible to others but cause the child distress. The thoughts occur over and over and the child spends so much time on them that they have a hard time taking care of themselves or relating to others. Compulsions are mental acts that a child feels driven to perform in response to an obsession.

**Generalized Anxiety Disorder:** Children who have this disorder worry all the time over nothing, themselves, other's safety, their health, and/or the world to a far greater extent than average. They often have many physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness.

**Bipolar Disorder:** A child with bipolar disorder displays signs of major mood changes, sometimes sad, as in depression, or the opposite, mania. All bipolar disorders are a combination of mania with or without depression. Some signs of mania include inflated self-esteem, decreased need for sleep, distractibility and increased activity. Some signs of depression are sleeping too much, poor appetite, severe worthlessness, hallucinations or strange beliefs about the past.

PANIC DISORDER.....	1
SEPARATION ANXIETY DISORDER .....	2
AGORAPHOBIA .....	3
SOCIAL PHOBIA.....	4
OBSESSIVE COMPULSIVE DISORDER.....	5
OTHER ANXIETY DISORDER.....	6
BIPOLAR DISORDER .....	7
OTHER DEPRESSIVE DISORDER .....	9
OTHER (SPECIFY).....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 8**

IF CHQ.365 = 91, CONTINUE WITH CHQ.365OS. OTHERWISE, GO TO CHQ.370.

CHQ.365OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

\_\_\_\_\_

CHQ.370 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_\_  
ENTER MONTH  
OR  
REFUSED ..... 77 (CHQ.500)  
DON'T KNOW ..... 99 (CHQ.375)

CHQ.375 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
ENTER YEAR  
OR  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CHQ.500 Would you say {CHILD}'s health is ...

Excellent, ..... 1  
Very good, ..... 2  
Good, ..... 3  
Fair, or ..... 4  
Poor? ..... 5  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.510 Does {CHILD} currently use special equipment for children with special needs such as a wheelchair, communication board, or other assistive device?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 9**

- IF CHILD HAS ANY DISABILITIES AND HIS OR HER HEALTH IS FAIR OR POOR, THAT IS:  
CHQ.010=3, 4 (INDEPENDENCE)  
OR  
CHQ.020=3, 4 (ATTENTION)  
OR  
CHQ.030=3, 4 (THINK/LEARN/SOLVE)  
OR  
CHQ.080=4 (HYPERACTIVE)  
OR  
CHQ.150=3, 4 (COMMUNICATION)  
OR  
CHQ.190=1 (HEARING)  
OR  
CHQ.270=1 (VISION)  
OR  
CHQ.325=3, 4 (BEHAVIOR)  
OR  
CHQ.350=1 (EMOTIONS)  
OR  
CHQ.500=4, 5 (HEALTH),  
GO TO CHQ.520.
- OTHERWISE, GO TO CHQ.550.

CHQ.520 During this school year, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

IF ASKED, CHILDREN WITH DISABILITIES INCLUDE CHILDREN WITH DEVELOPMENTAL DELAYS, COMMUNICATION IMPAIRMENTS, OR SPECIAL HEALTH CARE NEEDS.

YES ..... 1  
NO ..... 2 (CHQ.550)  
REFUSED ..... 7 (CHQ.550)  
DON'T KNOW ..... 9 (CHQ.550)

CHQ.525 Is {CHILD} still receiving any of these services?

YES ..... 1 (CHQ.540)  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.530 What was the month and year when the last of these services was received?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|\_|\_|  
ENTER MONTH  
OR  
REFUSED ..... 77 (CHQ.540)  
DON'T KNOW ..... 99 (CHQ.535)

CHQ.535 [What was month and year when the last of these services was received?]

CAPI INSTRUCTION: RANGE CHECK: 1990-2002 FOR YEAR.

CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|\_|\_|\_|\_|  
ENTER YEAR  
OR  
REFUSED ..... 7777  
DON'T KNOW ..... 9999

CHQ.540 Overall, how helpful were the special services your child and/or family received?

Very helpful, ..... 1  
Helpful, ..... 2  
Not helpful, or ..... 3  
Not at all helpful? ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9



CHQ.545 During this school year did (CHILD) receive any services for children with special needs such as speech therapy or did (he/she) participate in a special education program?

CAPI INSTRUCTIONS: DISPLAY 'this school year' IN UNDERLINED TEXT

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

CHQ.550 How long has it been since {CHILD}'s last visit to a dentist or dental hygienist for dental care?

NEVER .....	1
LESS THAN 6 MONTHS .....	2
6 MONTHS TO YEAR .....	3
1 TO 2 YEARS .....	4
MORE THAN 2 YEARS .....	5
REFUSED .....	7
DON'T KNOW .....	9

CHQ.555 How long has it been since {CHILD}'s last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care?

PROBE: Routine health care may include check-ups, or immunization appointments.

NEVER .....	1
LESS THAN 6 MONTHS .....	2
6 MONTHS TO YEAR .....	3
1 TO 2 YEARS .....	4
MORE THAN 2 YEARS .....	5
REFUSED .....	7
DON'T KNOW .....	9

CHQ.560 Now I have some questions about common childhood health conditions. Has a doctor, nurse, or other medical professional ever told you that {CHILD} has chronic sinusitis?

YES .....	1 (CHQ.565)
NO .....	2 (CHQ.570)
REFUSED .....	7 (CHQ.570)
DON'T KNOW .....	9 (CHQ.570)

CHQ.565 Does {he/she} receive treatment for this condition?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

CHQ.570 Has a doctor, nurse, or other medical professional ever told you that {CHILD} has asthma?

YES .....	1 (CHQ.575)
NO .....	2 (CHQ.580)
REFUSED .....	7 (CHQ.580)
DON'T KNOW .....	9 (CHQ.580)

CHQ.575 Does {he/she} receive treatment for this condition?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.580 Has a doctor, nurse, or other medical professional ever told you that {CHILD} has hay fever or allergic rhinitis without asthma?

YES ..... 1 (CHQ.585)  
NO ..... 2 (CHQ.690)  
REFUSED ..... 7 (CHQ.690)  
DON'T KNOW ..... 9 (CHQ.690)

CHQ.585 Does {he/she} receive treatment for this condition?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

CHQ.690 Now I have some questions about childhood injuries. How many times has {CHILD} seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

SOFT RANGE CHECK: 0 – 28 TIMES  
HARD RANGE CHECK: 0 - 99 TIMES

ENTER NUMBER OF TIMES  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 10**

IF CHQ.690 equals 0 or REFUSED or DON'T KNOW then go to CHQ.695.  
OTHERWISE, GO TO CHQ.692.

CHQ.692 Was {CHILD} hospitalized at least one night because of an injury?

YES ..... 1  
NO ..... 2 (CHQ.695)  
REFUSED ..... 7 (CHQ.695)  
DON'T KNOW ..... 9 (CHQ.695)

CHQ.693 How many times has {CHILD} been hospitalized at least one night for injuries?

SOFT RANGE CHECK: 1 – 28 TIMES  
HARD RANGE CHECK: 0 - 99 TIMES

ENTER NUMBER OF TIMES  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

CHQ.695

What kinds of health insurance or health care coverage does {CHILD} have? By health insurance I mean any kind of coverage that pays for health care expenses. Please do not include private plans that only provide extra cash while hospitalized. Does {he/she} have...

CAPI INSTRUCTIONS: IN CHQ.695b, DISPLAY NAME FOR STATE MEDICAID PROGRAM, IF ANY, FOR "or STATE MEDICAID PROGRAM NAME"; ELSE, USE NULL DISPLAY.  
IN CHQ.695c, DISPLAY NAME FOR STATE CHIP PROGRAM, IF ANY, FOR "or STATE CHIP PROGRAM NAME"; ELSE, USE NULL DISPLAY.  
IN CHQ.695e, DISPLAY NAME FOR OTHER STATE SPONSORED HEALTH PLAN, IF ANY, FOR "STATE SPONSORED HEALTH PLAN NAME"; ELSE, USE NULL DISPLAY.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A private health insurance plan from an employer, workplace, or purchased directly or through a state or local government program or community program? .....	1	2	7	9
b. Medicaid {or STATE MEDICAID PROGRAM NAME}? .....	1	2	7	9
c. CHIP (Children's Health Insurance Program){or NAME OF STATE CHIP PROGRAM NAME}? .....	1	2	7	9
d. Military health care, or VA, or CHAMPUS, or TRICARE, or CHAMP-VA? .....	1	2	7	9
e. Another government program (Indian Health Service, Medicare {,STATE SPONSORED HEALTH PLAN NAME})? .....	1	2	7	9
f. No health insurance? .....	1	2	7	9

CHQ.700

Now I want to ask you about {CHILD}'s physical activities. Compared to other (boys/girls) (his/her) age, how physically active is {CHILD} during structured activities like sports or activities at (day care or) school? Is (he/she)...

CAPI INSTRUCTION: DISPLAY 'boys' AND 'his' IF CHILD IS MALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, USE GENDER FROM INQ.016.

CAPI INSTRUCTION: DISPLAY 'girls' AND 'her' IF CHILD IS FEMALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, USE GENDER FROM INQ.016.

CAPI INSTRUCTION: DISPLAY "day care or" IF CCQ.260=1 ( YES ATTEND DAYCARE OR BEFORE AND AFTER SCHOOL PROGRAM)

More physically active than other (boys/girls)	1
Less physically active than other (boys/girls), or2	
About the same as other (boys/girls) .....	3
REFUSED .....	7
DON'T KNOW .....	9

CHQ.705

How about during free time?

PROBE: Is (he/she) more physically active, less physically active, or about the same as other (boys/girls)?

CAPI INSTRUCTION: DISPLAY 'BOYS' AND 'HIS' IF CHILD IS MALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, USE GENDER FROM INQ.016.

CAPI INSTRUCTION: DISPLAY 'GIRLS' AND 'HER' IF CHILD IS FEMALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, USE GENDER FROM INQ.016.

More physically active than other (boys/girls)	1
Less physically active than other (boys/girls), or	2
About the same as other (boys/girls)? .....	3
REFUSED .....	7
DON'T KNOW .....	9

CHQ.710

Aerobic exercise makes the heart work very hard and makes people break out in a sweat. Compared to other (boys/girls) (his/her) age, how much aerobic exercise does (CHILD) get on a consistent basis?

Would you say ...

More than other (boys/girls).....	1
Less than other (boys/girls), or .....	2
About the same as other (boys/girls)? .....	3
REFUSED .....	7
DON'T KNOW .....	9

CHQ.715

In a typical week, on how many days does (CHILD) get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?

CAPI INSTRUCTION: RANGE CHECK: 0-7

<input type="text"/>	<input type="text"/>	<input type="text"/>	
ENTER DAYS			
OR			
REFUSED .....	77		
DON'T KNOW .....	99		

#### HELP AVAILABLE

CHQ.720

In the last 12 months, did {CHILD} regularly get exercise through any of the following organizations?

CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON B. DISPLAY THE FOLLOWING HELP TEXT FOR B: "A church or other place of worship: This question refers to exercise or sports that were sponsored by a church or place of worship."

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A public park or recreation center? .....	1	2	7	9
b. A church or other place of worship? .....	1	2	7	9
c. A sports team or league not affiliated with churches? .....	1	2	7	9
d. YMCA, YWCA, or other similar organizations? .....	1	2	7	9
e. A health club or private spa? .....	1	2	7	9
f. Cub Scouts, Brownies, or other scouts? .....	1	2	7	9
g. 4-H or other farm clubs? .....	1	2	7	9

**BOX 11**

IF ANY OF CHQ.720a TO CHQ.720g = 1, CONTINUE WITH CHQ.725. OTHERWISE, GO TO CHQ.730.

**HELP AVAILABLE**

CHQ.725 What types of exercise or physical activity did {CHILD} get at the places you just mentioned?

**HELP TEXT:**Group Sports: e.g. baseball, basketball, and soccer.

Individual Sports: e.g. tennis, swimming, gymnastics.

Dance: e.g. tap, ballet, movement.

Recreational Sports/Outdoor Activities: e.g. biking, hiking.

Playground Activities: e.g. catch, jump rope, tag.

Calisthenics/General Exercising: e.g. jumping jacks.

CAPI INSTRUCTIONS: DISPLAY 'HELP AVAILABLE' IN UNDERLINED TEXT.

CAPI INSTRUCTIONS: DO NOT DISPLAY THE WORDS "HELP TEXT" ON THE HELP SCREEN

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. Group sports? .....	1	2	7	9
b. Individual sports? .....	1	2	7	9
c. Dance? .....	1	2	7	9
d. Recreational Sports or outdoor activities? .....	1	2	7	9
e. Martial Arts? .....	1	2	7	9
f. Playground activities? .....	1	2	7	9
g. Calisthenics or General exercising? .....	1	2	7	9
h. Anything else? .....	1	2	7	9

**BOX 11**

- IF CHQ. 725h=1, GO TO CHQ.726. ELSE, GO TO CHQ 730.

CHQ.726 [What types of exercise or physical activity did {CHILD} get at the places you just mentioned?]

SPECIFY ACTIVITY

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CHQ.730

Please listen to the following descriptions of two children. Child A prefers to spend {his/her} free time reading, playing video games, or watching TV. Child B prefers to spend {his/her} free time riding a bike, swimming, and playing sports. Is your child...

READ ALL RESPONSES

More like Child A, .....	1
More like Child B, or .....	2
Similar to both Child A and Child B? .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 12**

■ GO TO PPQ (PARENT'S PSYCHOLOGICAL WELL-BEING AND HEALTH).

# **PARENT'S PSYCHOLOGICAL WELL-BEING AND HEALTH - PPQ**

## **BOX 1**

IF (NumberOfChildren = 1) OR (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH INSTRUCTIONS IN BOX 1. ELSE, IF (NumberOfChildren > 1 AND  
ChildNum = 2), GO TO BOX 2.

IF PERSON FLAGGED AS IF PERSON FLAGGED AS THE RESPONDENT IS A  
"PARENT FIGURE" MEANING THE MOTHER OR FATHER OR MALE OR FEMALE  
GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS  
OR GUARDIANS)

OR

IF NO HOUSEHOLD MEMBER IS A "PARENT FIGURE" AS DEFINED ABOVE  
CONTINUE WITH PPQ.100.

OTHERWISE, GO TO BOX 2 .

PPQ.100 I'm going to read some statements that may relate to how you have felt about yourself and your life during the past week. For each statement I read, please indicate how often in the past week you felt or behaved this way. There are no right or wrong answers.

PROBE: Would you say never, some of the time, a moderate amount of the time, or most of the time?

CAPI INSTRUCTION: DISPLAY 'past week' IN UNDERLINED TEXT.

CAPI INSTRUCTION: Always display stem "How often during the past week have you....." DISPLAY "PROBE:...time?" in SQUARE BRACKETS FOR B-L.

		<u>NEVER</u>	<u>SOME OF THE TIME</u>	<u>MODERATE AMOUNT OF TIME</u>	<u>MOST OF TIME</u>	<u>REF</u>	<u>DK</u>
PPQ. 100.	Felt that you were bothered by things that don't usually bother you? Would you say never, some of the time, a moderate amount of the time, or most of the time?.....	1	2	3	4	7	9
PPQ. 110.	Felt that you did not feel like eating, that your appetite was poor? .....	1	2	3	4	7	9
PPQ. 120.	Felt that you could not shake off the blues even with help from your family and friends? .....	1	2	3	4	7	9
PPQ. 130.	Felt that you had trouble keeping your mind on what you were doing? .....	1	2	3	4	7	9
PPQ. 140.	Felt depressed? .....	1	2	3	4	7	9
PPQ. 150.	Felt that everything you did was an effort?... ..	1	2	3	4	7	9
PPQ. 160.	Felt fearful? .....	1	2	3	4	7	9
PPQ. 170.	Felt that your sleep was restless? .....	1	2	3	4	7	9
PPQ. 180.	Felt that you talked less than usual? .....	1	2	3	4	7	9
PPQ. 190.	Felt lonely? .....	1	2	3	4	7	9
PPQ. 200.	Felt sad? .....	1	2	3	4	7	9
PPQ. 210.	Felt that you could not get going? .....	1	2	3	4	7	9

PPQ.220 Now, I would like to ask you about your health. In general, would you say that your health is...

Excellent, .....	1
Very good, .....	2
Good, .....	3
Fair, or .....	4
Poor? .....	5
REFUSED .....	7
DON'T KNOW .....	9

**HELP AVAILABLE**

PPQ.230 Does any impairment or health problem now keep you from working at a job or business?

HELP TEXT: Impairment/health problem: an ongoing health problem that limits one's strength or mental alertness. Examples might be a heart condition, severe asthma, sickle cell anemia, leukemia, or autism.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**HELP AVAILABLE**

PPQ.240 Are you limited in the kind or amount of work you can do because of any impairment or health problem?

HELP TEXT: Impairment/health problem: An ongoing health problem that limits one's strength or mental alertness. Examples might be a heart condition, severe asthma, sickle cell anemia, leukemia, or autism.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 2**

GO TO SECTION FDQ (FOOD SECURITY).



## FOOD SECURITY - FDQ

### BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH FDQ.130.

IF (NumberOfChildren > 1 and CHILDNUM=2, GO TO BOX 4.

FDQ.130

These next questions are about whether your family is able to afford the food that you need. I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/your household} in the last 12 months, that is, since last {current month}, 2001.

PROBE: Was that often true, sometimes true, or never true for {you/your household} in the last 12 months?

CAPI INSTRUCTIONS: DISPLAY CURRENT MONTH.

CAPI INSTRUCTIONS: DISPLAY "OFTEN," "SOMETIMES," AND "NEVER" IN THE MAIN QUESTION TEXT AND PROBE AS UNDERLINED.

CAPI INSTRUCTIONS: USE "you","I" and "my" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 16 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 16 OR OVER OR WITH AN AGE OTHER THAN DK OR RF.

CAPI INSTRUCTIONS: DISPLAY "PROBE:...months" IN SQUARE BRACKETS FOR B - F.

	<u>OFTEN</u> <u>TRUE</u>	<u>SOMETIMES</u> <u>TRUE</u>	<u>NEVER</u> <u>TRUE</u>	<u>REF</u>	<u>DK</u>
a. {I/We} worried whether {my/our} food would run out before {I/we} got money to buy more. ....	1	2	3	7	9
b. The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.....	1	2	3	7	9
c. We couldn't afford to eat balanced meals. ...	1	2	3	7	9
d. {I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/We were} running out of money to buy food .....	1	2	3	7	9
e. {I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that.....	1	2	3	7	9

### BOX 2

IF ANY OF FDQ.130A TO FDQ.130E = 1 OR 2, CONTINUE WITH FDQ.130F

OTHERWISE GO TO BOX 4.

f. {{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.....	1	2	3	7	9
---	---	---	---	---	---

FDQ.140 In the last 12 months, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES .....	1 (FDQ.150)
NO .....	2 (FDQ.160)
REFUSED .....	7 (FDQ.160)
DON'T KNOW .....	9 (FDQ.160)

FDQ.150 How often did this happen? Would you say...

Almost every month .....	1
Some months, but not every month, or .....	2
In only 1 or 2 months? .....	3
REFUSED .....	7
DON'T KNOW .....	9

FDQ.160 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FDQ.170 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FDQ.180 In the last 12 months, did you lose weight because you didn't have enough money for food?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3**

IF FDQ.130F=1 or 2, OR ANY OF FDQ.160 TO FDQ.180=1, ASK FDQ.190.

OTHERWISE GO TO BOX 4.

FDQ.190 In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF R IS THE ONLY HOUSEHOLD MEMBER ON ROSTER OVER 18, DISPLAY 'YOU'.

CAPI INSTRUCTIONS: IF MORE THAN ONE HOUSEHOLD MEMBER ON ROSTER OVER 18, DISPLAY 'YOU OR OTHER ADULTS IN YOUR HOUSEHOLD'.

YES .....	1 (FDQ.200)
NO .....	2 (FDQ.210)
REFUSED .....	7 (FDQ.210)
DON'T KNOW .....	9 (FDQ.210)

FDQ.200 How often did this happen? Would you say...

Almost every month .....	1
Some months, but not every month, or.....	2
In only 1 or 2 months? .....	3
REFUSED .....	7
DON'T KNOW .....	9

FDQ.210 The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since {CURRENT MONTH OF LAST YEAR}, 2001 did you ever cut the size of {{CHILD}'s/any of the children's} meals because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF ONLY ONE CHILD IN THE HOUSEHOLD FILL IN PARENTHESES WITH CHILD'S FIRST NAME. IF THERE ARE OTHER CHILDREN FILL IN PARENTHESES WITH "ANY OF THE CHILDREN."

CAPI INSTRUCTIONS: DISPLAY THE CURRENT MONTH IN {CURRENT MONTH OF LAST YEAR}

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FDQ.220 In the last 12 months, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF ONLY ONE CHILD IN THE HOUSEHOLD FILL IN PARENTHESES WITH CHILD'S FIRST NAME. IF THERE ARE OTHER CHILDREN FILL IN PARENTHESES WITH "ANY OF THE CHILDREN."

YES .....	1	(FDQ.230)
NO .....	2	(FDQ.240)
REFUSED .....	7	(FDQ.240)
DON'T KNOW .....	9	(FDQ.240)

FDQ.230 How often did this happen? Would you say...

Almost every month .....	1
Some months, but not every month, or.....	2
In only 1 or 2 months? .....	3
REFUSED .....	7
DON'T KNOW .....	9

FDQ.240 In the last 12 months, {was {CHILD}/were any of the children} ever hungry but you just couldn't afford more food?

CAPI INSTRUCTIONS: IF ONLY ONE CHILD IN THE HOUSEHOLD FILL IN PARENTHESES WITH CHILD'S FIRST NAME. IF THERE ARE OTHER CHILDREN FILL IN PARENTHESES WITH "were any of the children."

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FDQ.250

In the last 12 months, did {{CHILD}}/any of the children} ever not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF ONLY ONE CHILD IN THE HOUSEHOLD FILL IN PARENTHESES WITH CHILD'S FIRST NAME. IF THERE ARE OTHER CHILDREN FILL IN PARENTHESES WITH "ANY OF THE CHILDREN."

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

GO TO SECTION PEQ (PARENT EDUCATION).

## PARENT EDUCATION - PEQ

### BOX 1

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1, CONTINUE WITH BOX 2.
- OTHERWISE, GO TO BOX 4.

### BOX 2

- ASK PEQ.010-PEQ.060 FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS DEFINED IN FSQ.
- AFTER DETERMINING FOR WHOM THE EDUCATION QUESTIONS WILL BE ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON HAD ROUND 4 EDUCATION INFORMATION. IF SO, GO TO PEQ.010 FOR THAT PERSON.
- OTHERWISE, GO TO PEQ.020 FOR EACH APPROPRIATE PERSON.

PEQ.010

{Now I have a few questions about education and job training.} Since our last interview in spring 2000, {have/has} {you/{NAME}} completed any additional grades of school or received any diplomas or degrees?

CAPI INSTRUCTION: DISPLAY "Now...training." IF ON FIRST CYCLE OF LOOP1. OTHERWISE, USE A NULL DISPLAY.

YES .....	1 (PEQ.020)
NO .....	2 (BOX 3)
REFUSED .....	7 (BOX 3)
DON'T KNOW .....	9 (BOX 3)

### HELP AVAILABLE

PEQ.020

{What grade, diploma, or degree was that?}/{Now I have a few questions about education and job training.} {What is the highest grade or year of school that {you/{NAME}} {have/has} completed?

CAPI INSTRUCTIONS:

1. IF A CASE HAD ROUND 4 EDUCATION INFORMATION, DISPLAY "What grade....was that?"
2. OTHERWISE: IF ON FIRST CYCLE OF LOOP 1, DISPLAY "Now I have.....training." AND "What is.....completed?" OTHERWISE, DISPLAY "What is.....completed?" ONLY.

### HELP TEXT:

**Highest Grade or Year of School Completed:** For grades 1-11, enter the exact grade level. If the person you are asking about completed elementary school, find out the last grade completed. If the respondent says the person finished 12th grade, ask whether the person received a diploma or got the equivalent of a high school diploma.

Completing a given grade in school should be counted as the number of years it normally takes to complete that grade level of education, regardless of how many years it actually took the person to finish. This means that for persons who skipped or repeated grades in elementary school, you will enter the highest grade completed regardless of the number of years they were in school. This rule is true for elementary school through high school and is especially relevant to college.

**12th grade but no diploma:** The person completed the 12th grade, but did not earn a high school diploma or GED.

**High school diploma/equivalent:** A certificate that verifies that a person has successfully completed the required courses of a high school curriculum. Includes either actually graduating from high school or having a GED. The GED is an exam certified equivalent of a high school diploma received when the person has not actually received a degree from attending high school, but has acquired his/her GED (high school equivalency based on passing the GED exam).

**Vocational/technical program after high school but no voc/tech diploma:** The person attended this type of program, but did not earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

**Vocational/technical program after high school:** The person attended this type of program, but DID earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

**Some college but no degree:** The person does not have a 4-year college (bachelor's) degree but has completed a class for credit at a college, university, or vocational/technical school.

**Associate's degree:** A 2-year college degree typically earned at a community college (rather than a trade school).

**Bachelor's degree:** A 4-year college degree earned at a university or 4-year college. It is sometimes called an "undergraduate degree."

**Graduate or professional school but no degree:** The person attended a graduate or professional school that advanced him/her toward a degree beyond a Bachelor's degree (for example, a Master's, Doctorate, or other professional degree). However, the person did not complete the program or earn the degree.

**Master's (MA, MS):** Studies beyond a bachelor's degree, but not a Ph.D. or Ed.D.

**Doctorate Degree (Ph.D., EDD):** Studies beyond a Master's degree that result in a doctorate degree.

**Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS, Law/JD/LLB):** Any other graduate degrees earned with academic studies beyond the bachelor's.

NEVER WENT TO SCHOOL .....	0
1ST GRADE .....	1
2ND GRADE .....	2
3RD GRADE .....	3
4TH GRADE .....	4
5TH GRADE .....	5
6TH GRADE .....	6
7TH GRADE .....	7
8TH GRADE .....	8
9TH GRADE .....	9
10TH GRADE .....	10
11TH GRADE .....	11
12TH GRADE BUT NO DIPLOMA .....	12
HIGH SCHOOL DIPLOMA/EQUIVALENT OR VOC/TECH PROGRAM	
AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	13
VOC/TECH PROGRAM AFTER HIGH SCHOOL.....	14
SOME COLLEGE BUT NO DEGREE .....	15
ASSOCIATE'S DEGREE.....	16
BACHELOR'S DEGREE .....	17
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	18
MASTER'S DEGREE (MA, MS) .....	19
DOCTORATE DEGREE (PHD, EDD) .....	20

PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	21
REFUSED .....	77
DON'T KNOW .....	99

PEQ.030 Are you/Is {NAME}} currently attending or enrolled in any courses from a school, college, or university?

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "Is {NAME}" USING NAME OF MOTHER/FATHER FIGURE OR RESPONDENT'S SPOUSE FROM HH ROSTER.

YES .....	1
NO .....	2 (PEQ.050)
REFUSED .....	7 (PEQ.050)
DON'T KNOW .....	9 (PEQ.050)

#### HELP AVAILABLE

PEQ.040 {Are you/Is {NAME}} currently taking courses full-time or part-time?

#### HELP TEXT:

Full-time: A person is considered to be attending school full-time if he or she is carrying a full load of class hours in a semester or quarter. This is typically 12 credit hours or more.

Part-time: A person is considered to be attending school part-time if he or she is carrying less than a full load of class hours in a semester or quarter. This is typically less than 12 credit hours.

FULL-TIME .....	1
PART-TIME .....	2
REFUSED .....	7
DON'T KNOW .....	9

#### HELP AVAILABLE

PEQ.050 During the past 12 months {have you/has {NAME}} participated in a job-training or on-the-job-training program?

**HELP TEXT:** Job-training/On-the-job-training program: Job training includes activities that qualify someone to work in a particular occupation, such as a carpenter, a cook, or an electrician. Do not include 2-year colleges (A.A. degree), 4-year college degree (B.A.) or high school equivalency degrees (GED). On-the-job training includes activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships.

YES .....	1
NO .....	2 (BOX 3)
REFUSED .....	7 (BOX 3)
DON'T KNOW .....	9 (BOX 3)

PEQ.060 How many total hours in the past 12 months {have you/has NAME} spent in that program? Please include hours spent on homework for the training program.

CAPI INSTRUCTION: RANGE CHECK 1-200.

_ _ _	
ENTER HOURS PER LAST 12 MONTHS	
OR	
REFUSED .....	777
DON'T KNOW .....	999

**BOX 3**

**LOOP 2.**

- ASK PEQ.010 - PEQ.060 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER AND FATHER FIGURES.
- IF NO NEXT MOTHER OR FATHER FIGURE, GO TO BOX 4.

**BOX 4**

GO TO SECTION EMQ (PARENT EMPLOYMENT).



## PARENT EMPLOYMENT - EMQ

### BOX 1

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH BOX 2.
- OTHERWISE, GO TO BOX 5.

### BOX 2

#### LOOP 1

THE EMPLOYMENT SECTION WILL BE ASKED FOR 2 "KEY" PARENT FIGURES  
IN THE HOUSEHOLD AS DEFINED IN FSQ.

- AFTER DETERMINING FOR WHOM THE EMPLOYMENT SECTION WILL BE  
ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON WAS  
EMPLOYED OR ON LEAVE FROM A JOB IN ROUND 4. IF SO, WE WILL ONLY  
VERIFY EMPLOYMENT STATUS FROM ROUND 4 FOR THIS PERSON AND  
GO TO EMQ.010.
- OTHERWISE, ASK EMQ.020 - EMQ.150 FOR EACH APPROPRIATE PERSON.

EMQ.010 Since our last interview in spring 2000, has {your/{NAME's}} job title, place of or type of employment changed?

PROBE: During the last interview, we recorded that you worked for {EMPLOYER NAME} as a {JOB TITLE}.

CAPI INSTRUCTION: FROM ROUND 4, DISPLAY EMPLOYER NAME FROM EMQ.120 AND JOB TITLE FROM EMQ.140.

YES .....	1 (EMQ.020)
NO .....	2 (EMQ.040)
REFUSED .....	7 (EMQ.020)
DON'T KNOW .....	9 (EMQ.020)

EMQ.020 During the past week did {you/{NAME}} work at a job for pay?

**HELP AVAILABLE**

HELP TEXT:

**Job for pay:** Paid work for wages, salary, commission, or pay 'in kind.' Examples of 'pay in kind' include meals, living quarters, or supplies provided in place of wages. This definition of employment **includes** work in the person's own business, professional practice, or farm, paid leave of absence (including vacations and illnesses), and work without pay in a family business or farm run by a relative. This definition **excludes** unpaid volunteer work (such as for a church or charity), unpaid leaves of absence, temporary layoffs (such as a strike), and work around the house.

IF SELF-EMPLOYED, CODE AS YES.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES .....	1 (EMQ.040)
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

EMQ.030 {Were you/Was {NAME}} on leave or vacation from a job?

YES ..... 1  
 NO ..... 2 (EMQ.060)  
 REFUSED ..... 7 (EMQ.060)  
 DON'T KNOW ..... 9 (EMQ.060)

EMQ.040 How many jobs {do you/does {NAME}} have now?

CAPI INSTRUCTION: RANGE CHECK 1-6.

ENTER # OF JOBS  
 OR  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

EMQ.050 About how many total hours per week {do you/does {NAME}} usually work for pay, counting all (# of jobs from EMQ.040, IF MORE THAN ONE) jobs?

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

CAPI INSTRUCTION: IF NUMBER OF JOBS IS GREATER THAN ONE IN EMQ.040, DISPLAY NUMBER OF JOBS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: RANGE CHECK 1-80.

ENTER # OF WEEKLY HOURS (BOX 2A)  
 OR  
 REFUSED ..... 777 (BOX 2A)  
 DON'T KNOW ..... 999 (BOX 2A)

**BOX 2A**

IF EMQ.010=2, GO TO BOX 4A.

OTHERWISE, GO TO BOX 4.

EMQ.060 {Have you/Has {NAME}} been actively looking for work in the past 4 weeks? **HELP AVAILABLE**

HELP TEXT:

**Actively looking for work:** The person has done at least one of the following activities in the past 4 weeks:

1. Checked with public employment agency;
2. Checked with private employment agency;
3. Checked with employer directly/sent resume;
4. Checked with friends or relatives; or
5. Placed or answered ads/sent resume.

YES ..... 1  
 NO ..... 2 (EMQ.080)  
 REFUSED ..... 7 (EMQ.080)  
 DON'T KNOW ..... 9 (EMQ.080)

EMQ.070 What {have you/has {NAME}} been doing **in the past 4 weeks** to find work?

CODE ALL THAT APPLY.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

CHECKED WITH PUBLIC EMPLOYMENT AGENCY .....	1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY .....	2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME .....	3
CHECKED WITH FRIENDS OR RELATIVES .....	4
PLACED OR ANSWERED ADS/SENT RESUME .....	5
READ WANT-ADS .....	6
SOMETHING ELSE (SPECIFY) .....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2B**

IF ANY CATEGORY IN EMQ.070 BETWEEN "1" AND "5" IS ENTERED BUT NEITHER "6" NOR "91" HAS BEEN ENTERED, GO TO EMQ.100. ELSE, IF "6" IS ENTERED IN EMQ.070 BUT "91" IS NOT, GO TO EMQ.080. ELSE, IF "91" IS ENTERED IN EMQ.070, CONTINUE WITH EMQ.070OS. OTHERWISE, GO TO EMQ.080.

EMQ.070OS [What {have you/has {NAME}} been doing **in the past 4 weeks** to find work?]

SPECIFY ACTIVITIES.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" in UNDERLINED TEXT

EMQ.080 What {were you/was {NAME}} doing most of **last week**? Would you say ...

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT.

Keeping house or caring for children, .....	1
Going to school, .....	2
Retired, .....	3
Unable to work, or .....	4
Something else? What was that? (SPECIFY) .....	91
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2C**

IF EMQ.080=91, CONTINUE WITH EMQ.080OS. OTHERWISE, GO TO BOX 3.

EMQ.080OS [What {were you/was {NAME}} doing most of **last week**? Would you say ...]

SPECIFY ACTIVITY.

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT

**BOX 3**

- IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 91), CONTINUE WITH EMQ.100.
- OTHERWISE, IF EMQ.070 = 6 (and not 6 combined with an answer of 1-5), 77, or 99, GO TO BOX 4.

EMQ.100 Could {you/{NAME}} have taken a job last week if one had been offered?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 4**

- IF WORKED AT A JOB FOR PAY (EMQ.020=1) OR WAS ON LEAVE OR VACATION (EMQ.030=1) OR WAS ACTIVELY LOOKING FOR WORK (EMQ.060=1), CONTINUE WITH EMQ.120.
- OTHERWISE, GO TO BOX 4A.

EMQ.120 For whom {do/does/did} {you/{NAME}} work {when {you/{he/she}} last worked}?

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "does" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

CAPI INSTRUCTION: DISPLAY "when {you/{he/she}} last worked" IF EMQ.060 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "YOU" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{HE/SHE}".

---

ENTER EMPLOYER NAME

REFUSED .....	7
DON'T KNOW .....	9

EMQ.130 What kind of business or industry {is/was} this?

PROBE: What do they make or do?

PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

CAPI INSTRUCTION: DISPLAY "is" IF EMQ.020 = 1 OR EMQ.030 = 1. OTHERWISE, DISPLAY "was".

---

ENTER INDUSTRY DESCRIPTION

REFUSED .....	7
DON'T KNOW .....	9

EMQ.140 What kind of work {are/is/were/was} {you/{NAME}} doing?

PROBE: What {is/was} {your/{NAME}'s} job called?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

ENTER JOB TITLE

REFUSED ..... 7  
DON'T KNOW ..... 9

EMQ.150

What {are/were} {your/{NAME}'s} most important activities or duties on this job? What {do/does/did} {you/{NAME}} actually do at this job?

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1. DISPLAY "were" IF EMQ.060 = 1. DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS RESPONDENT. DISPLAY "did" IF EMQ.060 = 1. DISPLAY "does" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

ENTER JOB DUTIES

REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4A**

- ASK EMQ.010 – EMQ.150 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S SPOUSE IF NO MOTHER AND FATHER FIGURES.
- IF NO NEXT MOTHER OR FATHER FIGURES, GO TO BOX 5.

**BOX 5**

GO TO WPQ (WELFARE AND OTHER PUBLIC TRANSFERS).

**WELFARE AND OTHER PUBLIC TRANSFERS – WPQ**

**BOX 1**

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),  
CONTINUE WITH WPQ.100. OTHERWISE, GO TO BOX 3.

**HELP AVAILABLE**

WPQ.100 In the past 12 months, have you or anyone in your household received Temporary Assistance for Needy Families, sometimes called TANF {or {STATE TANF PROGRAM NAME}}?

PROBE: TANF was formally known as Aid to Families with Dependent Children, or AFDC.

**HELP TEXT:** TANF: is a government program that provides cash benefits to low-income families with children. This program is also known by {STATE TANF PROGRAM NAME} in {STATE}.

**CAPI INSTRUCTIONS:**

1. DISPLAY STATE TANF PROGRAM NAME.

YES ..... 1  
NO ..... 2 (WPQ.110)  
REFUSED ..... 7 (WPQ.110)  
DON'T KNOW ..... 9 (WPC.110)

WPQ.102 During those 12 months, how many months did your household receive TANF {or {STATE TANF PROGRAM NAME}}?

ENTER NUMBER OF MONTHS.

HARD RANGE: 1-12 MONTHS.

**CAPI INSTRUCTIONS:**

1. DISPLAY STATE TANF PROGRAM NAME.

        
ENTER NUMBER OF MONTHS.  
OR  
REFUSED ..... 77

WPQ.105 Are you or anyone in your family required to work, attend school or anything else in order to receive these benefits?

YES ..... 1 (WPQ.106)  
NO ..... 2 (WPQ.110)  
REFUSED ..... 7 (WPQ.110)  
DON'T KNOW ..... 9 (WPQ.110)

WPQ.106 What are you or anyone in your family required to do?

PROBE: Anything else?

CODE ALL THAT APPLY

Look for a job, ..... 1  
Work in a paid job, ..... 2  
Work in an unpaid job, ..... 3  
Attend school or training, or ..... 4  
Something else? (SPECIFY) ..... 91  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 2A**

IF WPQ.106=91, CONTINUE WITH WPQ.106OS. OTHERWISE, GO TO WPQ.110.

WPQ.106OS [What are you or anyone in your family required to do?]

SPECIFY OTHER

\_\_\_\_\_

**HELP AVAILABLE**

WPQ.110 In the past 12 months, have you or anyone in your household received food stamps?

**HELP TEXT:** Food Stamps: A government program that provides coupon books, checks, or plastic cards that can be used to buy food.

YES .....	1 (WPQ.120)
NO .....	2 (WPQ.150)
REFUSED .....	7 (WPQ.150)
DON'T KNOW .....	9 (WPQ.150)

WPQ.120 During those 12 months, how many months did your household receive food stamps?

ENTER NUMBER OF MONTHS.

HARD RANGE: 1-12 MONTHS.

____	ENTER NUMBER OF MONTHS.
OR	
REFUSED .....	77
DON'T KNOW .....	99

WPQ.125 Are you or anyone in your family required to work, attend school or anything else in order to receive these benefits?

YES .....	1 (WPQ.130)
NO .....	2 (WPQ.150)
REFUSED .....	7 (WPQ.150)
DON'T KNOW .....	9 (WPQ.150)

WPQ.130 What are you or anyone in your family required to do?

PROBE: Anything else?

CODE ALL THAT APPLY

Look for a job, .....	1
Work in a paid job, .....	2
Work in an unpaid job, .....	3
Attend school or training, or.....	4
Something else? (SPECIFY) .....	91
REFUSED .....	7
DON'T KNOW .....	9

**BOX 2B**

IF WPQ.130=91, CONTINUE WITH WPQ.130OS. OTHERWISE, GO TO WPQ.150

WPQ.130OS [What are you or anyone in your family required to do?]

SPECIFY OTHER

\_\_\_\_\_

WPQ.150 Does {CHILD}'s school offer lunch for its students?

YES ..... 1 (WPQ.160)  
NO ..... 2 (WPQ.200)  
REFUSED ..... 7 (WPQ.200)  
DON'T KNOW ..... 9 (WPQ.200)

WPQ.160 Does {CHILD} usually receive a complete lunch offered at school? By complete school lunch, I mean a complete meal such as a salad, soup, a sandwich, or a hot meal that is offered each day at a fixed price, not just milk, snacks, ice cream, or a lunch {he/she} brought from home.

YES ..... 1 (WPQ.170)  
NO ..... 2 (WPQ.200)  
REFUSED ..... 7 (WPQ.200)  
DON'T KNOW ..... 9 (WPQ.200)

WPQ.170 Does {CHILD} receive **free** or **reduced price** lunches at school?

CAPI INSTRUCTION: DISPLAY "free" AND "reduced price" IN UNDERLINED TEXT

YES ..... 1 (WPQ.180)  
NO ..... 2 (WPQ.200)  
REFUSED ..... 7 (WPQ.200)  
DON'T KNOW ..... 9 (WPQ.200)

WPQ.180 Are these lunches free or reduced price?

FREE ..... 1 (WPQ.190)  
REDUCED PRICE ..... 2 (WPQ.190)  
REFUSED ..... 7 (WPQ.200)  
DON'T KNOW ..... 9 (WPQ.200)

WPQ.190 During the last five days {CHILD} was in school, how many complete school lunches did {he/she} receive?

HARD RANGE CHECK: 0-5 LUNCHES.

    
ENTER NUMBER OF SCHOOL LUNCHES  
OR  
REFUSED ..... 7  
DON'T KNOW ..... 9

WPQ.200 Does {CHILD}'s school offer breakfast for its students?

YES ..... 1 (WPQ.210)  
NO ..... 2 (BOX 3)  
REFUSED ..... 7 (BOX 3)  
DON'T KNOW ..... 9 (BOX 3)



WPQ.210 Does {CHILD} usually receive a breakfast provided by the school?

YES .....	1 (WPQ.215)
NO .....	2 (BOX 3)
REFUSED .....	7 (BOX 3)
DON'T KNOW .....	9 (BOX 3)

WPQ.215 Does {CHILD} receive **free** or **reduced price** breakfasts at school?

CAPI INSTRUCTION: DISPLAY "free" AND "reduced price" IN UNDERLINED TEXT

YES .....	1 (WPQ.216)
NO .....	2 (BOX 3)
REFUSED .....	7 (BOX 3)
DON'T KNOW .....	9 (BOX 3)

WPQ.216 Are these breakfasts free or reduced price?

FREE .....	1 (WPQ.220)
REDUCED PRICE .....	2 (WPQ.220)
REFUSED .....	7 (BOX 3)
DON'T KNOW .....	9 (BOX 3)

WPQ.220 During the last five days {CHILD} was in school, how many school breakfasts did {he/she} receive?

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5 BREAKFASTS.

<input type="text"/>	
ENTER NUMBER OF SCHOOL BREAKFASTS	
OR	
REFUSED .....	7
DON'T KNOW .....	9

<p align="center"><b>BOX 3</b></p> <p>GO TO PAQ (PARENT INCOME).</p>
--

## PARENT INCOME AND ASSETS- PAQ

### BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1,  
CONTINUE WITH PAQ.100.  
OTHERWISE, GO TO BOX 5.

PAQ.100

In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it ...

\$25,000 or less, or .....	1
More than \$25,000? .....	2
REFUSED .....	7 (PAQ.135)
DON'T KNOW .....	9 (PAQ.135)

PAQ.110

Was it ...

CAPI INSTRUCTION: IF PAQ.100=1, DISPLAY SET 1. IF PAQ.100=2, DISPLAY SET 2.

[SET 1]

\$5,000 or less, .....	1
\$5,001 to \$10,000, .....	2
\$10,001 to \$15,000, .....	3
\$15,001 to \$20,000, or .....	4
\$20,001 to \$25,000? .....	5
REFUSED .....	77
DON'T KNOW .....	99

[SET 2]

\$25,001 to \$30,000 .....	6
\$30,001 to 35,000, .....	7
\$35,001 to \$40,000, .....	8
\$40,001 to \$50,000 .....	9
\$50,001 to \$75,000, .....	10
\$75,001 to \$100,000, .....	11
\$100,001 to \$200,000, or .....	12
\$200,001 or more? .....	13
REFUSED .....	77
DON'T KNOW .....	99

### BOX 3

ASK PAQ.120 IF  
(NUMBER IN HH = 1 AND PAQ.110 < 3) OR  
(NUMBER IN HH = 2, 3 AND PAQ.110 < 4) OR  
(NUMBER IN HH = 4 AND PAQ.110 < 5) OR  
(NUMBER IN HH = 5, 6 AND PAQ.110 < 6) OR  
(NUMBER IN HH = 7 AND PAQ.110 < 7) OR  
(NUMBER IN HH = 8 AND PAQ.110 < 8) OR  
(NUMBER IN HH g.e. 9 AND PAQ.110 < 9).  
ELSE, GO TO PAQ.135.

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

	_	_	_	,	_	_	_	,	_	_	_	.
TOTAL INCOME												
OR												
REFUSED .....												7777777777
DON'T KNOW .....												9999999999

Is tuition paid for {CHILD}'s education?

Approximately, how much does {CHILD}'s family pay in tuition per year?

\$ | | | , | | | |  
ENTER AMOUNT OF TUITION  
OR  
REFUSED ..... 777777  
DON'T KNOW ..... 999999

What is your current housing situation? Do you...

## BOX 4

[What is your current housing situation?]

## BOX 5

Round 5 Parent- PAQ-114

**CHILD MOBILITY AND PLANS TO MOVE – CMQ**

**BOX 1**

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1,  
CONTINUE WITH CMQ.010.  
OTHERWISE, GO TO CMQ.600.

CMQ.010 Since the spring of 2000, how many different places has {CHILD} lived for four months or more?

PROBE: IF RESPONDENT SAYS ZERO, ASK: By saying zero places, do you mean that {CHILD} did not live anywhere since spring 2000 for four months or more?

CAPI INSTRUCTION: RANGE CHECK: 0 – 10 PLACES.

ENTER NUMBER OF PLACES  
OR  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 2**

IF CMQ.010=1, RF, OR DK, GO TO BOX 3. OTHERWISE, CONTINUE WITH  
CMQ.020.

CMQ.020 Why did you move?

PROBE: Any other reason?

CODE ALL THAT APPLY.

SO CHILD COULD GO TO A BETTER SCHOOL ..... 1  
BOUGHT A HOUSE ..... 2  
MOVED TO BE NEARER JOB; JOB-RELATED REASONS ..... 3  
MOVED TO NICER APARTMENT/HOUSE ..... 4  
MOVED TO SAFER AREA, CRIME-RELATED REASONS ..... 5  
MOVED TO LESS EXPENSIVE LIVING QUARTER ..... 6  
WAS EVICTED, COULD NOT PAY RENT IN PREVIOUS RESIDENCE. 7  
OLD HOUSE/APARTMENT WAS DAMAGED ..... 8  
MOVED BECAUSE OF MARITAL SEPARATION, DIVORCE, DEATH  
IN FAMILY ..... 9  
REFUSED ..... 77  
DON'T KNOW ..... 99

**BOX 3**

IF HAVE SECOND TELEPHONE NUMBER FROM PRELOAD AND THE  
RESPONDENT IN ROUND 5 IS THE SAME AS THE RESPONDENT IN ROUND 4 GO  
TO CMQ.100. OTHERWISE, CONTINUE WITH CMQ.060.

CMQ.060

Just to make sure I can reach you for the next interview, which will take place in spring of 2004. I'd like to ask a few questions about how to find you.

Is there a second phone number, such as a work number, a friend or relative's number, or a beeper or call phone number, where you can sometimes be reached?

YES .....	1 (CMQ.140)
NO .....	2 (BOX 4)
REFUSED .....	7 (BOX 4)
DON'T KNOW .....	9 (BOX 4)

CMQ.100

Just to make sure I can reach you for the next interview, which will take place in spring of 2004, I'd like to ask a few questions about how to find you.

I have recorded {PHONE NUMBER} as a second phone number where you can sometimes be reached? Is this the right number?

CAPI INSTRUCTION: IF HAVE SECOND TELEPHONE NUMBER FROM PRELOAD, DISPLAY THIS SECOND PHONE NUMBER.

CAPI INSTRUCTION: IF ENTRY WAS MADE IN ROUND 4 CMQ.140, DISPLAY THIS AS THE SECOND PHONE NUMBER.

YES .....	1 (BOX 4)
NO .....	2 (CMQ.140)
REFUSED .....	7 (BOX 4)
DON'T KNOW .....	9 (BOX 4)

CMQ.140

What is that telephone number?

ENTER {NEW} SECOND PHONE NUMBER, INCLUDING AREA CODE.

CAPI INSTRUCTION: DISPLAY 'NEW' IF CMQ.100=2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: ADD A SEPARATE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

_ _ _ - _ _ _ - _ _ _	_____
SECOND TELEPHONE NUMBER	EXTENSION

CMQ.150      Where is that telephone located?

OFFICE/PLACE OF BUSINESS .....	1 (BOX 4)
RELATIVE (SPECIFY) .....	2 (CMQ.155)
NEIGHBOR (SPECIFY) .....	3 (CMQ.155)
FRIEND (SPECIFY) .....	4 (CMQ.155)
BEEPER NUMBER .....	5 (BOX 4)
CELL PHONE .....	6 (BOX 4)
OTHER (SPECIFY) .....	91 (CMQ.155)
REFUSED .....	77 (BOX 4)
DON'T KNOW .....	99 (BOX 4)

CMQ.155      [Where is that telephone located?]

SPECIFY {RELATIVE / NEIGHBOR / FRIEND / OTHER}.

CAPI INSTRUCTIONS:

1. DISPLAY 'RELATIVE' IF CMQ.150=2.
2. DISPLAY 'NEIGHBOR' IF CMQ.150=3.
3. DISPLAY 'FRIEND' IF CMQ.150=4.
4. DISPLAY 'OTHER' IF CMQ.150 = 91.

**BOX 4**

IF THE RESPONDENT IN ROUND 5 IS THE SAME AS THE RESPONDENT IN ROUND 4 AND PRELOAD HAS FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS, GO TO CMQ.200.

ELSE, GO TO CMQ.205.

CMQ.200      I have recorded that {NAME OF RELATIVE/FRIEND} at {PHONE NUMBER} on

{STREET ADDRESS, LINE 1}  
{STREET ADDRESS, LINE 2}  
{CITY}, {STATE} {ZIP CODE}

will always know where you are if you move. Is this still true?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

CAPI INSTRUCTION: DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD.

YES, NO CORRECTION NEEDED .....	1 (BOX 5)
YES, MINOR CORRECTIONS NEEDED .....	2 (CMQ.210)
NO .....	3 (CMQ.205)
REFUSED .....	7 (BOX 5)
DON'T KNOW .....	9 (BOX 5)

CMQ.205 Is there a relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES .....	1 (CMQ.210)
NO .....	2 (BOX 7)
REFUSED .....	7 (BOX 7)
DON'T KNOW .....	9 (BOX 7)

**HELP AVAILABLE**

CMQ.210 What is the name, address, and telephone number of that person?

FIRST AND LAST NAME.

STREET ADDRESS, LINE 1

STREET ADDRESS, LINE 2

CITY.

STATE.

ZIP CODE.

PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTIONS: IF ROUND 4 CMQ.200=2, DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD IN THE RESPONSE FIELDS.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CAPI INSTRUCTION: WHEN ON THE RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

**BOX 5**

IF THE RESPONDENT IN ROUND 4 IS THE SAME AS THE RESPONDENT IN ROUND 5 AND AND HAVE SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD, GO TO CMQ.300.

ELSE, GO TO CMQ.305.

CMQ.300 I have also recorded that {NAME OF RELATIVE/FRIEND} at {PHONE NUMBER} on

{STREET ADDRESS, LINE 1}  
{STREET ADDRESS, LINE 2}  
{CITY}, {STATE} {ZIP CODE}

will always know how where you are if you move. Is this still true?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

CAPI INSTRUCTION: DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD.

YES, NO CORRECTION NEEDED .....	1 (BOX 7)
YES, MINOR CORRECTIONS NEEDED .....	2 (CMQ.310)
NO .....	3 (CMQ.305)
REFUSED .....	7 (CMQ.305)
DON'T KNOW .....	9 (CMQ.305)

CMQ.305 Besides {PERSON AT CMQ.210}, is there another relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES .....	1 (CMQ.310)
NO .....	2 (BOX 7)
REFUSED .....	7 (BOX 7)
DON'T KNOW .....	9 (BOX 7)



CMQ.310

What is the name, address, and telephone number of that person?

FIRST AND LAST NAME.

STREET ADDRESS, LINE 1

STREET ADDRESS, LINE 2

CITY.

STATE.

ZIP CODE.

PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD IN THE RESPONSE FIELDS.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: WHEN ON RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

**BOX 7**

IF THE FOCAL CHILD HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHOM THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1 OR 2 FOR AT LEAST ONE NON-RESIDENTIAL PARENT) AND THE RESPONDENT IN ROUND 4 IS THE SAME AS THE RESPONDENT IN ROUND 5 AND PRELOAD HAS COMPLETED NON-RESIDENT PARENT INFORMATION (SEE DEFINITION BELOW), CONTINUE WITH CMQ.395.

OTHERWISE, GO TO BOX 8.

DEFINITION OF "COMPLETED" NON-RESIDENT PARENT INFORMATION: EITHER (NAME + PHONE NUMBER) OR (NAME + CITY + STATE) ARE IN PRELOAD. IF THE NON-RESIDENT PARENT ADDRESS IN PRELOAD DOES NOT MEET THE DEFINITION OF "COMPLETE," THEN GO TO BOX 8.

CMQ.395

I have recorded {NAME OF NONRESIDENTIAL PARENT} at {ADDRESS, PHONE NUMBER} is {CHILD}'s {RELATIONSHIP}. Is this information still correct?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

CAP I INSTRUCTIONS: DISPLAY THE NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM PRELOAD.

DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

YES – NO CORRECTIONS NEEDED.....	1 (CMQ.500)
YES – MINOR CORRECTIONS NEEDED ....	2 (CMQ.400)
NO .....	3 (BOX 8)
INFORMATION ALREADY PROVIDED	
IN PREVIOUS ITEMS .....	4 (CMQ.500)
REFUSED .....	7 (CMQ.500)
DON'T KNOW .....	9 (CMQ.500)

**BOX 8**

IF FOCAL CHILD HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHO THE CHILD HAS HAD CONTACT WITH (NRQ.100=1 OR 2 FOR AT LEAST ONE NON-RESIDENTIAL PARENT), CONTINUE WITH CMQ.400.

OTHERWISE, GO TO CMQ.500.

IF CMQ.395 WAS NOT ASKED AND IF FOCAL CHILD HAS AT LEAST ONE NON-RESIDENT PARENT WHO THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1 OR 2 FOR AT LEAST ONE NON-RESIDENT PARENT), CONTINUE WITH CMQ.400.

IF CMQ.395 = 3 (NO) AND THE FOCAL CHILD HAS AT LEAST TWO NON-RESIDENT PARENTS WHO THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1 OR 2 FOR TWO-NON-RESIDENT PARENTS), ALSO CONTINUE WITH CMQ.400.

OTHERWISE, GO TO CMQ.500.

## HELP AVAILABLE

CMQ.400

What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP.

CAPI INSTRUCTIONS: IF CMQ395 = 2, DISPLAY NAME, PHONE NUMBER, ADDRESS, AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM PRELOAD

CAPI INSTRUCTIONS: DISPLAY 'BIOLOGICAL MOTHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTIONS: DISPLAY '{OR} BIOLOGICAL FATHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.  
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{OR} ADOPTIVE MOTHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.  
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{OR} ADOPTIVE FATHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.  
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON THE STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CMQ.500 Are you, or is someone else, planning to move to a new home with {CHILD} before spring 2004?

YES .....	1 (CMQ.510)
NO .....	2 (BOX 9)
REFUSED .....	7 (BOX 9)
DON'T KNOW .....	9 (BOX 9)

CMQ.510 What is address and telephone number where {CHILD} will move?

ENTER STREET ADDRESS, LINE 1.

CMQ.520 [What is address and telephone number where {CHILD}'s will move?]

ENTER STREET ADDRESS, LINE 2.

CMQ.530 [What is address and telephone number where {CHILD} will move?]

ENTER CITY.

CMQ.540

**HELP AVAILABLE**

[What is address and telephone number where {CHILD} will move?]

ENTER STATE.

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS IN F1 HELP TEXT.

CMQ.550 [What is address and telephone number where {CHILD} will move?]

ENTER ZIP CODE.

CMQ.560 [What is address and telephone number where {CHILD} will move?]

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE NUMBER.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CMQ.570 CODE IF OBVIOUS. OTHERWISE, ASK: Will {CHILD} move . . .

To a new state, .....	1
To a new city or town in the same state, or ...	2
To a new home in the same city or town? .....	3
REFUSED .....	7
DON'T KNOW .....	9

**BOX 9**

ASK CMQ.600 FOR EACH SAMPLED CHILD.

CMQ.600 My records indicate that {CHILD} currently attends {NAME OF SCHOOL}. Will {he/she} still be attending this school in spring 2004?

CAPI INSTRUCTION: FROM PRELOAD, DISPLAY NAME OF THE SCHOOL CHILD CURRENTLY ATTENDS.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 10**

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1): IF CMQ.600 = 2, GO TO CMQ.610. OTHERWISE, GO TO CMQ.675.
- IF (NumberOfChildren = 2 AND ChildNum = 2): IF CMQ.600 = 1, DK, RF, GO TO CMQ.675.
- IF CMQ.600 = 2 AND CMQ.600 = 2 FOR ChildNum = 1, GO TO CMQ.605.
- IF CMQ.600 = 2 AND CMQ.600 = 1, DK, RF FOR ChildNum = 1, GO TO CMQ.610.

CMQ.605 Will {CHILD 2} attend the same new school as {CHILD 1} in spring 2004?

YES .....	1 (CMQ.675)
NO .....	2 (CMQ.610)
REFUSED .....	7 (CMQ.675)
DON'T KNOW .....	9 (CMQ.675)

CMQ.610 What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?

ENTER SCHOOL NAME.

CMQ.620 [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER STREET ADDRESS, LINE 1.

CMQ.630 [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER STREET ADDRESS, LINE 2.

CMQ.640 [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER CITY.

CMQ.650

**HELP AVAILABLE**

[What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER STATE.

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS IN F1 HELP TEXT.

CMQ.660

[What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER ZIP CODE.

CMQ.670

[What is the name, address, and telephone number of the school {CHILD} will attend in spring 2004?]

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CMQ.671

Is it a public or private school?

PUBLIC .....	1 (CMQ.672)
PRIVATE .....	2 (CMQ.673)
REFUSED .....	7 (CMQ.675)
DON'T KNOW .....	9 (CMQ.675)

CMQ.672

What is the name of the district this school is located in?

SPECIFY SCHOOL DISTRICT.

<b>BOX 11</b>
GO TO CMQ.675.

CMQ.673

What type of private school is it?

PROBE: Is it Catholic, another type of religious affiliation, or is it non-religious?

CATHOLIC .....	1 (CMQ.674)
ANOTHER TYPE OF RELIGIOUS	
AFFILIATION .....	2 (CMQ.675)
NON-RELIGIOUS .....	3 (CMQ.675)
REFUSED .....	7 (CMQ.675)
DON'T KNOW .....	9 (CMQ.675)

CMQ.674 What is the name of the diocese?

SPECIFY DIOCESE.

CMQ.675 Since spring 2000, how many times has {CHILD} changed from one school to another?

CAPI INSTRUCTION: SOFT RANGE CHECK: 0-3 TIMES. HARD RANGE CHECK: 0-5 TIMES.

| |  
ENTER NUMBER OF TIMES  
OR  
REFUSED ..... 7  
DON'T KNOW ..... 9

<p style="text-align: center;"><b>BOX 12</b></p> <p><b>END LOOP 1:</b></p> <ul style="list-style-type: none"><li>■ IF NO NEXT SAMPLED CHILD, CONTINUE WITH CMQ.680.</li><li>■ OTHERWISE, GO TO BOX 1 IN INQ FOR THE NEXT SAMPLED CHILD (TWIN) THAT IS PART OF THIS HOUSEHOLD.</li></ul>
---

CMQ.680 WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

TELEPHONE ..... 1  
IN-PERSON ..... 2

CMQ.690 WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?

ENGLISH ..... 1 (BOX 13)  
SPANISH ..... 2 (BOX 13)  
ANOTHER LANGUAGE (SPECIFY) ..... 91 (CMQ.690OS)  
\_\_\_\_\_ )

CMQ.690OS [WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?]  
SPECIFY LANGUAGE.

\_\_\_\_\_  
OTHER LANGUAGE

CAPI INSTRUCTION: DK AND RF DISALLOWED.

**BOX 13**

SET FINAL DISPOSITION CODE:

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 1 (ENGLISH), SET DISPOSITION CODE TO 60.

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 2 (SPANISH), SET DISPOSITION CODE TO 61.

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 91 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 62.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 1 (ENGLISH), SET DISPOSITION CODE TO 63.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 2 (SPANISH), SET DISPOSITION CODE TO 64.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 91 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 65.

CMQ.695 WHERE WAS THIS INTERVIEW CONDUCTED?

CHILD'S HOME ..... 1  
CHILD'S SCHOOL..... 2  
SOMEWHERE ELSE ..... 3

CMQ.700 Thank you for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.

ENTER 1 TO FINISH THE INTERVIEW.

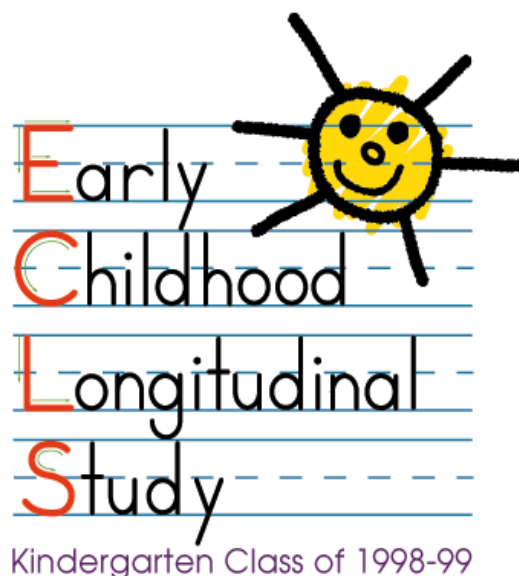


## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**



# SPRING 2002 SCHOOL FACT SHEET



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

## **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

## INTRODUCTION

### Instructions for Completing this Form

This form is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5.

This form collects information from your school records regarding your school and your attendance policies.

To complete this form, please refer to your school records and record your answers directly on the form by circling the appropriate number or by writing your responses in the spaces provided.

If you have questions about completing this form, please call the Respondent Hotline at 1-800-750-6206.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

1. Circle all grade levels included in your school.

- a. Ungraded..... 1
- b. Programs for special needs children..... 2
- c. Prekindergarten..... 3
- d. Kindergarten..... 4
- e. 1st..... 5
- f. 2nd..... 6
- g. 3rd ..... 7
- h. 4th..... 8
- i. 5th..... 9
- j. 6th..... 10
- k. 7th..... 11
- l. 8th..... 12
- m. 9th..... 13
- n. 10th..... 14
- o. 11th..... 15
- p. 12th..... 16

2. Is this a public school? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (GO TO Q3)
- b. No ..... 2 (SKIP TO Q4)

3. Is your school a... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Regular public school (do not include a magnet school or school of choice)? .....	1	2
b. School with a magnet program (e.g., science/math school, foreign language immersion school)? .....	1	2
c. School of choice (charter school, open enrollment, non-specialized curriculum)?.....	1	2
d. Bureau of Indian Affairs (BIA) or tribal school? .....	1	2
e. Special Education school – primarily serves children with disabilities? .....	1	2
f. Early Childhood Center (school/center includes preschool and/or early elementary grades? .....	1	2

**SKIP TO Q5**

4. Is your school a ... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Catholic.....	1	2
Diocesan?.....	1	2
Parish? .....	1	2
Private order? .....	1	2
b. Private, other religious affiliation? .....	1	2
c. Private school accredited by NAIS? .....	1	2
d. Other private? .....	1	2
e. Special Education school—primarily serves children with disabilities? .....	1	2
f. An Early Childhood Center (school or center includes preschool and/or early elementary grades)?.....	1	2

5. What are the start and end dates for this school for the 2001-2002 school year?

START                      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH                  DAY                  2002

END                        \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH                  DAY                  2002

6. How many school days are there in the school year? \_\_\_\_\_  
DAYS

7. Does the school keep student attendance records? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2 (SKIP TO Q10)

8. Does the school differentiate excused absences from unexcused absences? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2 (SKIP TO Q10)

9. Does the school differentiate excused tardiness from unexcused tardiness? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2

10. Date questionnaire completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C .....	1
DR C .....	2
DR R .....	3
R .....	4

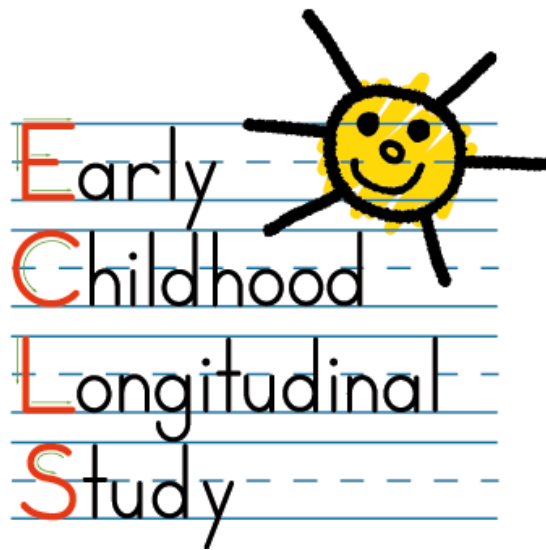




## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**

## SPRING 2002 FACILITIES CHECKLIST



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics by:

Westat  
1650 Research Boulevard  
Rockville, Maryland 20850

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 U.S. Code 242m, Section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

## ECLS-K FACILITIES CHECKLIST

1. Record the number of portable classrooms on the school grounds. WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of portable classrooms

2. Below are some typical security measures used in schools. During your visit to the school, please determine which of these measures are present in the school. If possible, observe each of these measures yourself (RECORD IN SECTION A). However, if you do not observe the presence of a specific security measure, please ask a school staff member (principal or designee) if the school does have that security measure (RECORD IN SECTION B).

	A. Observed?		B. If not observed, did staff confirm presence of item?	
	Yes	No	Yes	No
a. Security guard .....	1	2	1	2
b. Metal detectors .....	1	2	1	2
c. Security cameras.....	1	2	1	2
d. Window/door bars .....	1	2	1	2
e. Exit doors that only open from inside .....	1	2	1	2
f. Fencing around school .....	1	2	1	2
g. Sign-in policies .....	1	2	1	2
h. Visitors are greeted and directed by <u>an adult</u> to sign in at office .....	1	2	1	2
i. Internal communication system (e.g., intercoms) .....	1	2	1	2
j. Fire alarms.....	1	2	1	2
k. Fire extinguishers .....	1	2	1	2
l. Fire sprinklers .....	1	2	1	2

3. Below are some measures of the overall learning environment in schools. Based on your experience with and observations throughout the school, indicate whether you agree or disagree that each measure was present in the school. CIRCLE ONE CODE FOR EACH MEASURE.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Decorated hallways .....	1	2	3	4
b. Attentive teachers.....	1	2	3	4
c. Personable principal.....	1	2	3	4
d. Helpful staff.....	1	2	3	4
e. Order in hallways.....	1	2	3	4
f. Order in classrooms .....	1	2	3	4

4. Below are some measures of happiness in schools. Wander around the school and observe children's behavior in the hallways, cafeteria, playground, etc.

- Record the approximate number of children observed: \_\_\_\_\_ (IF "0," GO TO Q5.)
- Indicate the percentage of children you observed doing the following: CIRCLE ONE CODE FOR EACH BEHAVIOR.

	None	A Few (<20%)	Many (20-75%)	Most (>75%)
a. Fighting children .....	1	2	3	4
b. Laughing and/or smiling children .....	1	2	3	4
c. Crying children .....	1	2	3	4
d. Children talking/chatting .....	1	2	3	4

5. Drive around the neighborhood surrounding the school. Indicate the extent to which the following factors are present in the surrounding neighborhood. CIRCLE ONE NUMBER ON EACH LINE.

	None	A little	Some	A lot
a. Litter/trash.....	1	2	3	4
b. Graffiti .....	1	2	3	4
c. Boarded up buildings.....	1	2	3	4
d. Persons congregated on streets .....	1	2	3	4

6. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
ID#

OFFICE USE ONLY

C.....	1
DR C.....	2
DR R.....	3
R.....	4

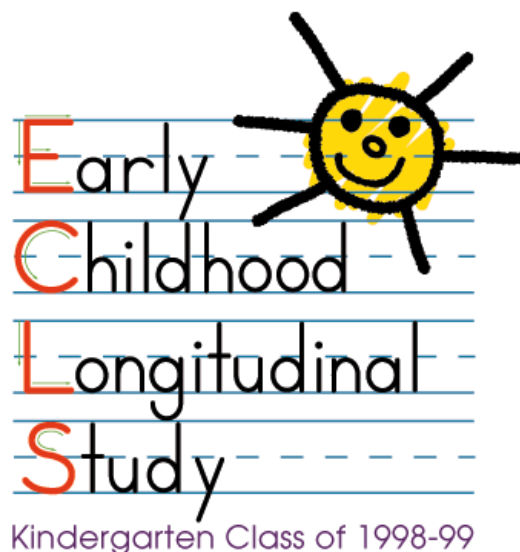


## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**



## SPRING 2002 SCHOOL ADMINISTRATOR QUESTIONNAIRE



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **Assurance of Confidentiality**

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## INTRODUCTION

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5.

This questionnaire is directed to the school principal in schools attended in 2001-2002 by one or more children participating in the study. The questionnaire is divided into 9 sections:

- The first 7 sections request mainly factual information about the school and its programs. These sections can be answered **either by the principal or by a designee** who is able to provide the requested information.
- The final 2 sections request information about the principal's background and experience. We ask that these sections be completed **by the principal personally**.

Some factual questions may request information that is not readily available from school records (e.g., the average number of years a limited-English-proficient first grader receives English-as-a-Second-Language services). Informed estimates—that is, approximate answers—are acceptable for such questions.

Please answer directly on the questionnaire by circling the appropriate number or by writing your response in the space provided.

Thank you very much for your help.

### DEFINITIONS RELATED TO LANGUAGE

Reference is made to the following groups and programs. These definitions apply:

- Language-Minority (LM) Students: A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students whose English proficiency is limited.
- Limited-English-proficient (LEP) students: A student whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that he/she derives little benefit from school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to limited-English-proficient students.
- Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited English proficiency.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

## I. SCHOOL CHARACTERISTICS

1. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL, ENTER "0" ON THAT LINE.

Number  
of Children

- a. Total enrollment in your school around October 1, 2001,  
or the date nearest to that for which data are available? ..... \_\_\_\_\_
- b. Number of children who have enrolled in your school since  
October 1, 2001? ..... \_\_\_\_\_
- c. Number of children who have left your school since  
October 1, 2001, and have not returned? ..... \_\_\_\_\_

2. Approximately, what is the **Average Daily Attendance** for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED.

\_\_\_\_\_ % Average Daily Attendance  
(e.g.,  $\frac{\text{number of students attending on an average day}}{\text{number of students enrolled}}$ )

**OR**

\_\_\_\_\_ Average Number Attending Daily

3. Approximately, what percentage of the children in your school belongs to each of the following racial-ethnic groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO CHILDREN OF THAT RACIAL-ETHNIC GROUP. NUMBER SHOULD SUM TO TOTAL SCHOOL ENROLLMENT IN Q1a. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<u>Number</u>	OR	<u>Percent</u>
a. Asian or Pacific Islander .....	_____		_____ %
b. Hispanic, regardless of race .....	_____		_____ %
c. Black, not of Hispanic origin .....	_____		_____ %
d. White, not of Hispanic origin .....	_____		_____ %
e. American Indian or Alaska Native.....	_____		_____ %
f. Other (Please specify) .....	_____		_____ %
g. TOTAL .....	_____		<u>100</u> %

### Morning School Schedule

4. What time does the FIRST bus usually arrive at school in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

5. What time does the LAST bus usually arrive at school in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

6. What time does school officially start in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

### School-Level Breakfast and Lunch Eligibility and Participation

7. Does your school participate in USDA's (U.S. Dept. of Agriculture) school breakfast program? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (SKIP TO Q9)  
b. No..... 2 (GO TO Q8)

8. What are the reasons why your school does not participate in USDA's school breakfast program? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Too few eligible students .....	1	2
b. Program too costly .....	1	2
c. School starts too late to serve breakfast .....	1	2
d. School lacks facilities to serve breakfast .....	1	2
e. School lacks staff to serve breakfast .....	1	2
f. Other (Please specify) _____	1	2

**SKIP TO Q13**

9. What time is breakfast served at the school? WRITE IN TIME BELOW.

Start Time \_\_\_\_\_ AM

End Time \_\_\_\_\_ AM

10. Where is the breakfast typically served for third graders? CIRCLE ONE NUMBER.

- a. Cafeteria ..... 1
- b. Classroom..... 2
- c. School bus (as a bag breakfast)..... 3
- d. In some other common area of school  
(as a bag breakfast)..... 4
- e. Other (Please specify) \_\_\_\_\_ 5

11. Are children who are served breakfast in the cafeteria allowed to take it to the classroom? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2
- c. Not applicable ..... 3

12. How many children in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2001? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) Eligible Children	(b) Participating Children
a. Any school breakfast? .....	<u>All Enrolled</u>	_____
b. Free school breakfast?.....	_____	_____
c. Reduced-price breakfast? .....	_____	_____

13. How many children in your school were (a) eligible for and (b) participating in the school lunch program as of October 2001? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) Eligible Children	(b) Participating Children
a. Any school lunch? .....	<u>All Enrolled</u>	_____
b. Free school lunch?.....	_____	_____
c. Reduced-price school lunch? .....	_____	_____

14. Did your school receive Federal Title I funds for this school year? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (GO TO Q15)
- b. No..... 2 (SKIP TO Q17)
- c. Not applicable ..... 3 (SKIP TO Q17)

PLEASE NOTE THE FOLLOWING DEFINITIONS THAT ARE RELEVANT TO QUESTIONS 15 AND 16 BELOW:

A **targeted assistance** program uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific "Title I students" who have been identified as low achieving.

A **schoolwide program** may use Title I funds to improve the quality of educational programs and services throughout the school. A school may use Title I funds for a schoolwide program if at least 50 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

15. Is your school operating a Title I targeted assistance or schoolwide program? CIRCLE ONE NUMBER.

- a. Targeted assistance program ..... 1
- b. Schoolwide program ..... 2

16. Does your school use Title I funds for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. To serve targeted children in a pull-out setting.....   | 1          | 2         |
| b. To serve targeted children in an in-class setting .....   | 1          | 2         |
| c. To reduce class sizes .....   | 1          | 2         |
| d. To provide extended time learning opportunities before and/or after school for targeted children..... | 1          | 2         |
| e. To improve the entire educational program through a schoolwide program .....                          | 1          | 2         |
| f. To provide professional development activities.....   | 1          | 2         |
| g. To provide family literacy services.....  | 1          | 2         |
| h. To provide summer learning opportunities .....  | 1          | 2         |

## II. SCHOOL FACILITIES AND RESOURCES

17. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of children

18. How many portable classrooms are on your school grounds? WRITE IN NUMBER BELOW. IF NONE, WRITE ZERO.

\_\_\_\_\_ Number of portable classrooms

19. In general, how adequate is each of the following school facilities for meeting the needs of the children in your school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria?.....	1	2	3	4	5
b. Computer lab?.....	1	2	3	4	5
c. Library/media center? ...	1	2	3	4	5
d. Art room? .....	1	2	3	4	5
e. Gymnasium? .....	1	2	3	4	5
f. Music room?.....	1	2	3	4	5
g. Playground? .....	1	2	3	4	5
h. Classrooms? .....	1	2	3	4	5
i. Auditorium? .....	1	2	3	4	5
j. Multi-purpose room? .....	1	2	3	4	5

20. How many computers in this school are used for....WRITE IN NUMBERS BELOW.

Number of Computers

- a. Instructional purposes only? ..... \_\_\_\_\_
- b. Both instructional and administrative purposes? ..... \_\_\_\_\_
- c. Total number of computers? ..... \_\_\_\_\_

21. Please indicate (1) whether or not each type of equipment or service is available at this school. If the equipment or service is available, please indicate (2) whether it is available for student use. CIRCLE ONE NUMBER IN PART (1) ON EACH LINE. IF PART (1) IS YES, CIRCLE ONE NUMBER IN PART (2) ON THE SAME LINE.

<u>Equipment</u>	(1) Available at <u>school</u> ?		(2) Available for <u>student use</u> ?	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Computer(s) with access to local area networks (LAN) .....	1	2 ( <b>GO TO Q21b</b> )	1	2
b. Computer(s) with multimedia capabilities (e.g., CD-ROM, speakers) ...	1	2 ( <b>GO TO Q21c</b> )	1	2
c. Computer(s) with connection or access to the Internet.....	1	2 ( <b>GO TO Q22</b> )	1	2



### III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

22. How much of a problem are the following in the neighborhood where this school is located? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Big problem</u>	<u>Somewhat of a problem</u>	<u>No problem</u>	<u>Don't know</u>
a. Tensions based on racial, ethnic, or religious differences? .....	1	2	3	8
b. Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards? .....	1	2	3	8
c. Selling or using drugs or excessive drinking in public? .....	1	2	3	8
d. Gangs? .....	1	2	3	8
e. Heavy traffic? .....	1	2	3	8
f. Violent crimes like drive-by shootings?.....	1	2	3	8
g. Vacant houses and buildings?.....	1	2	3	8
h. Crime in the neighborhood? .....	1	2	3	8

23. Have any of the following things happened **during this school year** at this school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Children bringing weapons to school?.....	1	2
b. Things being taken directly from children or teachers by force or threat of force at school or on the way to or from school?.....	1	2
c. Children or teachers being physically attacked or involved in fights? .....	1	2

24. Does your school take any of the following measures to ensure the safety of children? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Security guards?.....	1	2
b. Metal detectors? .....	1	2
c. Locked exterior doors during the day? .....	1	2
d. A requirement that visitors sign in?.....	1	2
e. A requirement that visitors be escorted by school staff? .....	1	2
f. Limits on going to the restrooms?.....	1	2
g. Teachers assigned to supervise the hallways? .....	1	2
h. Hall passes required to leave class? .....	1	2
i. Intercoms or telephones in classrooms? .....	1	2

#### IV. SCHOOL POLICIES AND PRACTICES

25. Are third graders at this school required to wear a school uniform? Do not include required physical education uniforms. CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No..... 2

26. What grades are tested with standardized tests? CIRCLE ONE NUMBER ON EACH LINE.

IF NO GRADE TESTED, CHECK HERE ☐ (SKIP TO Q28)

	<u>Grade</u>	<u>Yes</u>	<u>No</u>
a.	Kindergarten? .....	1	2
b.	1st grade? .....	1	2
c.	2nd? .....	1	2
d.	3rd? .....	1	2
e.	4th? .....	1	2
f.	5th? .....	1	2
g.	6th? .....	1	2
h.	7th? .....	1	2
i.	8th? .....	1	2
j.	9th? .....	1	2
k.	10th? .....	1	2
l.	11th? .....	1	2
m.	12th? .....	1	2

27. Based on recent standardized tests, approximately what percent of elementary children currently enrolled in this school tested at or above grade level nationally in...WRITE IN PERCENTAGES BELOW.

- a. Reading or verbal skills? ..... %  
b. Mathematics or quantitative skills? ..... %

28. Can children be retained in grade in your school? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No..... 2 (SKIP TO Q31)

29. Which of the following statements describe your school's grade promotion and retention practices or policies? CIRCLE ONE NUMBER ON EACH LINE.

	<u>True</u>	<u>False</u>
a. Children can be retained at any grade .....	1	2
b. Children can be retained for maturational reasons (e.g., social/emotional immaturity).....	1	2
c. Children can be retained at the request of their parents .....	1	2
d. Children can be retained due to academic deficiencies (e.g., below grade level) .....	1	2
e. Children can be retained due to failing a school-wide standardized test .....	1	2
f. Children can be retained more than once in each grade .....	1	2
g. Children can be retained more than once in elementary school .....	1	2
h. Children can be retained without their parents' permission...	1	2
i. Children with disabilities can be retained .....	1	2
j. This school has a formal retention policy .....	1	2
k. Children can be promoted for social reasons (e.g., physical size).....	1	2

30. Are any of the following programs or support services provided by your school or district for children who are retained or who might be retained if they do not participate? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Summer program (mandatory attendance) .....	1	2
b. Summer program (optional attendance).....	1	2
c. Extra support during the school year, during school hours ...	1	2
d. Extra support during the school year, before or after school.	1	2

## V. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

31. Are either of the following programs or services for children available at your school site? Please include programs run by the school and those run by outside groups. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Before-school child care? .....	1	2
b. After-school child care? .....	1	2

32. Please indicate how often each of the following activities is provided by your school. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Never</u>	<u>Once a year</u>	<u>2 to 3 times a year</u>	<u>4 to 6 times a year</u>	<u>7 or more times a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings...	1	2	3	4	5
b. Letters, calendars, newsletters, etc., sent home to provide parents with information about the school .....	1	2	3	4	5
c. Written reports (report cards) of child's performance sent home.....	1	2	3	4	5
d. Information on the child's standardized assessment scores sent home .....	1	2	3	4	5
e. Teacher-parent conferences .....	1	2	3	4	5
f. Home visits to do one-on-one parent education.....	1	2	3	4	5
g. School performances to which parents are invited .....	1	2	3	4	5
h. Classroom programs like class plays, book nights, or family math nights .....	1	2	3	4	5

## VI. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS

### Language Minority

33. Are any of the children in this school limited-English-proficient (LEP)? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER.

- a. Yes ..... 1  
 b. No..... 2 (SKIP TO Q37)

34. What percent of children in this school and in third grade are limited-English-proficient (LEP)? WRITE IN THE PERCENTS BELOW.

- a. \_\_\_\_\_ % LEP in entire school  
 b. \_\_\_\_\_ % LEP in Third Grade

35. What percent of third grade children receive bilingual or ESL services or both? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTS BELOW. WRITE "0" IF SERVICE IS NOT PROVIDED.

	<u>% Receiving Bilingual Services Only</u>	<u>% Receiving ESL Services Only</u>	<u>% Receiving Both ESL and Bilingual Services</u>
Third Grade Children	_____ %	_____ %	_____ %

36. Are any of the following special services provided to families of Language-Minority/Limited-English-Proficient (LM-LEP) children? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language .....	1	2
b. Translations of written communications are provided to LM-LEP families .....	1	2
c. Home visits are made to families of LM-LEP children .....	1	2
d. An outreach worker assists in enrolling children first entering school .....	1	2
e. The school conducts special parent meetings for non-English background families.....	1	2
f. Other (Please specify) _____ _____	1	2

### Special Education and Related Services

37. Where are children with Individual Education Plans (IEPs) typically served in this school? CIRCLE ONE NUMBER.

- a. Children with IEPs are not served in this school ..... 1
- b. Children with IEPs typically spend most of their day in separate classes ..... 2
- c. Children with IEPs typically spend most of their day in the regular classroom ..... 3

### Gifted and Talented

38. Is there a gifted and talented program at this school? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2 (SKIP TO Q40)

39. Do children participate in a gifted and talented program at this school in... CIRCLE ONE NUMBER ON EACH LINE.

- |                         | <u>Yes</u> | <u>No</u> |
|-------------------------|------------|-----------|
| a. Kindergarten? .....  | 1          | 2         |
| b. 1st grade? .....     | 1          | 2         |
| c. 2nd? .....           | 1          | 2         |
| d. 3rd? .....           | 1          | 2         |
| e. 4th? .....           | 1          | 2         |
| f. 5th or higher? ..... | 1          | 2         |

## VII. STAFFING AND TEACHER CHARACTERISTICS

40. Approximately how many staff members does your school currently have in the following categories? PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE ZERO.

Staff category	(1) Number who work full time in the school	(2) Number who work part time in the school
a. Regular classroom teachers .....	_____	_____
b. Gym, drama, music or art teachers .....	_____	_____
c. Special education and related service providers .....	_____	_____
d. ESL/Bilingual education teachers .....	_____	_____
e. Reading teachers/specialists .....	_____	_____
f. Teachers of gifted/talented .....	_____	_____
g. School nurse or health professional .....	_____	_____
h. School psychologist or social worker .....	_____	_____
i. Paraprofessionals (e.g., classroom aides) .....	_____	_____
j. Library media specialists/librarians .....	_____	_____

41. About what percentage of your teachers are members of the following groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO TEACHERS OF THAT RACIAL-ETHNIC GROUP. IF YOU ENTER PERCENTAGES, THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<u>Number</u>	OR	<u>Percent</u>
a. Asian or Pacific Islander .....	_____		_____ %
b. Hispanic, regardless of race .....	_____		_____ %
c. Black, not of Hispanic origin .....	_____		_____ %
d. White, not of Hispanic origin .....	_____		_____ %
e. American Indian or Alaska Native .....	_____		_____ %
f. Other (Please specify) _____	_____		_____ %
g. TOTAL NUMBER OF TEACHERS .....	_____		<u>100</u> %

42. If a person other than the school principal has answered the questions up to now, please provide the following information: PLEASE PRINT.

**IF YOU ARE THE PRINCIPAL, CHECK HERE ☐ GO TO Q43.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Title

How long employed at this school? \_\_\_\_\_

<b>THE REMAINING QUESTIONS SHOULD BE COMPLETED ONLY BY THE SCHOOL PRINCIPAL.</b>
--



### VIII. SCHOOL GOVERNANCE AND CLIMATE

43. How much emphasis do you place on the following goals and objectives for your teachers? CIRCLE ONE NUMBER ON EACH LINE.

	<u>No or Minor Emphasis</u>	<u>Moderate Emphasis</u>	<u>Major Emphasis</u>
a. Assisting all children to achieve high standards .....	1	2	3
b. Using curricula aligned with high standards .....	1	2	3
c. Maintaining a quiet and orderly class environment .....	1	2	3
d. Providing challenging tasks for higher-achieving children.....	1	2	3
e. Using instructional strategies (e.g., hands-on activities, cooperative learning) aligned with high standards .....	1	2	3
f. Communicating well with parents .....	1	2	3
g. Working well with other staff.....	1	2	3
h. Openness to new ideas and methods .....	1	2	3
i. Participation in professional development activities .....	1	2	3

44. Indicate how much you agree or disagree with the following statements about the school's climate in the early grades. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. Parents are actively involved in this school's programs.....	1	2	3	4	5
b. Teacher absenteeism is a problem at this school.....	1	2	3	4	5
c. Teacher turnover is a problem at this school .....	1	2	3	4	5
d. Child absenteeism is a problem at this school .....	1	2	3	4	5
e. The community served by this school is supportive of its goals and activities.....	1	2	3	4	5
f. There is a consensus among administrators and teachers on goals and expectations.....	1	2	3	4	5
g. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5
h. Overcrowding is a problem at this school...	1	2	3	4	5
i. Parents of children in this school are welcome to observe classes any time they are in session.....	1	2	3	4	5

## IX. PRINCIPAL CHARACTERISTICS

45. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1  
b. Female ..... 2

46. In what year were you born? WRITE IN YEAR BELOW.

19 \_\_\_\_\_

47. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2

48. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. American Indian or Alaska Native.....           | 1          | 2         |
| b. Asian .....                                     | 1          | 2         |
| c. Black or African American .....                 | 1          | 2         |
| d. Native Hawaiian or Other Pacific Islander ..... | 1          | 2         |
| e. White .....                                     | 1          | 2         |

49. How many years of experience do you have in each of the following positions? WRITE IN THE YEARS BELOW.

- |   | <u>Number of years</u> |
|---|------------------------|
| a. Years as a teacher before becoming a principal ..... | _____                  |
| b. Total number of years as a principal.....            | _____                  |
| c. Number of years as principal at this school.....     | _____                  |

50. What is the highest level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma ..... 1
- b. Associate's degree ..... 2
- c. Bachelor's degree ..... 3
- d. At least one year of course work beyond a Bachelor's degree but not a graduate degree ..... 4
- e. Master's degree ..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master's degree level . 6
- g. Doctorate ..... 7

51. What was your major field of study in the highest degree you completed? CIRCLE ONE NUMBER.

- a. Early childhood education..... 1
  - b. Elementary education ..... 2
  - c. Special education ..... 3
  - d. English as a Second Language (ESL)..... 4
  - e. Child development ..... 5
  - f. Methods of teaching reading ..... 6
  - g. Methods of teaching mathematics ..... 7
  - h. Methods of teaching science ..... 8
  - i. School administration/management ..... 9
  - j. Other (Please specify) ..... 10
- \_\_\_\_\_

52. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

53. Questionnaire Completed By:

\_\_\_\_\_  
(Last Name) (First Name) (MI)

**THANK YOU FOR YOUR COOPERATION.**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C.....	1
DR C.....	2
DR R.....	3
R.....	4

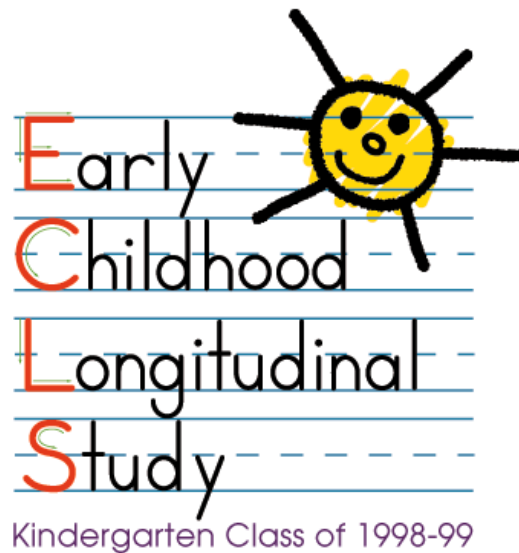


## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**

# SPRING 2002 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

## PART A



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

Dear Special Education Teacher/Service Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is collecting information from the special education teachers/service providers of sampled children who have Individual Education Programs (IEPs) to investigate the relationship between the children's achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with children with disabilities in this school.

Obviously, only you can provide this important information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.



1. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1  
b. Female..... 2

2. In what year were you born? WRITE IN YEAR BELOW.

19 \_\_\_\_\_

3. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- a. Yes ..... 1  
b. No ..... 2

4. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. American Indian or Alaska Native .....         | 1          | 2         |
| b. Asian.....                                     | 1          | 2         |
| c. Black or African American .....                | 1          | 2         |
| d. Native Hawaiian or Other Pacific Islander..... | 1          | 2         |
| e. White .....                                    | 1          | 2         |

5. Counting this school year, how many years in total (including part-time) have you worked in this school?  
WRITE IN THE YEARS BELOW.

\_\_\_\_\_ Years

6. Counting this school year, how many years (including part-time) have you been working with children  
receiving special education or related services? WRITE IN THE YEARS BELOW.

\_\_\_\_\_ Years

7. Counting this school year, how many years (including part-time) have you been teaching? WRITE IN THE  
YEARS BELOW.

\_\_\_\_\_ Years

8. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? CIRCLE ONE NUMBER.

- a. Regular full-time teacher/service provider..... 1
- b. Regular part-time teacher/service provider..... 2
- c. Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school) 3
- d. Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)..... 4
- e. Teacher aide ..... 5
- f. Other (Please specify)\_\_\_\_\_ 6

9. What is the highest level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma or GED..... 1
- b. Associate's degree ..... 2
- c. Bachelor's degree ..... 3
- d. At least one year of course work beyond a Bachelor's but not a graduate degree ..... 4
- e. Master's degree..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master's degree level... 6
- g. Doctorate ..... 7

10. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Emergency credential .....   | 1          | 2         |
| b. Provisional or temporary credential .....  | 1          | 2         |
| c. Disability-specific credential or endorsement .....  | 1          | 2         |
| d. Special education credential or endorsement (for more than one disability category) .....  | 1          | 2         |
| e. General education credential .....   | 1          | 2         |
| f. Speech/language state license or certification .....                                       | 1          | 2         |
| g. Physical therapy license or certification .....  | 1          | 2         |
| h. Occupational therapy license or certification .....  | 1          | 2         |
| i. Certificate of Clinical Competence.....  | 1          | 2         |
| j. Other professional license, credential, or endorsement (Please specify): _____             | 1          | 2         |
| k. Don't have special education or other professional credential, endorsement or license..... | 1          | 2         |

11. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

a. Early childhood education .....	0	1	2	3	4	5	6+
b. Early childhood special education .....	0	1	2	3	4	5	6+
c. Elementary education.....	0	1	2	3	4	5	6+
d. Secondary education.....	0	1	2	3	4	5	6+
e. English as a second language (ESL) .....	0	1	2	3	4	5	6+
f. Bilingual education .....	0	1	2	3	4	5	6+
g. General special education.....	0	1	2	3	4	5	6+
h. Learning disabilities.....	0	1	2	3	4	5	6+
i. Mental retardation .....	0	1	2	3	4	5	6+
j. Orthopedic impairments .....	0	1	2	3	4	5	6+
k. Serious emotional disturbance .....	0	1	2	3	4	5	6+
l. Deafness and hearing .....	0	1	2	3	4	5	6+
m. Blindness and vision.....	0	1	2	3	4	5	6+
n. Communication disorders.....	0	1	2	3	4	5	6+
o. Infants and toddlers with disabilities.....	0	1	2	3	4	5	6+
p. Physical therapy .....	0	1	2	3	4	5	6+
q. Occupational therapy .....	0	1	2	3	4	5	6+
r. School psychology .....	0	1	2	3	4	5	6+
s. Classroom management .....	0	1	2	3	4	5	6+

12. Which of the following best describes your current position in this school? CIRCLE ONE NUMBER.

a. Special education teacher .....	1
b. Special education teacher consultant .....	2
c. General education teacher .....	3
d. Speech - language pathologist.....	4
e. Physical therapist .....	5
f. Physical therapy assistant or aide.....	6
g. Occupational therapist.....	7
h. Occupational therapy assistant or aide .....	8
i. School psychologist.....	9
j. Special education classroom aide.....	10
k. Other (Please specify): _____	11

13. During this school year, where did you work with children with IEPs? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. In a general education classroom .....	1	2
b. In a special education classroom .....	1	2
c. In a non-classroom space (office, therapy room, small work space, mobile van, etc.) .....	1	2
d. Other (Please specify): .....	1	2
e. I do not work directly with children who have IEPs .....	1	2

14. During this school year, how many children with IEPs did you work with, on average, each **week**? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher/service provider) CIRCLE ONE NUMBER.

a. 1-10 .....	1
b. 11-20 .....	2
c. 21-40 .....	3
d. More than 40 .....	4
e. Don't know.....	8

15. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

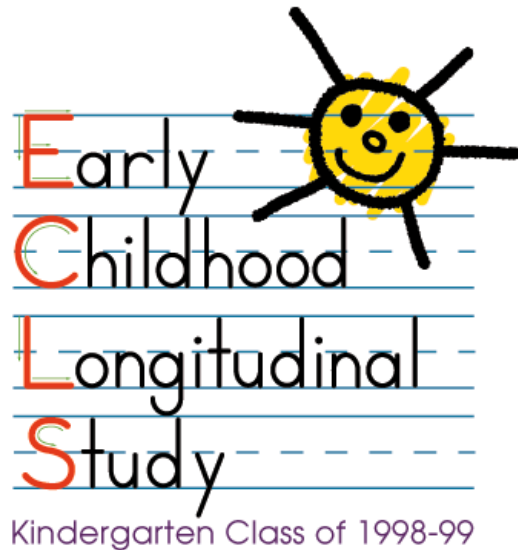
C .....	1
DR C .....	2
DR R .....	3
R .....	4

## **APPENDIX A**

### **PDF FILES CONTAINING THIRD GRADE INSTRUMENTS**

# SPRING 2002 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

## PART B



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
1650 Research Boulevard  
Rockville, Maryland, 20850

### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

Dear Special Education Teacher/Service Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is collecting information from the special education teachers/service providers of sampled children who have Individual Education Programs (IEPs). We are gathering information from these children's regular classroom teachers as well. Our purpose is to investigate the relationship between the children's achievement and various school, classroom, and home factors. This questionnaire collects information on the special education/related received by the child named on the cover of this questionnaire.

Obviously, only you can provide this important information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided. Approximate answers, especially where we are asking for numbers, are completely acceptable.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.



1. Is this child currently receiving special education services or gifted/talented services through an IEP? CIRCLE ONE NUMBER.

- a. Special education services due to a disability..... 1 **(GO TO Q2)**
- b. Gifted/talented services..... 2 **(SKIP TO END. YOU DO NOT NEED TO COMPLETE SPECIAL EDUCATION TEACHER QUESTIONNAIRE A.)**

2. In which grade is this child enrolled? CIRCLE ONE NUMBER.

- a. Kindergarten..... 1
- b. First grade ..... 2
- c. Second grade ..... 3
- d. Third grade ..... 4
- e. Fourth grade ..... 5
- f. This is an ungraded classroom ..... 6

3. When did this child first have an IEP? CIRCLE ONE NUMBER.

- a. Before kindergarten..... 1
- b. During kindergarten..... 2
- c. During first grade..... 3
- d. During second grade..... 4
- e. During third grade..... 5 **(SKIP TO Q5)**
- f. Other (Please specify): \_\_\_\_\_ 6 **(SKIP TO Q5)**  
\_\_\_\_\_
- g. Don't know..... 8 **(SKIP TO Q5)**

4. Have you reviewed this child's records related to special education services provided before this school year? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No, I don't have access to the records..... 2
- c. No, I have access to the records, but have not reviewed them. 3

5. What is this child's primary disability as identified on the child's IEP? CIRCLE ONE NUMBER.

- a. Learning disability ..... 1
- b. Serious emotional disturbance ..... 2
- c. Speech or language impairment ..... 3
- d. Mental retardation ..... 4
- e. Blind/Visual impairment..... 5
- f. Deaf/Hard of hearing ..... 6
- g. Health impairment ..... 7
- h. Physical impairment ..... 8
- i. Multiple impairments ..... 9
- j. Deaf/blind ..... 10
- k. Developmental delay..... 11
- l. Autism..... 12
- m. Traumatic brain injury..... 13
- n. No classification is given ..... 14

6. For which of the following disabilities did this child receive special education or related services this school year? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Learning disability.....	1	2
b. Serious emotional disturbance.....	1	2
c. Speech or language impairment.....	1	2
d. Mental retardation.....	1	2
e. Blind/Visual impairment.....	1	2
f. Deaf/Hard of hearing.....	1	2
g. Health impairment.....	1	2
h. Physical impairment.....	1	2
i. Multiple impairments.....	1	2
j. Deaf/blind.....	1	2
k. Developmental delay.....	1	2
l. Autism.....	1	2
m. Traumatic brain injury.....	1	2

The next set of items refers to this child's special education experience **during the current school year**.

7. Which of the following best describes the IEP goals for this child during this school year? CIRCLE ALL OF THE AREAS IN WHICH THIS CHILD HAD IEP GOALS.

**Academics**

- a. Reading ..... 1
- b. Mathematics ..... 2
- c. Language Arts ..... 3

**Speech and Language**

- d. Auditory processing ..... 4
- e. Listening comprehension ..... 5
- f. Oral expression ..... 6
- g. Voice/speech articulation ..... 7
- h. Language pragmatics ..... 8

**Social**

- i. Social skills ..... 9

**Life Skills**

- j. Adaptive behavior or self-help skills ..... 10

**Physical/Mobility**

- k. Fine motor skills ..... 11
- l. Gross motor skills ..... 12
- m. Orientation and mobility ..... 13

**Other (Please specify):** \_\_\_\_\_ 14

\_\_\_\_\_

8. Which of the following related services were provided at the school to this child during this school year?  
CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Audiology .....	1	2
b. Counseling services .....	1	2
c. Occupational therapy .....	1	2
d. Physical therapy .....	1	2
e. Psychological services .....	1	2
f. Health services .....	1	2
g. Social work services .....	1	2
h. Special transportation.....	1	2
i. Speech or language therapy .....	1	2
j. Other (Please specify): _____	1	2

9. Approximately how many **hours per week** of direct special education and related services (that is, service provided directly to the child, from a teacher or another adult) was this child scheduled to receive this school year? WRITE NUMBER ON LINE.

\_\_\_\_\_ Hours per week

10. Did this child receive any of the following? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Adaptive physical education.....	1	2
b. Classroom aides.....	1	2
c. Instruction in Braille .....	1	2
d. Interpreter for the deaf or hard of hearing (oral or sign).....	1	2
e. Instruction in American Sign Language .....	1	2
f. Instruction in Manual English .....	1	2
g. Instruction in Cued Speech .....	1	2

11. Was this child's primary placement a general education classroom? CIRCLE ONE NUMBER.

a. Yes .....	1
b. No.....	2

12. Approximately what percentage of the total weekly hours in school did this child receive special education and related services outside of a general education classroom but within the school setting? CIRCLE ONE NUMBER.

- |                        |   |
|------------------------|---|
| a. 0 percent.....      | 1 |
| b. 1-10 percent .....  | 2 |
| c. 11-25 percent ..... | 3 |
| d. 26-50 percent ..... | 4 |
| e. 51-75 percent ..... | 5 |
| f. 76-99 percent ..... | 6 |
| g. 100 percent .....   | 7 |

13. What teaching practices and methods are used with this child? CIRCLE ONE NUMBER ON EACH LINE.

- |                                      | <u>Yes</u> | <u>No</u> |
|--------------------------------------|------------|-----------|
| a. One-on-one instruction.....       | 1          | 2         |
| b. Small-group instruction.....      | 1          | 2         |
| c. Large-group instruction .....     | 1          | 2         |
| d. Cooperative learning .....        | 1          | 2         |
| e. Peer tutoring .....               | 1          | 2         |
| f. Computer-based instruction .....  | 1          | 2         |
| g. Direct instruction.....           | 1          | 2         |
| h. Cognitive strategies.....         | 1          | 2         |
| i. Self-management .....             | 1          | 2         |
| j. Behavior management .....         | 1          | 2         |
| k. Did not deliver instruction ..... | 1          | 2         |
| l. Don't know.....                   | 1          | 2         |

14. Which of the following best describes the curriculum materials used with this child? CIRCLE ONE NUMBER IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE NUMBER IN THE SPECIAL EDUCATION CLASSROOM COLUMN.

	In the general education classroom	In the special education classroom/ program
a. General education curriculum materials were used without modification .....	1	1
b. Some modifications in general education curriculum materials were made.....	2	2
c. Substantial modifications in general education curriculum materials were made .....	3	3
d. Specially designed commercial materials were used .....	4	4
e. Child not in this setting.....	5	5
f. Don't know .....	8	8

15. To what extent was this child expected to achieve the same general education goals as other children at his/her grade level? CIRCLE ONE NUMBER.

- a. Child was expected to achieve all of the general education goals ..... 1
- b. Child was expected to achieve some of the general education goals . 2
- c. Child was expected to achieve only a few of the general education goals ..... 3
- d. Child was not expected to achieve any of the general education goals ..... 4
- e. There are no general education goals at this grade level ..... 5
- f. Don't know..... 8

16. Which of the following assistive technologies and devices did this child use this school year? CIRCLE ALL OF THE ASSISTIVE TECHNOLOGIES THIS CHILD USED.

Child did not use any assistive technologies .....	1 (GO TO Q17)
<b>Mobility aids</b>	
a. Vans, vehicles .....	2
b. Wheelchairs.....	3
c. White canes.....	4
<b>Communication aids</b>	
d. Electronic with voice output (e.g., Touch Talker) .....	5
e. Nonelectronic (e.g., manual printing board) .....	6
<b>Hearing assistance</b>	
f. Hearing aids .....	7
g. FM loops.....	8
h. TTYs/TDDs.....	9
i. Cochlear implants.....	10
j. Real time captioning.....	11
<b>Visual aids</b>	
k. Magnifying devices.....	12
l. Close captioned television (CCTV) .....	13
<b>Learning aids (non-computer)</b>	
m. Tape recorders .....	14
n. Calculators .....	15
o. Electronic spelling devices .....	16
<b>Computer hardware designed or adapted for children with disabilities (e.g., alternate keyboards, switch interface)</b>	
p. Used solely by individual child .....	17
q. Shared with other children.....	18
<b>Computer software designed for children with disabilities</b>	
r. Reading .....	19
s. Writing .....	20
t. Mathematics .....	21
<b>Other (Please specify):</b> .....	22

---

17. Does this child have a computer, laptop, or word processing device assigned to him/her for use full time? CIRCLE ONE NUMBER.

- |              |   |
|--------------|---|
| a. Yes ..... | 1 |
| b. No.....   | 2 |

18. On average, how often did you meet with general education teacher(s) to discuss this child's program and progress during this school year? CIRCLE ONE NUMBER.

- a. Every day or several times a week ..... 1
- b. Once a week or several times a month ..... 2
- c. Once a month ..... 3
- d. A few times over the school year ..... 4
- e. Once during this school year ..... 5
- f. Never during this school year ..... 6 (SKIP TO Q20)
- g. Not applicable to my work with this child ..... 7 (SKIP TO Q20)

19. On average, how long were the meetings with the general education teacher(s) to discuss this child's program? CIRCLE ONE NUMBER.

- a. 1 to 15 minutes ..... 1
- b. 16 to 30 minutes ..... 2
- c. 31 to 45 minutes ..... 3
- d. 46 to 60 minutes ..... 4
- e. More than 60 minutes ..... 5

20. Approximately how often have you communicated with this child's parents during this school year about this child's program or progress (by phone, in person, or in writing)? CIRCLE ONE NUMBER.

- a. Every day or several times a week ..... 1
- b. Once a week or several times a month ..... 2
- c. Once a month ..... 3
- d. A few times over the school year ..... 4
- e. Once during this school year ..... 5
- f. Never during this school year ..... 6

21. During the past year, did this child receive any of the following formal individual evaluations for purposes of developing IEP goals? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Psychological .....	1	2
b. Speech/language .....	1	2
c. Vision.....	1	2
d. Hearing .....	1	2
e. Learning/educational .....	1	2
f. Motor skills.....	1	2
g. Other (Please specify): _____	1	2



22. What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? CIRCLE ONE NUMBER.

- a. 76 to 100 percent ..... 1
- b. 51 to 75 percent ..... 2
- c. 26 to 50 percent ..... 3
- d. 1 to 25 percent ..... 4
- e. Zero percent ..... 5

23. Which of the following best expresses the likelihood that this child will continue to receive some level of special education services (through an IEP) in the next school year? CIRCLE ONE NUMBER.

- a. Definitely will continue in special education..... 1
- b. Very likely to continue in special education..... 2
- c. Rather likely to continue in special education..... 3
- d. Rather unlikely to continue in special education..... 4
- e. Highly unlikely to continue in special education..... 5
- f. Will **not** continue in special education (will be dismissed from services)..... 6

24. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
Westat  
9274 Gaither Road, W-14  
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C .....	1
DR C .....	2
DR R .....	3
R .....	4