

ICPSR 29462

**Head Start Impact Study (HSIS),  
2002-2006 [United States]**

*United States Department of Health and  
Human Services. Administration for  
Children and Families. Office of Planning,  
Research and Evaluation*

Spring 2005 Cohort A Parent Interview

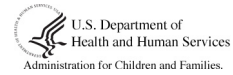
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## About *Research Connections*

These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

*Research Connections* is operated by the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University and the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan, through a cooperative agreement with the Child Care Bureau, Office of Family Assistance and the Office of Planning, Research, and Evaluation, Administration for Children and Families in the U.S. Department of Health and Human Services.



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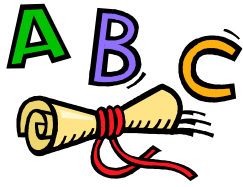
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Spring 2005



Child ID number:	_____
Child name:	_____
Birth date:	_____

## PARENT INTERVIEW COHORT A

Date: \_\_\_\_\_

Interview complete:

Interviewer: \_\_\_\_\_

START TIME: \_\_\_\_\_ AM/PM

**SC. ELIGIBILITY**

WILL THE INTERVIEW BE COMPLETED USING AN INTERPRETER?	
YES.....	1
NO.....	2 (GO TO INTRODUCTION BEFORE SC1)
NAME OF INTERPRETER: _____	
WHAT LANGUAGE WILL BE USED? _____	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><b>CONFIRM INTERPRETER HAS SIGNED CONFIDENTIALITY FORM THEN CONTINUE.</b></div>	

Hello, my name is \_\_\_\_\_ and I work for Westat, a national research organization that is conducting a new and exciting study called **Building Futures: Head Start Impact Study**. This study is looking at how children learn and grow to be ready for school. You may remember us from a similar interview we conducted before.

SC1. Are you the person interviewed last spring when we conducted the spring 2004 interview?

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

SC2. We would like to interview the person most responsible for [CHILD]'s care. Are you that person?

YES..... 1 (GO TO SC5)  
NO..... 2

SC3. Who is most responsible for [CHILD]'s care?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_

SC4. Is that person available to talk with me now?

- YES..... 1 (RESTART INTERVIEW)
- NO ..... 2 (RESCHEDULE INTERVIEW WITH SC3 PERSON)

SC5. What is your birth date?

|\_|\_|\_| |\_|\_|\_| |\_|\_|\_|  
 MONTH DAY YEAR

SC6. Please confirm how you are related to [CHILD]. Are you (his/her)...

- |   |   |
|---|---|
| Birth Mother ..... 01                     | Birth Father..... 02                    |
| (GO TO SC9)                               | (GO TO SC9)                             |
| Adoptive Mother..... 03                   | Adoptive Father. .... 04                |
| (GO TO SC9)                               | (GO TO SC9)                             |
| Stepmother. .... 05                       | Stepfather ..... 06                     |
| Grandmother..... 07                       | Grandfather ..... 08                    |
| Great Grandmother ..... 09                | Great Grandfather ..... 10              |
| Sister/stepmother ..... 11                | Brother/stepbrother ..... 12            |
| Other Relative or In-law (Female)..... 13 | Other Relative or In-law (Male)..... 14 |
| Foster Parent (Female) ..... 15           | Foster Parent (Male). .... 16           |
| Other Non-relative (Female)..... 17       | Other Non-relative (Male)..... 18       |
| Parent's Partner (Female)..... 19         | Parent's Partner (Male)..... 20         |

SC7. Are you [CHILD]'s legal guardian?

YES..... 1 (GO TO SC9)  
NO..... 2

SC8. Who is [CHILD]'s legal guardian?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_

SC9. Is now a convenient time to conduct the interview with you?

YES..... 1 (GO TO INTRODUCTION)  
NO..... 2

**IF THIS IS NOT A CONVENIENT  
TIME, RESCHEDULE THE  
INTERVIEW WITH THIS  
RESPONDENT.**

## INTRODUCTION

During the interview, I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. There are no right or wrong answers to these questions. Only the researchers will see or hear your answers. All of the study results will be reported for groups of parents; no results will be reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in any child care program. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or your family. If that happens, just tell me and I will move to the next question. You may recognize some questions from past interviews, but it is important to ask them again. The interview should take approximately 1 hour. After the interview, you will receive \$20.00. It is just one of the ways that we say thank you for your time. As part of this study, we will also do the child assessment with [CHILD] and ask [CHILD]'s teacher some questions.

Before we begin, let me read the following which is required by the Federal government:

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Do you have any questions before we begin?



**A. SCHOOL EXPERIENCE**

Now I'd like to talk to you about [CHILD]'s school experiences.

A1. What grade in school or if not in school, what type of child care program is [CHILD] attending? Is s/he in... (CIRCLE ONLY ONE)

- Kindergarten or transitional kindergarten program..... 01 (GO TO A4)
- First grade..... 02 (GO TO A4)
- Head Start, pre-kindergarten, or any other type of center-based child care program ..... 03 (GO TO A4)
- Other (SPECIFY)\_\_\_\_\_ ... 04 (GO TO A2)

A2. Which of the following best describes the setting where [CHILD] spends most of the time Monday through Friday, 9:00 a.m. to 3:00 p.m.?

- Someone else's home or daycare home ..... 1
- Own home..... 2
- Other (SPECIFY)\_\_\_\_\_ ..... 3

A3. Which of the following best describes the person most responsible for [CHILD]'s care in this setting?

- A relative..... 1 (GO TO A5)
- A non-relative ..... 2 (GO TO A5)
- You or another parent/primary caregiver..... 3 (GO TO D1)

**A-4**

**CHART A-4– CURRENT SCHOOL EXPERIENCE**

<p>a1. Which of the following best describes the setting that [CHILD] is in?</p> <p>Public school.....01</p> <p>Private school.....02</p> <p>Home school.....03</p> <p>Head Start, pre-kindergarten, or any other center-based child care program.....04</p> <p>Other (Specify).....05</p> <p>_____</p>	<p>a2. What is the name, address, and telephone number of this school?</p> <p>_____</p> <p>School Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State</p> <p>(____) _____</p> <p>Telephone</p>	<p>a3. What is the name of [CHILD]'s teacher there?</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>For coders only:</p> <p>Teacher=1</p> </div>	<p>a4. What month and year did [CHILD] begin going to this school?</p> <p style="text-align: center;"> _ _      _ _ </p> <p style="text-align: center;">Month    Year</p>
<p>a5. Altogether, how many hours per week does [CHILD] typically attend this school?</p> <p style="text-align: center;"> _ _ </p> <p>Total # of hours per week</p>	<p>a6. Is this school religiously affiliated or not?</p> <p>RELIGIOUSLY AFFILIATED.....1</p> <p>NOT RELIGIOUSLY AFFILIATED..... 2</p>		

GO TO A6

**CHART A-5- CURRENT CHILD CARE SETTING EXPERIENCE**

<p>a1. What is the name, address, and telephone number of this setting/home?</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State</p> <p>(____) _____</p> <p>Telephone</p>	<p>a2. What is the name of person responsible for [CHILD]'s care at the setting?</p> <p>_____</p> <p>Name (OR WRITE "NONE")</p>	<p>a3. What month and year did [CHILD] begin going to [NAME OF SETTING]?</p> <p>     _ _      _ _ </p> <p>    Month    Year</p>
<p>a6. Altogether, how many hours per week does [CHILD] typically spend in this setting?</p> <p>     _ _ </p> <p>Total # of hours per week</p>		

GO TO D1

A6. Is this [CHILD]'s first year in this (kindergarten/first grade/center-based program)?

YES ..... 1 (GO TO A8)  
 NO..... 2

A7. Has your child had a different teacher this year or the same teacher he/she had last year?

Different teacher ..... 1  
 Same teacher ..... 2

A8. Has your child received any special instruction or tutoring in school this year?

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

A9. Approximately how many days has [CHILD] been absent from class since the beginning of the school year, that is, since last September?

|\_\_\_\_\_|\_\_\_\_\_| DAYS ABSENT

IF A9=0, SKIP TO A11

A10. What is the most frequent reason for [CHILD]'s missing days? (CIRCLE ONE)

ILLNESS OF CHILD ..... 01  
 ILLNESS OF FAMILY MEMBER..... 02  
 CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE.... 03  
 LACK OF TRANSPORTATION..... 04  
 BAD WEATHER ..... 05  
 CHILD DID NOT WANT TO GO..... 06  
 PARENT DECISION NOT TO SEND CHILD OR TO SEND  
 CHILD ELSEWHERE..... 07  
 OTHER (SPECIFY \_\_\_\_\_).... 08

A11. Since the beginning of this school year, has [CHILD] been in the same school?

YES ..... 1 (GO TO B1)  
 NO..... 2  
 DON'T KNOW..... 8 (GO TO B1)

A12. How many different schools has [CHILD] attended?

|\_\_\_\_\_|\_\_\_\_\_| **NUMBER**

**B. SCHOOL COMMUNICATION AND INVOLVEMENT**

B1. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things during the school year:

[IF NECESSARY, READ AFTER EACH STATEMENT: Would you say [CHILD]'s school does this very well, just OK, or doesn't do it at all? (USE RESPONSE CARD)(CIRCLE ONE RESPONSE FOR EACH ITEM]

	<u>Does it very well</u>	<u>Just OK</u>	<u>Does not do it at all</u>	<u>Don't know</u>
a. Lets you know (between report cards) how [CHILD] is doing in school.....	1	2	3	8
b. Helps you understand what children at [CHILD]'s age are like .....	1	2	3	8
c. Makes you aware of chances to volunteer at the school.....	1	2	3	8
d. Provides workshops, materials, or advice about how to help [CHILD] learn at home .....	1	2	3	8
e. Provides information on community services to help [CHILD] or your family ...	1	2	3	8
f. Understands the needs of families who don't speak English.....	1	2	3	8

B2. In general how often and in what way do you usually have contact with [CHILD]'s teacher about his/her daily activities or behavior? (USE RESPONSE CARD)(CIRCLE ONE RESPONSE FOR EACH ITEM)

	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Less than Monthly</u>	<u>Never</u>
a. Talk to the teacher in person .....	1	2	3	4	5
b. Teacher calls you .....	1	2	3	4	5
c. Receive written notes from teacher.....	1	2	3	4	5
d. Schedule meetings or conferences with teacher.....	1	2	3	4	5
e. Teacher conducts home visits .....	1	2	3	4	5
f. Teacher sends home examples of [CHILD]'s work .....	1	2	3	4	5

B3. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?

|\_\_\_|\_\_\_| NUMBER OF TIMES

B4. When you visit the school, do the people there make you feel welcome?

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

**C. TEACHER FEEDBACK ON CHILD'S SCHOOL PERFORMANCE AND BEHAVIOR**

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn't agree. (CIRCLE YES OR NO FOR EACH ITEM)

C1. Since the beginning of this school year, has a teacher said or written that [CHILD]...

	<u>YES</u>	<u>NO</u>
a. Has been doing really well in school.....	1	2
b. Has not been learning up to (his/her) ability.....	1	2
c. Doesn't concentrate or does not pay attention for long .....	1	2
d. Has been acting up in school or disrupting the class .....	1	2
e. Has often seemed sad or unhappy.....	1	2
f. Has been very restless, fidgets all the time, or doesn't sit still.....	1	2
g. Has been having trouble taking turns, sharing, or cooperating with other children.....	1	2
h. Gets along with other children or works well in a group .....	1	2
i. Is very enthusiastic and interested in different things.....	1	2
j. Lacks confidence in learning new things or taking part in new activities .....	1	2
k. It's hard to understand what (he/she) is saying.....	1	2
l. Is often sleepy or tired in class .....	1	2
m. Likes to express (his/her) ideas.....	1	2
n. Is often bored in class .....	1	2

C2. As far as you know, is [CHILD] going to be promoted to the next grade this coming fall, or will he/she spend another year in (kindergarten/first grade/center-based program)?

YES, WILL BE PROMOTED TO NEXT GRADE .....	1
NO, WILL SPEND ANOTHER YEAR IN SAME GRADE.....	2
NO, WILL GO INTO A TRANSITIONAL CLASS .....	3



C3. Now that [CHILD] has been in (kindergarten/first grade/center-based program) for most of a school year, how satisfied are you with what last year's child care program did to help [CHILD] and your family be prepared for school? Are you...

- Very dissatisfied, ..... 1
- Somewhat dissatisfied, ..... 2
- Somewhat satisfied, or ..... 3
- Very satisfied?..... 4
- Not applicable..... 5

C4. How well does this school meet your child's needs?

- Very well, ..... 1
- Okay, ..... 2
- Not very well..... 3

C5. To what extent do you agree with each of the following statements on children's preparation for school? Would you say that you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.....(USE RESPONSE CARD) (CIRCLE ONE RESPONSE FOR EACH ITEM)

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Attending preschool for example, nursery, pre-kindergarten, or Head Start is very important for success in kindergarten.....	1	2	3	4	5
b. Children who begin formal reading and math instruction in preschool will do better in elementary school.....	1	2	3	4	5
c. Parents should make their children know the alphabet before they start kindergarten .....	1	2	3	4	5
d. Most children should learn to read in kindergarten .....	1	2	3	4	5
e. Parents need help in learning how to teach their children how to read.....	1	2	3	4	5
f. Parents should set aside time every day for their kindergarten children to practice schoolwork .....	1	2	3	4	5
g. Homework should be given to kindergarten children almost everyday .....	1	2	3	4	5
h. Parents should read to their children and play counting games at home regularly .....	1	2	3	4	5

D. OTHER CHILD CARE

D1. You just told me about [CHILD]'s school or child care setting. Now I want to ask about other kinds of care you use for [CHILD] between the hours of 8 a.m. and 6 p.m. Monday through Friday. During these hours, does [CHILD] regularly spend at least 5 hours per week in an extended day, before- or after-school program, or any other child care arrangement, including care by relatives or neighbors?

PROBE: FOR AT LEAST 5 HOURS PER WEEK ANYTIME BETWEEN THE HOURS OF 8 A.M. AND 6 P.M. MONDAY THROUGH FRIDAY?

- YES ..... 1 (COMPLETE CHART D-2)
- NO ..... 2 (PROBE RE: ANY BEFORE- AND AFTER-SCHOOL CARE OR ANYREGULAR CHILD CARE; IF NONE, GO TO SECTION E)

**CHART D-2 – ADDITIONAL SETTINGS FOR CHILDREN**

<p>a1. Which of the following best describes the <u>additional</u> setting that [CHILD] is in at least 5 hours per week, between the hours of <u>8 AM – 6 PM Monday through Friday</u>? If there is more than one setting, please start with the setting that is used most often. (CIRCLE ONE RESPONSE)</p> <p>A before- or after-school, or extended day program at [CHILD]'s school.....1</p> <p>A before- or after-school program in a place other than [CHILD]'s school. For example: a YMCA, Boys and Girls Club.....2</p> <p>A child care center.....3</p> <p>Someone else's home.....4</p> <p>Own home.....5</p> <p>Other (Specify).....6</p> <p>_____</p>	<p>a2. What is the name, address, and telephone number of this setting?</p> <p>Setting Name _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>(_____) _____</p> <p>Telephone _____</p>	<p>a3. Which of the following best describes the person responsible for [CHILD]'s care at this setting?</p> <p>Teacher.....1</p> <p>Relative.....2</p> <p>Non-relative.....3</p> <p>Other (SPECIFY).....4</p> <p>_____</p>	<p>a4. What is the name of person responsible for [CHILD]'s care at the setting?</p> <p>_____</p>				
<p>a5. What month and year did [CHILD] begin going to [NAME OF SETTING]?</p> <p style="text-align: center;"> <table style="display: inline-table; border: none; margin-right: 20px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr> </table> </p>			Month	Year	<p>a6. Altogether, how many hours per week does [CHILD] typically spend in this setting?</p> <p>_____</p> <p>Total # of hours per week</p>	<p>a7. Are there any additional settings?</p> <p>YES.....1 (GO TO CONTINUED CHART D-2 BELOW)</p> <p>NO.....2 (GO TO SECTION E)</p>	
Month	Year						

**CHART D-2 – ADDITIONAL SETTINGS FOR CHILDREN (CONTINUED)**

<p>b1. . Which of the following best describes the <u>additional</u> setting that [CHILD] is in at least 5 hours per week, between the hours of <u>8 AM – 6 PM Monday through Friday</u>? If there is more than one setting, please start with the setting that is used most often. (CIRCLE ONE RESPONSE)</p> <p>A before- or after-school, or extended day program at [CHILD]'s school.....1</p> <p>A before- or after-school program in a place other than [CHILD]'s school. For example: a YMCA, Boys and Girls Club.....2</p> <p>A child care center.....3</p> <p>Someone else's home.....4</p> <p>Own home.....5</p> <p>Other (Specify).....6</p> <p>_____</p>	<p>b2. What is the name, address, and telephone number of this setting?</p> <p>Setting Name _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>(_____) _____</p> <p>Telephone _____</p>	<p>b3. Which of the following best describes the person responsible for [CHILD]'s care at this setting?</p> <p>Teacher.....1</p> <p>Relative.....2</p> <p>Non-relative.....3</p> <p>Other (SPECIFY).....4</p> <p>_____</p>	<p>b4. What is the name of person responsible for [CHILD]'s care at the setting?</p> <p>_____</p>					
<p>b5. What month and year did [CHILD] begin going to [NAME OF SETTING]?</p> <p style="text-align: center;"> <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="padding: 0 5px;">Month</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="padding: 0 5px;">Year</td> </tr> </table> </p>	_	_	Month	_	_	Year	<p>b6. Altogether, how many hours per week does [CHILD] typically spend in this setting?</p> <p>_____</p> <p>Total # of hours per week</p>	<p>b7. Are there any additional settings?</p> <p>YES.....1 (GO TO CONTINUED CHART D-2 BELOW)</p> <p>NO.....2 (GO TO SECTION E)</p>
_	_	Month						
_	_	Year						

**CHART D-2 – ADDITIONAL SETTINGS FOR CHILDREN (CONTINUED)**

<p>c1. . Which of the following best describes the <u>additional</u> setting that [CHILD] is in at least 5 hours per week, between the hours of <u>8 AM – 6 PM Monday through Friday</u>? If there is more than one setting, please start with the setting that is used most often. (CIRCLE ONE RESPONSE)</p> <p>A before- or after-school, or extended day program at [CHILD]'s school.....1</p> <p>A before- or after-school program in a place other than [CHILD]'s school. For example: a YMCA, Boys and Girls Club.....2</p> <p>A child care center.....3</p> <p>Someone else's home.....4</p> <p>Own home.....5</p> <p>Other (Specify).....6</p> <p>_____</p>	<p>c2. What is the name, address, and telephone number of this setting?</p> <p>Setting Name _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>(_____) _____</p> <p>Telephone _____</p>	<p>c3. Which of the following best describes the person responsible for [CHILD]'s care at this setting?</p> <p>Teacher.....1</p> <p>Relative.....2</p> <p>Non-relative.....3</p> <p>Other (SPECIFY).....4</p> <p>_____</p>	<p>c4. What is the name of person responsible for [CHILD]'s care at the setting?</p> <p>_____</p>
<p>c5. What month and year did [CHILD] begin going to [NAME OF SETTING]?</p> <p>     _ _    _ _   Month    Year</p>	<p>c6. Altogether, how many hours per week does [CHILD] typically spend in this setting?</p> <p>_____</p> <p>Total # of hours per week</p>		

**E. ACTIVITIES WITH YOUR CHILD**

Now I have some questions about things you do with [CHILD] when he/she is at home.

E1. How many times have you or someone in your family read to [CHILD] in the past week? Would you say... (CIRCLE ONE RESPONSE)

- Not at all,..... 1
- Once or twice, ..... 2
- Three or more times, or ..... 3
- Every day ..... 4

E2. For about how long does [CHILD] enjoy being read to at a sitting? PROBE: About how many minutes?

|\_\_| |\_\_| MINUTES

E3. How often did your child ask you to read books in the past week? Was it... (CIRCLE ONE RESPONSE)

- Not at all,..... 1
- Once or twice, ..... 2
- Three or more times, or ..... 3
- Every day ..... 4

E4. How often does your child show interest in reading labels, people's names, or signs (such as signs for McDonald's)? Would you say... (CIRCLE ONE RESPONSE)

- Never, ..... 1
- Once or twice so far,..... 2
- Once or twice in the past month, or..... 3
- Once or twice in the past week ..... 4

E5. Now I am going to ask you some questions about what you do with your child at home. How often do you or someone in your household do each of the following reading and language activities with [CHILD]? (USE RESPONSE CARD) (CIRCLE ONE RESPONSE FOR EACH ITEM)

	<u>Never</u>	<u>Once a month or less</u>	<u>Two or three times a month</u>	<u>Once or twice a week</u>	<u>Three or four times a week</u>	<u>Every day</u>
a. Work on learning the names of the letters.....	1	2	3	4	5	6
b. Practice writing the letters of the alphabet.....	1	2	3	4	5	6
c. Discuss new words .....	1	2	3	4	5	6
d. Have [CHILD] tell you a story .....	1	2	3	4	5	6
e. Practice the sounds that letters make or phonics .....	1	2	3	4	5	6
f. Listen to you read stories where (he/she) sees the print such as Big Books.....	1	2	3	4	5	6
g. Listen to you read stories where (he/she) doesn't see the print.....	1	2	3	4	5	6
h. Retell or make up stories.....	1	2	3	4	5	6
i. Show [CHILD] how to read a book or magazine (the way to hold it, point to words).....	1	2	3	4	5	6
j. Have [CHILD] practice writing or spelling (his/her) name.....	1	2	3	4	5	6
k. Learn about rhyming words and word families such as cat, mat, sat.....	1	2	3	4	5	6
l. Practice or teach directional words such as over, up, or in. ....	1	2	3	4	5	6

**IF ALL-E5a-E5-l = 1 (NEVER), GO TO E7.**

E6. What materials do you use to work on reading and language activities with [CHILD]?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E7. How often does [CHILD] do each of the following math activities at home? (USE RESPONSE CARD) (CIRCLE ONE RESPONSE FOR EACH ITEM)

	<u>Never</u>	<u>Once a month or less</u>	<u>Two or three times a month</u>	<u>Once or twice a week</u>	<u>Three or four times a week</u>	<u>Every day</u>
a. Count out loud.....	1	2	3	4	5	6
b. Work with shape blocks.....	1	2	3	4	5	6
c. Count things such as small toys or chips, to learn math.....	1	2	3	4	5	6
d. Play math-related games.....	1	2	3	4	5	6
e. Use music to understand math ideas.....	1	2	3	4	5	6
f. Use dance or act out stories to practice math ideas such as numbers, size or shapes.....	1	2	3	4	5	6
g. Work with rulers, measuring cups, spoons, or other measuring instruments..	1	2	3	4	5	6
h. Talk about the calendar or days of the week.....	1	2	3	4	5	6

**IF ALL-E7a-E7h = 1 (NEVER), GO TO E9.**

E8. What materials do you use to work on numbers or math activities with [CHILD]?

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E9. How often does [CHILD] do each of the following activities at home? (USE RESPONSE CARD.) (CIRCLE ONE RESPONSE FOR EACH ITEM)

	<u>Never</u>	<u>Once a month or less</u>	<u>Two or three times a month</u>	<u>Once or twice a week</u>	<u>Three or four times a week</u>	<u>Every day</u>
a. Work on arts and crafts.....	1	2	3	4	5	6
b. Play with games or toys indoors.....	1	2	3	4	5	6
c. Play sports or exercise.....	1	2	3	4	5	6
d. Help with chores such as cleaning, setting the table, caring for pets, or cooking.....	1	2	3	4	5	6



E10. *In the past month*, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

	<u>YES</u>	<u>NO</u>
a. Gone to a movie .....	1	2
b. Gone to a play, concert, or other live show.....	1	2
c. Visited an art gallery, museum, or historical site.....	1	2
d. Visited a playground, park, zoo, or gone on a picnic.....	1	2
e. Talked with [CHILD] about (his/her) family history or ethnic heritage .....	1	2
f. Attended an event sponsored by a community, ethnic, or religious group .....	1	2
g. Taken [CHILD] along while doing errands like going to the post office, the bank, or the store? .....	1	2

E11. How often do you work with [CHILD] on things he/she learned in school?

- Never..... 1
- Once a month or less..... 2
- Two or three times a month..... 3
- Once or twice a week..... 4
- Three or four times a week..... 5
- Everyday..... 6

E12. How often have you read books, magazines, or the newspaper, during the past week? Was it .... (CIRCLE ONE RESPONSE.)

- Not at all, ..... 1
- Once or twice, ..... 2
- Three or more times, or..... 3
- Every day?..... 4

E13. Which of the following do you have in your home?

	<u>YES</u>	<u>NO</u>
a. Comic books.....	1	2
b. Books for children.....	1	2
c. Magazines for children.....	1	2
d. Magazines for adults, like <i>Newsweek</i> or <i>People</i> or <i>Sports Illustrated</i> .....	1	2
e. Newspapers .....	1	2
f. Catalogs .....	1	2
g. Religious books like a bible or prayer book.....	1	2
h. Dictionaries or encyclopedias.....	1	2
i. Other books like novels, biographies, or non-fiction.....	1	2

E14. In the past month did you take any books home from the library?

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

**F. DISABILITIES**

Now I have a few questions about [CHILD]’s health and well-being.

F1. Do you have any serious concerns about [CHILD]’s development or behavior?

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

F2. Did a doctor or other professional ever tell you that [CHILD] has any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?

YES ..... 1  
 NO..... 2 (GO TO F4)

**IF F1 AND F2 ARE NO, GO TO G1.**

F3. How did the doctor or other health or education professional describe [CHILD]’s needs? Does [CHILD] have...

	<u>YES</u>	<u>NO</u>
a. A specific learning disability .....	1	2
b. Mental retardation.....	1	2
c. A speech or language impairment.....	1	2
e. An emotional/behavioral disorder .....	1	2
f. Deafness or another hearing impairment.....	1	2
h. Blindness or another visual impairment.....	1	2
j. An orthopedic impairment .....	1	2
k. Another health impairment lasting six months or more.....	1	2
l. Autism .....	1	2
m. Traumatic brain injury .....	1	2
n. Non-categorical/Developmental delay .....	1	2
o. Any other disability (SPECIFY) _____	1	2

F4. How helpful has your child's school been with...(READ EACH ITEM BELOW) Would you say not at all helpful, somewhat helpful, or very helpful?

	<u>Not at all helpful</u>	<u>Somewhat helpful</u>	<u>Very helpful</u>
a. Identifying [CHILD'S] special needs or disabilities.....	1	2	3
b. Suggesting you get a professional opinion .....	1	2	3
c. Finding resources to meet [CHILD'S] special needs .....	1	2	3
d. Helping you to provide for [CHILD'S] special needs at home (for example, diet and exercise, recommended therapy) .....	1	2	3

F5. Does [CHILD] have an Individualized Education Program or Plan (IEP)?

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

**G. YOUR CHILD'S ACCOMPLISHMENTS**

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

G1. Can [CHILD] recognize...

- All of the letters of the alphabet, ..... 1
- Most of them, ..... 2
- Some of them, or ..... 3
- None of them.. ..... 4

G2. How high can [CHILD] count? Would you say...

- Not at all, ..... 1
- Up to five, ..... 2
- Up to ten, ..... 3
- Up to twenty, ..... 4
- Up to fifty, or. .... 5
- Up to 100 or more. .... 6

G3. How often does [CHILD] like to write or pretend to write? Would you say...

- Never, ..... 1 (GO TO G5)
- Has done it once or twice, ..... 2
- Once or twice in the past month, or ..... 3
- One or more times in the past week ..... 4

G4. Can [CHILD] write (his/her) first name even if some of the letters are backward?

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

G5. Does [CHILD] trip, stumble, or fall easily?

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

G6. When [CHILD] speaks, is (he/she) understandable to a stranger?

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

G7. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

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

G8. Does [CHILD] stutter or stammer?

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

G9. How often does [CHILD] pretend to read out loud?

Never ..... 1 (GO TO G11)  
Has done it once or twice ..... 2 }  
Once or twice in the past month ..... 3 } (GO TO G10)  
One or more times in the past week ..... 4 }

G10. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

Sounds like connected story ..... 1  
Tells what's in each picture ..... 2  
Does both ..... 3

G11. How often does your child look at books alone or with another child?

Never ..... 1  
Has done it once or twice ..... 2  
Once or twice in the past month ..... 3  
One or more times in the past week ..... 4

G12. Does [CHILD] recognize (his/her) own first name in writing or in print?

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

G13. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

None of them ..... 1  
Some of them, or ..... 2  
All of them ..... 3

G14. Can [CHILD] recognize shapes such as a circle, square, triangle, or rectangle?

- None of them ..... 1
- Some of them, or ..... 2
- All of them..... 3

G15. Now I'm going to read you a list of some activities and behaviors. Does [CHILD] do these things on a regular basis, or rarely or not at all?

	<u>Regularly</u>	<u>Rarely/Not at all</u>
a. Talks with familiar adults.....	1	2
b. Enjoys having visitors .....	1	2
c. Shares newly learned ideas .....	1	2
d. Keeps self occupied.....	1	2
e. Takes care of personal belongings.....	1	2
f. Asks for assistance with difficult tasks, such as picking up heavy items, putting on clothes, or locating lost items.....	1	2
g. Expresses feelings.....	1	2
h. Expresses needs to adults.....	1	2
i. Helps with simple household tasks.....	1	2
j. Notices when others are happy, sad, angry.....	1	2
k. Offers comfort when others are in distress .....	1	2
l. Gets along with other family members.....	1	2

## H. YOUR CHILD'S BEHAVIOR

H1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s usual behavior. For each one, tell me if it is very true, sometimes true, or not true.

	<u>Very True</u>	<u>Sometimes True</u>	<u>Not True</u>
a. Makes friends easily?.....	1	2	3
b. Enjoys learning? .....	1	2	3
c. Has temper tantrums or hot temper? .....	1	2	3
d. Can't concentrate or pay attention for long? .....	1	2	3
e. Is very restless, and fidgets a lot? .....	1	2	3
f. Likes to try new things?.....	1	2	3
g. Shows imagination in work and play?.....	1	2	3
h. Is unhappy, sad, or depressed? .....	1	2	3
i. Comforts or helps others? .....	1	2	3
j. Hits and fights with others? .....	1	2	3
k. Worries about things for a long time? .....	1	2	3
l. Accepts friends' ideas in sharing and playing?.....	1	2	3
m. Doesn't get along with other kids?.....	1	2	3
n. Wants to hear that he or she is doing okay?.....	1	2	3
o. Feels worthless or inferior? .....	1	2	3
p. Has difficulty making changes from one activity to another? .....	1	2	3
q. Is nervous, high-strung, or tense? .....	1	2	3
r. Acts too young for (his/her) age?.....	1	2	3
s. Is disobedient at home? .....	1	2	3



## I. HOUSEHOLD RULES AND PARENTING PRACTICES

Now I'd like to ask you a few questions about how you deal with your child at home.

I-0. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

USE RESPONSE CARD

	Exactly like <u>you</u>	Very much like <u>you</u>	Some- what like <u>you</u>	Not much like <u>you</u>	Not at all like <u>you</u>
a. There are times I just don't have the energy to make my child behave as (he/she) should..	1	2	3	4	5
b. My child and I have warm intimate moments together .....	1	2	3	4	5
c. I teach my child that misbehavior or breaking the rules will always be punished one way or another .....	1	2	3	4	5
d. I encourage my child to be curious, to explore, and to question things .....	1	2	3	4	5
e. I do not allow my child to get angry with me .....	1	2	3	4	5
f. I am easygoing and relaxed with my child ..	1	2	3	4	5
g. I believe that a child should be seen and not heard .....	1	2	3	4	5
h. I make sure my child knows that I appreciate what (he/she) tries to accomplish .....	1	2	3	4	5
i. I have little or no difficulty sticking with ..my rules for my child even when close relatives (including grandparents) are there.....	1	2	3	4	5
j. I encourage my child to be independent of me	1	2	3	4	5
k. Once I decide how to deal with a misbehavior of my child, I follow through on it .....	1	2	3	4	5
l. I believe physical punishment to be the best way of disciplining .....	1	2	3	4	5
m. I control my child by warning (him/her) about the bad things that can happen to (him/her)	1	2	3	4	5

I-1. Please answer yes or no to the following items. In your house, are there rules or routines about...

	<u>YES</u>	<u>NO</u>
a. What TV programs [CHILD] can watch? .....	1	2
b. How many hours [CHILD] can watch TV? .....	1	2
c. What kinds of food [CHILD] eats? .....	1	2
d. What time [CHILD] goes to bed? .....	1	2
e. What chores [CHILD] does? .....	1	2

I-2. About how many hours does [CHILD] usually watch TV in your home each day?

|\_\_| |\_\_| HOURS

I-3. Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES ..... 1  
NO ..... 2 (GO TO I-5)

I-4. About how many times in the past week?

|\_\_| |\_\_| NUMBER OF TIMES

I-5. Have you used "time out" or sent [CHILD] to (his/her) room in the past week for not minding?

YES ..... 1  
NO ..... 2 (GO TO I-7)

I-6. About how many times in the past week?

|\_\_| |\_\_| NUMBER OF TIMES

I-7.

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**J. YOU AND YOUR FAMILY**

**RESPONDENT IS:** (CIRCLE ONE.)

**[CHILD]'s BIRTH/ADOPTIVE MOTHER..... 1 (ASK QUESTIONS ABOUT RESPONDENT, GO TO J7.)**

**NOT [CHILD]'s BIRTH/ADOPTIVE MOTHER..... 2 (ASK QUESTIONS ABOUT BIRTH MOTHER, GO TO J1.)**

Now I'm going to ask you some questions about (you/[CHILD]'s mother).

J1. Is [CHILD]'s mother in this household?

MOTHER IN HOUSEHOLD..... 1 (GO TO J7)  
MOTHER NOT IN HOUSEHOLD ..... 2  
MOTHER DECEASED..... 3 (GO TO BOX BEFORE J15)

J2. Does [CHILD]'s mother live in the same city or county as [CHILD]?

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

J3. In the past month, on about how many days has [CHILD] seen (his/her) mother?

|\_|\_|\_| DAYS

J4. How long has it been since [CHILD] last had contact with (his/her) mother?

NEVER HAD CONTACT .....000  
DON'T KNOW.....998

OR

a. NUMBER:

|\_|\_|\_|

b. UNIT:

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

J5. Since September, has your family received any child support payments for [CHILD] from (his/her) mother?

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

J6. Since September, has your family received any other financial support for [CHILD] from (his/her) mother?

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

J7. What was the first language (you/she) learned to speak?

ENGLISH..... 1  
 SPANISH..... 2  
 ENGLISH AND SPANISH EQUALLY ..... 3  
 ENGLISH AND ANOTHER LANGUAGE EQUALLY ..... 4  
 ANOTHER LANGUAGE..... 5  
 (SPECIFY) \_\_\_\_\_

J8. What is (your/her) current marital status?

MARRIED ..... 1  
 SEPARATED ..... 2  
 DIVORCED..... 3  
 WIDOWED ..... 4  
 NEVER MARRIED ..... 5

J9. Since the beginning of this school year, have/has (you/[CHILD]'S mother)...

	YES	NO	DON'T KNOW
a. Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization? .....	1	2	8
b. Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher? .....	1	2	8
c. Attended a school or class event, such as a play or sports event for [CHILD]? .....	1	2	8
d. Acted as a volunteer at the school or served on a committee? .....	1	2	8

**IF CHILD'S MOTHER IS NOT IN HOUSEHOLD (J1=2), CHECK THIS BOX ....  AND GO TO BOX BEFORE J15.**

J10. Since September, (have you/has she) attended or enrolled in any courses from a school, college or university?

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

J11. What is the highest grade or year of school that (you/she) completed? (CIRCLE ONE RESPONSE.) (PROBE: IF COMPLETED 12TH GRADE, Did you earn a diploma?)

UP TO 8TH GRADE ..... 01  
9TH TO 11TH GRADE ..... 02  
12TH GRADE BUT NO DIPLOMA ..... 03  
HIGH SCHOOL DIPLOMA..... 04  
GED ..... 05  
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO  
VOC/TECH DIPLOMA ..... 06  
VOC/TECH DIPLOMA AFTER HIGH SCHOOL ..... 07  
SOME COLLEGE BUT NO DEGREE ..... 08  
ASSOCIATE'S DEGREE ..... 09  
BACHELOR'S DEGREE..... 10  
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE .... 11  
MASTER'S DEGREE (MA, MS)..... 12  
DOCTORATE DEGREE (PhD, EdD) ..... 13  
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... 14

J12. (Have you/has she) ever had any of the following child care or early education training or workshops that were not for college credit? (CIRCLE ALL THAT APPLY.)

Workshops/training at a child care center..... 1  
Training by a local agency ..... 2  
Training workshops at a local or national conference..... 3  
Classes in high school ..... 4  
Other (SPECIFY)..... 5  
NO TRAINING ..... 6

J13. (Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE.)

- |  |           |   |                         |
|--|-----------|---|-------------------------|
| WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) .... | 01        | } | GO TO BOX<br>BEFORE J15 |
| WORKING PART-TIME.....                             | <u>02</u> |   |                         |
| LOOKING FOR WORK.....                              | 03        |   |                         |
| LAI D OFF FROM WORK.....                           | 04        |   |                         |
| IN SCHOOL/TRAINING.....                            | 05        |   |                         |
| IN JAIL/PRISON.....                                | 06        |   |                         |
| IN MILITARY.....                                   | 07        |   |                         |
| KEEPING HOUSE.....                                 | 08        |   |                         |
| SOMETHING ELSE (SPECIFY) _____ ...                 | 09        |   |                         |

J14. (Are you/Is she) still working for the same employer for whom (you were/she was) working 12 months ago?

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

**RESPONDENT IS: (CIRCLE ONE.)**

**[CHILD]'s BIRTH/ADOPTIVE FATHER..... 1 (ASK QUESTIONS ABOUT RESPONDENT, GO TO J21)**

**NOT [CHILD]'s BIRTH/ADOPTIVE FATHER..... 2 (ASK QUESTIONS ABOUT BIRTH FATHER, GO TO J15)**

J15. Is [CHILD]'s father in this household?

- FATHER IN HOUSEHOLD..... 1 (GO TO J21)  
FATHER NOT IN HOUSEHOLD ..... 2  
FATHER DECEASED ..... 3 (GO TO BOX BEFORE J29)

J16. Does [CHILD]'s father live in the same city or county as [CHILD]?

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

J17. In the past month, on about how many days has [CHILD] seen (his/her) father?

|\_|\_|\_| DAYS

J18. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT.....000  
DON'T KNOW.....998

OR

a. NUMBER:

|\_|\_|\_|

b. UNIT:

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

J19. Since September, has your family received any child support payments for [CHILD] from (his/her) father?

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

J20. Since September, has your family received any other financial support for [CHILD] from (his/her) father?

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

J21. What was the first language you/he learned to speak?

ENGLISH..... 1  
SPANISH..... 2  
ENGLISH AND SPANISH EQUALLY ..... 3  
ENGLISH AND ANOTHER  
LANGUAGE EQUALLY ..... 4  
ANOTHER LANGUAGE..... 5  
(SPECIFY) \_\_\_\_\_

J22. What is (your/his) current marital status?

MARRIED..... 1  
SEPARATED..... 2  
DIVORCED..... 3  
WIDOWED ..... 4  
NEVER MARRIED..... 5  
REFUSED ..... 7  
DON'T KNOW..... 8



J23. Since the beginning of this school year, (have you/has [CHILD]'s father)...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization? .....	1	2	8
b. Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher? .....	1	2	8
c. Attended a school or class event, such as a play or sports event for [CHILD]? .....	1	2	8
d. Acted as a volunteer at the school or served on a committee? .....	1	2	8

**IF CHILD'S FATHER IS NOT IN  
HOUSEHOLD (J15=2),  
CHECK THIS BOX ...  AND  
GO TO BOX BEFORE J29.**

J24. Since September, (have you/has he) attended or enrolled in any courses from a school, college or university?

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

J25. What is the highest grade or year of school that (you/he) completed? (CIRCLE ONE RESPONSE.) (PROBE: IF COMPLETED 12TH GRADE, Did you earn a diploma?)

- UP TO 8TH GRADE ..... 01
- 9TH TO 11TH GRADE ..... 02
- 12TH GRADE BUT NO DIPLOMA ..... 03
- HIGH SCHOOL DIPLOMA..... 04
- GED ..... 05
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO  
VOC/TECH DIPLOMA ..... 06
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL ..... 07
- SOME COLLEGE BUT NO DEGREE ..... 08
- ASSOCIATE'S DEGREE ..... 09
- BACHELOR'S DEGREE..... 10
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 11
- MASTER'S DEGREE (MA, MS)..... 12
- DOCTORATE DEGREE (PhD, EdD) ..... 13
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... 14

J26. (Have you/has he) ever had any of the following child care or early education training or workshops that were not for college credit? (CIRCLE ALL THAT APPLY.)

- Workshops/training at a child care center..... 1
- Training by a local agency ..... 2
- Training workshops at a local or national conference..... 3
- Classes in high school ..... 4
- Other (SPECIFY)\_\_\_\_\_ 5
- NO TRAINING ..... 6

J27. (Are you/Is he) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE.)

- WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) .... 01
  - WORKING PART-TIME ..... ~~02~~
  - LOOKING FOR WORK..... 03
  - LAI D OFF FROM WORK..... 04
  - IN SCHOOL/TRAINING..... 05
  - IN JAIL/PRISON..... 06
  - IN MILITARY..... 07
  - KEEPING HOUSE..... 08
  - SOMETHING ELSE (SPECIFY) \_\_\_\_\_ ... 09
- } GO TO BOX BEFORE J29

J28. (Are you/Is he) still working for the same employer for whom (you were/he was) working 12 months ago?

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

**IF RESPONDENT IS CHILD’S BIRTH/ADOPTIVE MOTHER  
OR BIRTH/ADOPTIVE FATHER,  
OR SAME RESPONDENT AS SPRING (SC1 = YES),  
CHECK THIS BOX  AND GO TO J36.  
OTHERWISE GO TO J29.**

Now I’m going to ask some questions about you.

J29. What is your birth date?

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
MONTH DAY YEAR

J30. Are you of Spanish origin, Hispanic, or Latino?

- YES..... 1
- NO..... 2 (GO TO J32)

J31. Which one of these best describes you?

- Mexican, Mexican American, Chicano, ..... 1
- Puerto Rican,..... 2
- Cuban, or ..... 3
- Another Spanish/Hispanic/Latino group? ..... 4

J32. What is your race? You may name more than one if you like. (CIRCLE ALL THAT APPLY.)

- a. WHITE..... 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO ..... 02
- c. AMERICAN INDIAN OR ALASKA NATIVE  
(SPECIFY) \_\_\_\_\_ .... 03
- d. ASIAN INDIAN..... 04
- e. CHINESE..... 05
- f. FILIPINO..... 06
- g. JAPANESE..... 07
- h. KOREAN ..... 08
- i. VIETNAMESE..... 09
- j. ASIAN (NOT FURTHER SPECIFIED) ..... 10
- k. NATIVE HAWAIIAN ..... 11
- l. GUAMANIAN OR CHAMORRO ..... 12
- m. SAMOAN..... 13
- n. OTHER PACIFIC ISLANDER (SPECIFY) \_\_\_\_\_..... 14
- o. ANOTHER RACE (SPECIFY) \_\_\_\_\_..... 15

J33. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)  
(PROBE: IF COMPLETED 12<sup>TH</sup> GRADE, Did you earn a diploma?)

- UP TO 8TH GRADE ..... 01
- 9TH TO 11TH GRADE ..... 02
- 12TH GRADE BUT NO DIPLOMA ..... 03
- HIGH SCHOOL DIPLOMA..... 04
- GED ..... 05
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO  
VOC/TECH DIPLOMA ..... 06
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL ..... 07
- SOME COLLEGE BUT NO DEGREE ..... 08
- ASSOCIATE'S DEGREE ..... 09
- BACHELOR'S DEGREE..... 10
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 11
- MASTER'S DEGREE (MA, MS)..... 12
- DOCTORATE DEGREE (PhD, EdD) ..... 13
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... 14

J34. Have you ever had any of the following child care or early education training or workshops that was not for college credit? (CIRCLE ALL THAT APPLY.)

- No training ..... 1
- Workshops/training at a child care center ..... 2
- Training by a local agency ..... 3
- Training workshops at a local or national conference..... 4
- Classes in high school ..... 5
- Other (SPECIFY)\_\_\_\_\_ .... 6

J35. Since September, have you attended or enrolled in any courses from a school, college or university?

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

J36. Please tell me the first name of everyone in your household.

PROBE: Is there anyone else in your household?

J36a. First Name	J36b. How is [NAME] related to [CHILD]?  (See codes below)	J36c. How old is [NAME]?																						
a. [CHILD]																								
b. RESPONDENT																								
c.																								
d.																								
e.																								
f.																								
g.																								
h.																								
i.																								
j.																								
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o.																								
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**K. INCOME, HOUSING, AND NEIGHBORHOOD CHARACTERISTICS**

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

K1. Is [CHILD] covered by health insurance other than Medicaid through your job or the job of another employed adult?

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

K2. Is [CHILD] covered by Medicaid or under a state health insurance program?

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

K3. In the past three months, have you had difficulty...

	<u>YES</u>	<u>NO</u>
a. Paying your rent? .....	1	2
b. Paying your electric and heating bills? .....	1	2
c. Buying food for your family? .....	1	2
d. Buying clothes for your child(ren)?.....	1	2

K4. Including yourself, how many adults contribute to your household income?

|\_\_|\_\_| ADULTS

K5. Now, including *everyone* in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

(PROBE: IF RESPONDENT REPORTS \$3,000 OR MORE LAST MONTH, THEN VERIFY THAT REPORTED AMOUNT IS ONLY FOR LAST MONTH AND NOT FOR THE ENTIRE YEAR.)

HOUSEHOLD INCOME..... \$ \_\_, \_\_ \_\_ (GO TO K7)  
(AMOUNT LAST MONTH ONLY)

OR

REFUSED ..... 97 (GO TO K7)  
DON'T KNOW ..... 98 (GO TO K6)

K6. Would you say it was...

- Less than \$250, ..... 01
- Between \$251 and \$500, ..... 02
- Between \$501 and \$1,000,..... 03
- Between \$1,001 and \$1,500,..... 04
- Between \$1,501 and \$2,000,..... 05
- Between \$2,001 and \$2,500, or..... 06
- Over \$2,500? ..... 07
- REFUSED ..... 97
- DON'T KNOW..... 98

**The next questions are about housing.**

K7. How many times has [CHILD] moved in the last 12 months?

|\_\_\_| TIMES

K8. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

- OWNS OR IS BUYING HOME OR APARTMENT ..... 1
- RENTS (WITHOUT PUBLIC ASSISTANCE) ..... 2
- PUBLIC OR SUBSIDIZED HOUSING ..... 3
- SOME OTHER ARRANGEMENT ..... 4

K9. For each of the following items, please tell me how often each one happened to you during the past three months. (READ ITEM) Would you say *never*, *once*, or *more than once*?

	<u>Never</u>	<u>Once</u>	<u>More than once</u>
a. I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing.....	1	2	3
b. I heard or saw violent crime take place in my neighborhood.....	1	2	3
c. I know someone who was a victim of a violent crime in my neighborhood.....	1	2	3
d. I was a victim of violent crime in my neighborhood. ....	1	2	3
e. I was a victim of violent crime in my home.....	1	2	3
f. I was a victim of domestic violence.....	1	2	3

K10. In the past year, has [CHILD] ever been a witness to a violent crime?

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

K11. In the past year, has [CHILD] ever been a victim of a violent crime?

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

K12. At school this past school year, how often has [CHILD]...

	<u>Never</u>	<u>1-2 times</u>	<u>3+ times</u>
a. been threatened or bullied by other kids. ....	1	2	3
b. been in a physical fight.....	1	2	3
c. had something stolen? .....	1	2	3



**L. HEALTH AND SAFETY PRACTICES**

L1. Now I'm going to ask you about your family's health care needs. Overall, would you say [CHILD]'s health is...

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

L2. Would you say your health in general is ...

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

L3. Does [CHILD] have an illness or condition that requires regular ongoing care?

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

L4. In the last month, how many times has [CHILD] seen a doctor or other medical professional, or visited a clinic or emergency room for an injury?

- NEVER ..... 0
- ONCE ..... 1
- TWICE ..... 2
- THREE OR MORE..... 3
- DON'T KNOW..... 4
- REFUSED ..... 5

L5. Has [CHILD] been seen by a dentist since September?

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

L6. Do you have a place where you usually take [CHILD] for routine medical care such as regular check-ups? Places can include a doctor's office, a clinic or health center, a hospital emergency room, or a hospital outpatient clinic.

- YES ..... 1
- NO..... 2 (GO TO L8)

L7. Where does [CHILD] go for this care? (CIRCLE ONLY ONE.)

- A private doctor ..... 01
- An outpatient clinic ..... 02
- The emergency room at a hospital ..... 03
- Someplace else (SPECIFY) ..... 04

L8. Has a professional screened or tested [CHILD's] hearing or vision since September?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. HEARING.....	1	2	8
b. VISION.....	1	2	8

L9. Has [CHILD] had a health care need for which you could not get services?

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

L10. Do you or anyone else in your household smoke tobacco such as cigarettes or cigars?

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

L11. During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say...

- Less than once a week,..... 1
- 1 or 2 days per week,..... 2
- 3 or 4 days per week,..... 3
- 5 or 6 days per week,..... 4
- Every day, or..... 5
- Never? ..... 6 (GO TO L13)

L12. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks per day did you usually have?

|\_\_| |\_\_| DRINKS PER DAY

L13. Is there (anyone/anyone else) in your household that drinks alcohol?

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

L14. Is there anyone in your household who uses drugs?

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

L15. Please tell me if you follow certain safety practices. Please tell me if it is never, sometimes, often, or always. Do you ...

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. Use a safety seat or seat belt for [CHILD] when in the car? .....	1	2	3	4
b. Keep medicines in childproof bottles and out of children's reach? .....	1	2	3	4
c. Have at least one operating smoke detector in your home with a working battery? .....	1	2	3	4
d. Keep cleaning materials out of reach of children and/or in locked cabinets? .....	1	2	3	4
e. Have a first-aid kit at home?.....	1	2	3	4
f. Keep the poison control center number and other emergency numbers by the telephone?.....	1	2	3	4
g. Supervise [CHILD] when crossing the street or riding tricycles/bicycles near traffic? .....	1	2	3	4
h. Keep matches and cigarette lighters out of [CHILD]'s reach? .....	1	2	3	4
i. Supervise [CHILD] when (he/she) is in the bathtub? .....	1	2	3	4
j. Keep firearms under lock and key? .....	1	2	3	4

(IF THERE ARE NO FIREARMS IN THE HOUSEHOLD, WRITE "NA.")

**M. COMMUNITY SERVICES**

Many types of community services are available for families with young children. Now I'd like to ask about services your family has received.

M1. Since September, have you or anyone in your household received any of the following services?

	<u>YES</u>	<u>NO</u>
a. Income assistance, including welfare, SSI, or unemployment insurance	1	2
b. Food and nutrition assistance, including food stamps or WIC	1	2
c. Help with housing	1	2
d. Help with utilities (water, heat, electric, telephone)	1	2
e. Job training and employment assistance	1	2
f. Alcohol or drug abuse treatment or counseling	1	2
g. Family counseling or mental health services	1	2
h. Help dealing with family violence	1	2
i. Foster care payments	1	2

M2. Did you or anyone in your household need any services that were not received?

YES .....1  
 NO.....2 (GO TO SECTION N)

M3. What were these services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**N. SOCIAL SUPPORT**

N1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family. Please tell me how helpful each of the following have been to you in terms of raising [CHILD] in the past month.

How helpful (have/has) [ITEM] been? Would you say not very helpful, somewhat helpful, or very helpful?	Not very helpful	Some-what helpful, or	Very helpful	NA-Not applicable
a. Your current spouse or partner.....	1	2	3	4
IF RESPONDENT IS CHILD's BIRTH/ ADOPTIVE FATHER, CIRCLE 4 (NA) IN N1b.				
b. [CHILD's] (birth/adoptive) father if different from current spouse or partner ...	1	2	3	4
IF RESPONDENT IS CHILD's BIRTH/ ADOPTIVE MOTHER, CIRCLE 4 (NA) IN N1c.				
c. [CHILD's] (birth/adoptive) mother if different from current spouse or partner ...	1	2	3	4
d. [CHILD's] grandparents.....	1	2	3	4
e. Other relatives .....	1	2	3	4
f. Your friends .....	1	2	3	4
g. Professional help givers like counselors or social workers.....	1	2	3	4
h. Religious or social group member .....	1	2	3	4
i. Is there anyone else who has been helpful? (SPECIFY) .....	1	2	3	4

**O. YOUR FEELINGS**

O1. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time? (CIRCLE ONE RESPONSE FOR EACH ITEM.) (USE RESPONSE CARD.)

	<u>Rarely or Never</u>	<u>Some or a Little</u>	<u>Occa- sionally or Moderate</u>	<u>Most or All</u>
a. Bothered by things that usually don't bother you .....	1	2	3	4
b. You did not feel like eating; your appetite was poor .....	1	2	3	4
c. That you could not shake off the blues, even with help from your family and friends.....	1	2	3	4
d. You had trouble keeping your mind on what you were doing .....	1	2	3	4
e. Depressed .....	1	2	3	4
f. That everything you did was an effort.....	1	2	3	4
g. Fearful .....	1	2	3	4
h. Your sleep was restless .....	1	2	3	4
i. You talked less than usual .....	1	2	3	4
j. Lonely.....	1	2	3	4
k. Sad.....	1	2	3	4
l. You could not get "going" .....	1	2	3	4

**P. GETTING READY FOR NEXT SCHOOL YEAR**

P1. Do you expect [CHILD] to be in the same school this coming fall?

YES .....1 (GO TO SECTION Q)

NO.....2 (GO TO P2)

P2. What is the name of the school [CHILD] will attend next year?

\_\_\_\_\_  
SCHOOL NAME

P3. Where is the school located?

\_\_\_\_\_  
STREET (IF KNOWN)

\_\_\_\_\_  
CITY

Thank you very much for your cooperation.

END TIME: \_\_\_\_\_ AM/PM

**COMPLETE AFTER INTERVIEW IS CONCLUDED.**

**S. CONFIDENCE RATINGS**

S1. Interview Completion Code:

- Respondent terminated interview prematurely ..... 1
- Respondent refused interview ..... 2
- Respondent unable to respond (SPECIFY)..... 3

---

- Interview completed ..... 4

S2. Please rate the following qualities of the respondent, the interviewing situation, and the quality of the data. The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low



## T. OBSERVATION

IN ANSWERING THE FOLLOWING QUESTIONS, PROVIDE YOUR RATING OF THE CHILD'S HOME.

T1. Was interview conducted in child's home?

YES ..... 1 (GO TO T2)  
 NO ..... 2 (STOP – DO NOT  
 ANSWER ADDITIONAL  
 QUESTIONS

T2. Overall, the home is safe, clean, and free of hazards.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

T3. Overall, basic hygiene standards are maintained.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

T4. A variety of learning materials are available.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

NOTE: Examples of learning materials include children's books; toys which teach colors, sizes, and shapes (e.g., shape sorting cubes, pressouts, mailbox, pegboards, etc.); puzzles; record player or tape recorder and records or tapes; toys or games that permit free expression (e.g., clay, play dough, crayons and paper, paint and paper, finger paints and paper, paste and scraps of paper, etc.); toys or games requiring refined movements (e.g., small building materials such as LEGOS, train sets requiring assembly, dolls with clothes that can be put on and taken off, string beads, etc.); and toys or games that help teach numbers (e.g., puzzles with numbers, games, computer games, dominos, playing cards, etc.).

T5. Were any preschool age children present at any time during the interview?

YES ..... 1  
 NO ..... 2 (STOP – DO NOT  
 ANSWER ADDITIONAL  
 QUESTIONS

T6. Overall, the relationship between the parent/primary caregiver and the child(ren) is warm and sensitive.

1	2	3	4
Not at all	Somewhat	Quite a lot	Very much

T7. Overall, the relationship between the parent/primary caregiver and the child(ren) is harsh and hostile.

1	2	3	4
Not at all	Somewhat	Quite a lot	Very much



**If found, return to:**

Westat

1650 Research Boulevard  
Room RB101 – 7433.06.12  
Rockville, MD 20850