

According to Shonkoff (1992), family mental health is one aspect of family health that has important implications for child outcomes, in particular maternal depression. High levels of depression and stress have been found to have a negative influence on parenting (Cooley and Unger, 1991; Richters and Pellegrini, 1989; Simons, Beaman, Conger and Chao, 1993). Specifically, parents who are depressed are less likely to provide emotional support to children and are more likely to engage in harsh disciplinary methods (Puckering, 1989; Richters and Pellegrini, 1989; Moore, et al., 1995b). Depressed mothers have been found to be more critical, less responsive, and less active in their interactions with their preschoolers (McLoyd and Wilson, 1991). In general, maternal depression is associated with a higher frequency of negative parenting behaviors toward children and a lower frequency of positive parenting behaviors. Because maternal depression has such negative and enduring consequences for children, questions N13-N45 obtains information about maternal depression.

Section O – Household Food Sufficiency

Adequate nutrition is critical to physical well-being. This is particularly true in the case of young children. Children have higher metabolic rates than do adults do, and as a consequence they need to consume more calories per point of body weight than do adults. This is because adults just need to maintain their current body weight whereas children must not only maintain current body weight but also must grow. For example, consider the following example presented by Bearer (1995), the average infant consumes six ounces of formula per kilogram of body weight that is reconstituted in boiled tap water. In adult terms, this is the equivalent of consuming approximately 35 cans of soda per day. Because nutritional intake is critical to physical well-being, Section O consists of 16 items that obtain information about the adequacy of the family's food sufficiency, with particular attention being paid to the food intake of the child.

Section P – Community Support

An important aspect of neighborhood quality and resources is community support, which may influence child outcomes through an indirect pathway, for example by supporting parenting practices and parental psychological well-being. Affluent communities are more likely to have a larger number of formal and informal organizations that offer varying types of support. Libraries, for example, often have storytelling circles for toddlers and preschoolers, computer classes for young children, literacy classes for adults. Some school districts offer organized after

school programs for latchkey children. Some churches have extensive community programs accessible to all ages. County centers may offer parent training classes as well as other continuing education programs. Community action groups active in the neighborhood can also be a source of support for residents, for example Neighborhood Watch programs bring residents together to increase neighborhood safety. Neighbors and family friends, too, can provide social support by watching out for each other's well-being and the well-being of each other's children. In addition, the availability of safe places for children to spend recreational time within the neighborhood, at parks, pools, playground and ball fields, is of obvious direct benefit to children as well as to parents by reducing the demands of constant care giving.

Because community support may facilitate parenting, a series of questions will be asked about whether the family has received any services from various community agencies, including job training, education assistance, help with utilities, parent education, mental health services, etc., because of the critical contribution of each to the very basic needs of family well-being.

Section Q – Neighborhood Quality/Safety

The neighborhood can be a source of social support (Bryant, 1985), or it can be an additional source of stress for the individuals in residence. Of most immediate import for child outcomes is the quality of housing: Substandard and public housing are predictors of infant death (Coulton and Pandey, 1992). Substandard housing is often related to the presence of lead paint with its associated negative and enduring impact on learning ability through its action on the central nervous system. As infants grow, they and their caregivers are more likely to venture out into the neighborhood. Neighborhoods differ greatly in the degree of safety for young children. Suburban streets may be overgrown with speed bumps to slow drivers, but urban areas have a high density of motor vehicle traffic and present particular risks for children (Rivara, Bergman and Drake, 1989). Motor vehicle accidents are a leading cause of death for young children.

For some children, the neighborhood can be potentially threatening, with danger from street violence and other forms of victimization. According to Garbarino (Garbarino and Kostelny, 1992), children in poor neighborhoods, and especially those in public housing developments, are likely to witness violent crimes and to be the victim of a violent crime than are children in less poor neighborhoods. Furthermore, residents of such poor neighborhoods are less likely to engage in "reciprocal guardian behavior," in which neighbors look out for each other

and for each other's children (Wilson, 1987; 1991). Parental adaptations to the potential for street violence in poor urban areas include restricting children's movement in the neighborhood and, when outside, staying close to their children (Garbarino and Kostelny, 1992). Some researchers have found that, although the authoritative, autonomy-encouraging style of parenting appears to predict the most positive outcomes in middle-class children, this may not be the optimal parenting style for families living in poverty, especially in urban areas. In a poor, urban environment, a more authoritarian style of parenting may be more adaptive because of the threatening and chaotic conditions that can exist in the neighborhood (Dubrow and Garbarino, 1989).

To control for housing quality, the primary caregiver will be questioned about the quality of and satisfaction with current housing and perceptions of neighborhood quality, as well as the extent of the social network, as reflected in questions about friends and relatives who live in the neighborhood. To control for residential stability, the primary caregiver will be questioned about duration of residency in the current neighborhood.

These questions will be asked at the 18-month interview because it is at this time that the toddler is gaining increased mobility, walking around the home, and perhaps mouthing lead paint chips. In addition, the increased mobility and social awareness of the 18-month-old toddler makes excursions through the neighborhood more easily realized, thus potentially exposing the toddler to street crimes and leading to adaptations in parental care giving behaviors.

Section R – Parenting Behavior and Attitudes

One important aspect of parenting styles is warmth, physical affection, and emotional supportiveness. One of the most consistent findings in child development research is that parental warmth exhibited in the first few years of life is one of the strongest predictors of positive developmental outcomes. Furthermore, it has been found that supportive parenting is associated with positive outcomes for children, even in the presence of extreme socioeconomic disadvantage (Marsiglio, 1995; Sampson and Laub, 1994).

Affectionate behavior by parents is associated with several positive outcomes for toddlers, including a secure child-mother attachment relationship (Ainsworth, Blehar, Waters, and Wall, 1978). Warm, affectionate behavior towards a child may also make the parent a more powerful model for young children. Studies of prosocial development have indicated that children are more likely to try to imitate the behavior of a model who has exhibited warm,

nurturing behavior than models showing more matter-of-fact behavior (Eisenberg and Mussen, 1989; Radke-Yarrow, Zahn-Waxler, and Chapman, 1983).

Sensitivity and responsiveness to toddlers' signals is also associated with positive outcomes for children. Responsiveness has been found to be important for establishing secure child-parent attachment relationships (e.g., Ainsworth et al., 1978; Belsky and Isabella, 1988; Egeland and Farber, 1984; Smith and Pederson, 1988), the development of emotion regulation (Tronick, 1989), mastery motivation (Harter, 1983), and literacy development (Baydar, Brooks-Gunn, and Furstenberg, 1993; van Aken and Riksen-Walraven, 1992).

Negative parenting practices are associated with poor outcomes for children in both the cognitive and social domains. Such negative practices include harsh discipline, high levels of control, ridicule, teasing, and extreme nonresponsiveness. Although not well studied among young children, such negative parenting practices may interfere with the establishment and maintenance of secure infant-parent attachment relationships (Bowlby, 1988) and with the development of perceived competence and mastery motivation (Harter, 1978).

Section R includes several questions about child-rearing practices that were adapted from the Block (1965) Child Rearing Practices Report (CRPR). Originally a 91-item, self-report Q-Sort developed to evaluate attitudes and practices of parents toward child-rearing, the CRPR includes child-rearing practices from four general domains: (1) the expression and regulation of positive and negative emotions; (2) how parents convey parental authority and use specific forms of discipline; (3) parental ideals and goals for the child's accomplishments and aspirations; and (4) parental values about the child's developing autonomy, independence and self-identity. A shortened version consists of 29 items that are scored on a 6-point Likert scale (ranging from 1 = "not at all descriptive of me" to 6 = "highly descriptive of me"). The shortened version is designed to assess child-rearing patterns and is divided into two subscales: (1) authoritarian parenting, which involved the frequent use of physical punishment, verbal reprimands, prohibitions, etc; and (2) authoritative parenting, which assesses emphasis on inductive methods, reasoning with the child, appreciation of the child's accomplishments, the fostering of individuality of the child, and encouragement of open communication between parent and child. Internal consistencies for the subscales are reported as .65 for the authoritarian parenting dimension and .71 for the authoritative parenting dimension. Twelve items (Item R5) were selected for inclusion in ECLS-B, 5 assessing authoritarian control, 4 items assessing authoritative parenting, and 3 items that assess adherence to rules.

Section S – Social Support

A supportive social network can mitigate stressful life events, the stresses of daily living, and the stresses of parenting. Support for parenting is an aspect of marital quality that has been found to affect the quality of parenting provided to the child, as well as affecting the child's security of attachment (Belsky and Isabella, 1988; Goldberg and Easterbrook, 1984; Isabella and Belsky, 1985). Marital conflict, on the other hand, is associated with child behavioral problems and emotional disturbances, problems with interpersonal interactions and poor academic performance as reflected in poor grades and teacher reports. And, the greater the frequency of marital conflicts, the more difficulties children have (Cummings and Davies, 1994).

More generally, the more social support the primary caregiver has, the more likely the child is to form a secure infant-mother attachment (Crockenberg, 1981). In addition, among black families, mothers with a larger support network were found to be more responsive in interaction with their infants and provided more stimulation than mothers with smaller social networks (Burchinal, Follmer, and Bryant, 1996). On the other hand, among unemployed mothers, lack of social support is related to increased depressive symptomatology (Hall, Williams and Greenberg, 1985). In addition, the child's grandparents may play a significant role in providing social support to the child (Jendrek, 1994). This support can be extensive, as in the case of a custodial relationship in which the grandparent is the child's legal guardian or living with the child's family as part of an extended family. The grandparent may also be the major provider of day care while the child's primary caregivers work during the day.

Because the social support network of the family is so important for child outcomes, the primary caregiver will be asked a small set of questions about sources of support when faced with emotional problems, financial problems, parenting problems, and in cases of emergency.

Section T – Family Routines

Family routines provide a predictable structure to a child's day. Routines and the regularity of family life have been found to play an important role in educational and behavioral outcomes among school-age children (Maccoby and Minookin, 1992). Family routines, for example, may provide family members with a source of stability and predictability that is a

helpful support during periods of stressful transitions (Boyce, Jensen, Sherman and Peacock, 1983).

Children benefit from routines in several ways. Families with predictable routines such as regular meals and bedtimes, were more likely to show interest and participating in preschools among low-income black children enrolled in Head Start (Keltner, 1990). Routines may also be associated with relatively stable conditions within a family and may increase the child's ability to predict daily routines. Stability has also been found to be associated with secure infant-mother attachment and the maintenance of security across time (Vaughn, Egeland, Sroufe and Waters, 1979). In addition, the work of Nelson (K. Nelson, 1978), suggests that routine daily activities form the basis of event representations which, she claims, become the basic building blocks of cognitive growth. Event representations of predictable routine daily activities, therefore, are the foundation for the later developing symbolic representation in Nelson's theory of event knowledge. The predictability of routine daily events may also be related to the development of future oriented processes such as intentionality, expectation, goal setting, and planning (Haith, Benson, Roberts and Pennington, 1994).

Routines that may be important for toddlers and young children are regular routines for meals and snacks, and regularity in afternoon nap and evening bedtimes. These predictable routines may be especially helpful for infants with temperamental difficulty adapting to changes in routines. To examine the contribution of predictable family daily routines to children's later cognitive competence. Section T asks the primary caregiver a set of questions about the child's daily mealtime and bedtime routines, including the timing of the meal, who is present, how often the family eats together, and what activities comprise the bedtime routine. These questions are included at 18 months in order to capture the increased participation of the child in these routine activities.

Section U – Biological Father's Information

With a few exceptions, the role of fathers has been generally acknowledged as being important but has also been ignored by child development researchers in the past. In particular, there has been little attention to low SES fathers and to fathers who do not reside in the same household as the child. There is new and growing interest, however, in understanding the roles that fathers play in the lives of children. According to Lamb (1986), fathers contribute to their children's development in three ways. One is by engaging in mutual interactions with the child.

Another is by simply being accessible to the child. The third is by accepting responsibility for the care of the child. The questions in Section U are designed to obtain basic information about the accessibility of the father in terms of whether he lives in the same household as the child, how long he has lived (or did live) in the household and, if not in residence, how far away he does live. Information about accessibility is also obtained in questions that ask about the frequency and extent of visits that the father makes to the child. The father's ability to accept responsibility for caring for the child and maintaining the child's well-being would be affected by the father's employment status collected in Section E. The extent of the father's actual responsibility for the child's care is assessed in a series of questions that ask whether the father is involved in caring for the child and whether the father has legally agreed to provide child support and, if so, what the financial arrangement is.

Section V – Welfare and Other Public Assistance

Receipt of public assistance has been proposed for measurement at both the 9- and 18-month time points, because it reflects a serious level of poverty and the status of receipt may change over time. For many children, poverty is not a persistent fact of life but a temporary event—one out of every three children experiences poverty for a single year (Duncan, 1991). In analyzing patterns of poverty among children under age four for the subsequent 15 years, Duncan and Rodgers (1988) found that black children lived in poverty for an average of 5.5 years, while nonblack children lived in poverty 0.9 years on average. The duration of poverty has been found to have a powerful effect on both cognitive development and behavior among children under age 5 (Duncan, Brooks-Gunn, and Klebanov, 1994; Moore, Morrison, Coiro, and Blumenthal, 1994).

Poverty and welfare receipt are higher among families with young children (National Center for Children in Poverty, 1996). Receipt of AFDC benefits, particularly if receipt is long-term, reflects a high level of economic deprivation and generally low human capital on the part of the mother (Bane and Ellwood, 1983; Driscoll and Moore, 1996; Zill et al., 1991). McLloyd and Wilson (1991) found that poor single mothers were substantially more likely to be depressed and to provide a nonstimulating environment to their children, ages 10 to 17. Children of welfare families demonstrate poorer outcomes across a variety of domains compared to more advantaged children (Moore, Krysan, Nord, and Peterson, 1991). On the other hand, net of AFDC status and income, receipt of associated benefits such as food stamps, WIC, and Medicaid should have positive implications for children's physical health and development.

Section W – Household Income

Family income, net of parent education and employment, affects the family's material standard of living, neighborhood and housing quality, opportunities for stimulating recreation and cultural experiences, and the stress and psychological well-being of the parents. Because of its wide ranging implications and its potential variability across time, measurement of household income has been proposed for each time point from 6 months to 24 months.

There are many ways in which parental income level may affect the attainments, health, and behavior of children (Children's Defense Fund, 1994; Duncan and Brooks-Gunn, 1997; Hill and Sandfort, 1995; Huston, 1991; Korbin, 1992). Family income can affect children because money can be used to buy things that promote optimal growth and development. For instance, money can purchase food and health care for adequate nutrition and positive health outcomes. Money may provide resources such as books, toys, and musical instruments that stimulate cognitive development. Money also makes it more likely that families can purchase high quality childcare. Lack of resources to purchase toys or good quality child care may mean that low-income children do not have as many stimulating experiences as do children in more affluent families.

Parents themselves may be influenced by low income, such that their lives are more stressful, conflictual, and unpredictable (Conger and Elder, 1994; McLoyd, 1990). Economic instability is also associated with marital conflict, which may have a negative influence on children's experiences (Gordon, Osborne, and Conger, 1997). Parents' emotional health may be compromised, resulting in more depressive, irritable, or volatile moods. Stressful lives and less positive emotional health may themselves influence the day-to-day interactions between parents and children. So, for example, low-income parents may exhibit more inconsistent or harsh behavior with their children, or they may be less emotionally available for their children.

On the other hand, some argue against the causal role of income (Mayer, 1997). Indeed as often the case for measures of family background, there is substantial selectivity into being low income (Driscoll and Moore, 1996), and risk factors tend to co-occur. However, a substantial body of research suggests that poverty has both short and long-term effects on children's development, particularly deep and sustained poverty (Duncan and Brooks-Gunn, 1997). In addition, income volatility has been found to impair children's development and adjustment to school. Duncan (1991) found that many households with children under age 5

experience extreme ups and downs in the amount of money available to the family, especially as a result of divorce or remarriage. Fluctuations into and out of poverty have been shown to be associated with poorer home learning environment, lower reading and math scores, and greater behavior problems in children (Moore, Morrison, Zaslow, and Gleib, 1994).

Selection of Items for Parent Interview

Emphasis was placed on selecting questionnaire items that have been used in previous or ongoing national studies. There is relatively heavy representation of items chosen from the Kindergarten Cohort of ECLS in order to allow for a comparison between the two cohorts. Further, items from the National Household Education Survey (NHES) were also selected where appropriate in order to conduct comparisons across different national probability samples at different ages of the children. Finally, in some cases items were selected from the Early Head Start National Study (6-month and 14-month interviews) because they more closely fit the age group of the families and target children in ECLS-B. Many items in ECLS-K and NHES are appropriate for toddlers and preschoolers but not for infants.

18-month Parent Instrument

**18-MONTH PARENT INTERVIEW
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Sources for Items in the 18-Month Parent Interview

CENSUS – Census 2000
CIDI – Composite International Diagnostic Interview
CPS – Current Population Survey
CRPR – Child Rearing Practices Report
CTS – Combat Tactics Scale from National Surveys of Family Violence
DAS – Dyadic Adjustment Scale
ECLS-K – Early Childhood Longitudinal Study–Kindergarten Cohort
EHS – Early Head Start Study
FACES – Family and Child Experiences Study (Head Start study)
FF – Fragile Families
GSS – General Social Survey
HOME – Home Observation for Measurement of the Environment
JOBS – JOBS Study (Job Opportunity & Basic Skills training program)
KIDI – Knowledge of Infant Development Inventory
M-CDI (MacArthur-CDI) – MacArthur Communicative Development Inventories
MN-CDI – Minnesota Child Development Inventories
MTF – Monitoring the Future
NECRS – Neighborhood Environment for Children Rating Scales
NEILS – National Early Intervention Longitudinal Study
NHES – National Household Education Survey
NHIS – National Health Interview Survey
NHSDA – National Household Survey on Drug Abuse
NICHD – National Institute of Child Health and Human Development
NLSY – National Longitudinal Survey of Youth
NMES – National Medical Expenditure Survey
NMIHS – National Maternal and Infant Health Survey
NSC – National Survey of Children
NSFH – National Survey of Families and Households
OSEP – Office of Special Education Programs
PSID – Panel Survey of Income Dynamics
PSID-CDS – Panel Survey of Income Dynamics-Child Development Supplement
SECC – NICHD Study of Early Child Care
SNOW – Catherine Snow
SPPA – Survey of Public Participation in the Arts
SSSII – Social Support Scale II
USDA – US Department of Agriculture, Food & Consumer Service

18-MONTH PARENT INSTRUMENT

SECTION A - INTRODUCTION

A1. Introduction

FACES

Hello, my name is (NAME) and I am from Westat. We are part of the research team that is conducting the Early Childhood Longitudinal Survey Birth Cohort 2000, which is sponsored by the National Center for Education Statistics and other U.S. government agencies with responsibility for the health, education, and well-being of the nation's children. You may remember that someone from the research team talked to (you/'98 RESPONDENT), when your (baby/babies), (CHILD) (and (TWIN)), (was/were) about 9 months old.

As part of this same study, we would like to again interview you. The study will help us learn more about how the early experiences of babies affect their learning and development. Now I have some questions for you that ask about (CHILD)'s (and (TWIN))'s more recent experiences.

The information you provide will be kept completely confidential and private as required by law.

A1. I have recorded (CHILD's FIRST, MIDDLE, and LAST NAME) as (CHILD)'s full name. Is this
ECKLS-K correct?

ALSO VERIFY SPELLING.
MAKE CORRECTIONS TO NAME BELOW.
IF NO MIDDLE NAME, ENTER "NMN."

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

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

[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 (TWIN). 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.]

18-MONTH PARENT INSTRUMENT

SECTION B - UPDATE HOUSEHOLD COMPOSITION

B1. 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.

ECLS-K

PROBE: Does (NAME) still live in this household?

YES	1
NO	2
DON'T KNOW	98 (GO TO B4)
REFUSED	99 (GO TO B4)

IF ANY HOUSEHOLD MEMBERS WERE FLAGGED FOR DELETION FROM THE HOUSEHOLD ROSTER (B1), GO TO B2. ASK ABOUT EVERY FORMER HOUSEHOLD MEMBER WHO HAS MOVED OUT. GO TO B3 AFTER ALL FORMER HOUSEHOLD MEMBERS HAVE BEEN ACCOUNTED FOR IN B2.

B2. Why is (NAME) no longer living in household?

ECLS-K

SEPARATION OR DIVORCE	1
ATTEND COLLEGE OR BOARDING SCHOOL	2
LIVING ELSEWHERE FOR EMPLOYMENT-RELATED REASONS	3
DECEASED	4
OTHER, SPECIFY	91
DON'T KNOW	98
REFUSED	99

B3. Please tell me the names and ages of all the other people who have joined your household since (TIME FRAME). Please do not include someone staying here temporarily who usually lives somewhere else.

ECLS-K

PROBE: Anyone else (living in this household)? People join households as a result of marriage, a marriage-like partner, a relative or boarder moving in.

FIRST NAME

NO ONE NEW	1 (GO TO B7)
DON'T KNOW	98 (GO TO B7)
REFUSED	99 (GO TO B7)

B4. ENTER LAST NAME OF (NAME).

ECLS-K

LAST NAME

DON'T KNOW 98

REFUSED 99

B5. How old is (NAME)?

ECLS-K

____|____|____|
AGE

DON'T KNOW 98

REFUSED 99

B6. IF NOT OBVIOUS ASK: (Are you/Is (NAME)) male or female?

ECLS-K

MALE 1

FEMALE 2

DON'T KNOW 98

REFUSED 99

B7. 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?

ECLS-K

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

IF B3 = 1 (NO ONE NEW) AND B7 = 2 (NO ONE ELSE), GO TO B19. IF B7 = 1 (MISSED SOMEONE IN HOUSEHOLD), RETURN TO MATRIX. ELSE, ASK B8 FOR EACH NEW HOUSEHOLD MEMBER.
--

B8. What is (NAME)'s relationship to (CHILD)?

ECLS-K

MOTHER/FEMALE GUARDIAN	1	(GO TO B9)
FATHER/MALE GUARDIAN	2	(GO TO B10)
SISTER	3	(GO TO B11)
BROTHER.....	4	(GO TO B12)
GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.....	5	} (GO TO B14)
BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.....	6	
GRANDMOTHER	7	
GRANDFATHER	8	
AUNT	9	
UNCLE	10	
COUSIN	11	} (GO TO B13)
OTHER RELATIVE.....	12	
OTHER NONRELATIVE	13	
DON'T KNOW	98	(GO TO B14)
REFUSED	99	(GO TO B14)

B9. (Are you/Is (NAME)) (CHILD)'s? . . .

ECLS-K

Birth mother,.....	1
Adoptive mother, ...	2
Stepmother, or.....	3
Foster mother or female guardian?	4
DON'T KNOW	98
REFUSED	99

B10. Is (NAME) (CHILD)'s? . . .

ECLS-K

Birth father.....	1
Adoptive father	2
Step father, or.....	3
Foster father or male guardian?	4
DON'T KNOW	98
REFUSED	99

B11. Is (NAME) (CHILD)'s? . . .

ECLS-K

Full sister.....	1
Half sister	2
Step sister	3
Adoptive sister, or.....	4
Foster sister?.....	5
DON'T KNOW	98
REFUSED	99

B12. Is (NAME) (CHILD)'s? . . .

ECLS-K

Full brother	1
Half brother.....	2
Step brother.....	3
Adoptive brother, or	4
Foster brother?	5
DON'T KNOW	98
REFUSED	99

B13. CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

ECLS-K

GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.....	1
BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.....	2
FEMALE GUARDIAN.....	3
MALE GUARDIAN.....	4
DAUGHTER/SON OF (CHILD)'S PARENT'S PARTNER	5
OTHER RELATIVE OF (CHILD)'S PARENT'S PARTNER	6
OTHER NON-RELATIVE (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

B14. Is (NAME) of Spanish, Hispanic, or Latino origin?

CENSUS

YES.....	1	(GO TO B15)
NO.....	2	(GO TO B16)
DON'T KNOW	98	(GO TO B16)
REFUSED	99	(GO TO B16)

B15. {Are you/Is {NAME}}... CODE ALL THAT APPLY

CENSUS

Mexican, Mexican American, Chicano,...	1
Puerto Rican,.....	2
Cuban, or.....	3
Another Spanish/Hispanic/Latino group?	91
SPECIFY	
DON'T KNOW	98
REFUSED	99

B16. What is {your/{NAME} 's} race? CODE ALL THAT APPLY

CENSUS

WHITE.....	1
BLACK, AFRICAN AMERICAN, OR NEGRO	2
AMERICAN INDIAN OR ALASKA NATIVE	3
SPECIFY	
ASIAN INDIAN.....	4
CHINESE	5
FILIPINO	6
JAPANESE.....	7
KOREAN	8
VIETNAMESE	9
OTHER ASIAN	10
SPECIFY	
NATIVE HAWAIIAN	11
GUAMANIAN OR CHAMORRO	12
SAMOAN.....	13
OTHER PACIFIC ISLANDER.....	14
SPECIFY	
ANOTHER RACE	91
SPECIFY	
DON'T KNOW	98
REFUSED	99

B17. Did (NAME) join your household as a result of marriage, birth, adoption, or some other reason?

NEW

MARRIAGE	1
BIRTH	2
ADOPTION.....	3
CHANGE IN CUSTODY	4
ROOMMATE/BOARDER	5
NEW ROMANTIC RELATIONSHIP	6
OTHER.....	91
SPECIFY	
DON'T KNOW	98
REFUSED	99

B18. Do you have a spouse or partner living in this household?

ECLS-K

YES	1	(GO TO B19)
NO	2	(GO TO BOX AFTER B19)
DON'T KNOW	98	(GO TO BOX AFTER B19)
REFUSED.....	99	(GO TO BOX AFTER B19)

B19. Who in the household is your spouse or partner?

ECLS-K

[SELECT NAME FROM ROSTER. IF NAME NOT LISTED, RETURN TO B3.]

IF ANY RELATIONSHIP IN 9 MONTH INTERVIEW WAS PARTNER FOR CHILD'S PARENT/GUARDIAN, ASK B20. ELSE, GO TO SECTION C.
--

B20. Do any of the adults in the household have a different relationship to (CHILD) than they had at
ECLS-K (TIME FRAME), for example because of a marriage or legal adoption?

YES..... 1 (GO TO B21)
NO..... 2 (GO TO SECTION C)
DON'T KNOW 98 (GO TO SECTION C)
REFUSED 99 (GO TO SECTION C)

B21. What is (NAME)'s relationship to (CHILD)?
ECLS-K

ADOPTIVE MOTHER 1
STEP MOTHER..... 2
ADOPTIVE FATHER 3
STEP FATHER..... 4
ADOPTIVE SISTER..... 5
STEP SISTER 6
ADOPTIVE BROTHER 7
STEP BROTHER..... 8
GIRLFRIEND OR PARTNER OF
(CHILD)'S PARENT/GUARDIAN..... 9
BOYFRIEND OR PARTNER OF
(CHILD)'S PARENT/GUARDIAN..... 10
GRANDMOTHER 11
GRANDFATHER 12
AUNT 13
UNCLE 14
COUSIN 15
OTHER RELATIVE..... 16
OTHER NONRELATIVE 17
DON'T KNOW 98
REFUSED 99

**18-MONTH PARENT INSTRUMENT
SECTION C - CHILD'S DEVELOPMENT**

Developmental Milestones

Let's talk about (CHILD). In this study we are interested in learning what kinds of things toddlers can do at different ages. I'd like you to think back to when (CHILD) was able to do various things and tell me how old (he/she) was when (he/she) first started to do these things.

C1. How old was (he/she) when (he/she) took (his/her) first steps without support?

MN-CDI

|__|__| MONTHS

NOT YET 95
DON'T KNOW 98
REFUSED 99

C2. How old was (CHILD) when (he/she) started saying (his/her) first words?

MN-CDI

|__|__| MONTHS

NOT YET 95
DON'T KNOW 98
REFUSED 99

C3. How old was (CHILD) when (he/she) started playing with other children?

MN-CDI

|__|__| MONTHS

NOT YET 95
DON'T KNOW 98
REFUSED 99

C4. How old was (CHILD) when (he/she) started feeding (him/her)self?

MN-CDI

|__|__| MONTHS

NOT YET 95
DON'T KNOW 98
REFUSED 99

Early Communication

C5. Toddlers can do many things at different ages and we would like to find out what (CHILD) can do. I am going to read you some statements and I'd like you to tell me if (CHILD) can do these things or cannot do them.

[Does (CHILD)]		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a.	Imitate sounds that you make	1	2	98	99
b.	Understand phrases such as "NoNo" or "All gone".....	1	2	98	99
c.	Shake (his/her) head to express "No"	1	2	98	99
d.	Hand something to you when (he/she) is asked	1	2	98	99
e.	Ask for food or drink with sounds or words	1	2	98	99
f.	Make sounds in sequences that sound like sentences	1	2	98	99
g.	Follow a few simple instructions	1	2	98	99
h.	Understand what "off" and "on" mean and follow directions using these words	1	2	98	99
i.	Understand the meaning of at least three words for locations of things, such as "in, on, under, beside".....	1	2	98	99
j.	Follow two-part instructions, for example, "Go to your room and bring me"	1	2	98	99

IF C2 = NOT YET, GO TO C7. ELSE, ASK C5k-o.

k.	Call you "Mama" or "Dada" or a similar name	1	2	98	99
l.	Say two words besides "Mama" or "Dada"	1	2	98	99
m.	Use 5 or more words as names of things	1	2	98	99
n.	Name a few familiar objects in picture books	1	2	98	99
o.	Refer to (his/her) things as "my" or "mine"	1	2	98	99

First Words

C6. Now, I'd like to find out what words (CHILD) can say. I'll say a word and you tell me whether (CHILD) can say it. If your family uses another word to mean the same thing I say, such as "Nanna" for "Grandma," then tell me if (CHILD) can say that word. You don't need to tell me the word (CHILD) says. (If (CHILD) speaks another language, tell me if (he/she) can say the word that means what I say in English.)

M-CDI

		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a.	Daddy	1	2	98	99
b.	Mommy	1	2	98	99
c.	Bye	1	2	98	99
d.	Hi	1	2	98	99
e.	Uh-oh	1	2	98	99
f.	Dog	1	2	98	99
g.	No	1	2	98	99
h.	Ball	1	2	98	99
i.	Baby	1	2	98	99
j.	Book	1	2	98	99
k.	Woof	1	2	98	99
l.	Shoe	1	2	98	99
m.	Kitty	1	2	98	99
n.	Bird	1	2	98	99
o.	Eye	1	2	98	99
p.	Balloon	1	2	98	99
q.	Night-night	1	2	98	99
r.	Bottle	1	2	98	99
s.	Banana (nana)	1	2	98	99
t.	Juice	1	2	98	99
u.	Moo	1	2	98	99
v.	Cookie	1	2	98	99
w.	Ouch	1	2	98	99
x.	Bah-bah	1	2	98	99
y.	Duck	1	2	98	99
z.	Car	1	2	98	99
aa.	Yum-yum	1	2	98	99
bb.	Grrr	1	2	98	99
cc.	Bath	1	2	98	99
dd.	Peek-a-boo	1	2	98	99
ee.	Vroom	1	2	98	99
ff.	Keys	1	2	98	99
gg.	Up	1	2	98	99
hh.	Cracker	1	2	98	99
ii.	Apple	1	2	98	99
jj.	Clown	1	2	98	99
kk.	Ear	1	2	98	99
ll.	Cheese	1	2	98	99
mm.	Sock	1	2	98	99
nn.	Grandma	1	2	98	99
oo.	Grandpa	1	2	98	99
pp.	Bubbles	1	2	98	99
qq.	Truck	1	2	98	99
rr.	Hat	1	2	98	99
ss.	Cat	1	2	98	99
tt.	Owie	1	2	98	99
uu.	Fish	1	2	98	99
vv.	Thank-you	1	2	98	99
ww.	Boat	1	2	98	99

C7. Sometimes toddlers use actions or movements that let you know what they want. I'll say a list of actions and you tell me if (CHILD) can not yet do it, sometimes does it, or does it a lot. Does (CHILD) ...

	NOT YET	SOME- TIMES	OFTEN	DON'T KNOW	REFUSED
a. Smack (his/her) lips "yum yum" if something tasted good.....	1	2	3	98	99
b. Blow kisses.....	1	2	3	98	99
c. Put (his/her) finger in front of (his/her) lips to mean "hush".....	1	2	3	98	99
d. Shrug "all gone" or "I don't know".....	1	2	3	98	99
e. Point with (his/her) arm and index finger extended at some interesting object or event.....	1	2	3	98	99

Leave-taking and Reunions

Now I'm going to ask you about when you leave (CHILD) with someone other than (his/her) (mother/father) for more than an hour. Sometimes this may be when you bring (CHILD) to childcare but sometimes it may be when you just need to do an errand and ask someone in the household, or a neighbor, to watch (CHILD) while you are gone. I'm going to read some items and after each, please tell me how often (CHILD) does these things. You should tell me if you never leave (CHILD) for more than an hour.

CHECK HERE ____ IF RESPONDENT SAYS SHE NEVER LEAVES HER CHILD WITH SOMEONE OTHER THAN HERSELF OR THE FATHER FOR MORE THAN AN HOUR, AND GO TO SECTION D.

C8. When you introduce the person who will watch (CHILD), how often does (he/she) ...

SECC

PROBE: This could also include when you drop off (CHILD) at a sitter's place or childcare...

a. Greet the sitter enthusiastically? Would you say...

SHOW
CARD
C

Never.....	1
Rarely.....	2
Sometimes.....	3
Always.....	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

C9. While you are still there, how often does (CHILD) ...

SECC

a. Cling to you or stay right next to you?

Never.....	1
Rarely.....	2
Sometimes.....	3
Always.....	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

C10. While you are leaving, how often does (CHILD)?
SECC

a. Misbehave (hit, have tantrum, yell)?

Never	1
Rarely	2
Sometimes.....	3
Always	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

b. Say goodbye in some way?

Never	1
Rarely	2
Sometimes.....	3
Always	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

c. Ignore you?

Never	1
Rarely	2
Sometimes.....	3
Always	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

C11. When you return how often does (CHILD)?
SECC

a. Greet you as soon as possible?

Never	1
Rarely	2
Sometimes.....	3
Always	4
NOT APPLICABLE.....	97
REFUSED.....	98
DON'T KNOW.....	99

- b. Misbehave?
PROBE: By misbehave I mean hitting, biting, throwing things.
- | | |
|----------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Always | 4 |
| NOT APPLICABLE | 97 |
| REFUSED | 98 |
| DON'T KNOW | 99 |
- c. Try to stay in physical contact with you?
- | | |
|----------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Always | 4 |
| NOT APPLICABLE | 97 |
| REFUSED | 98 |
| DON'T KNOW | 99 |
- d. Ignore or avoid you?
- | | |
|----------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Always | 4 |
| NOT APPLICABLE | 97 |
| REFUSED | 98 |
| DON'T KNOW | 99 |
- e. Cooperate in dressing to go home or to leave?
- | | |
|----------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Always | 4 |
| NOT APPLICABLE | 97 |
| REFUSED | 98 |
| DON'T KNOW | 99 |

C12. When the sitter leaves or when you and (CHILD) leave the sitter, how often does (CHILD) ...
SECC

- a. Say goodbye to the sitter, such as by smiling or waving?
- | | |
|----------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Always | 4 |
| NOT APPLICABLE | 97 |
| REFUSED | 98 |
| DON'T KNOW | 99 |

18-MONTH PARENT INSTRUMENT

SECTION D - UPDATE MOTHER'S EDUCATION, EMPLOYMENT, AND INCOME

D1. Now I would like to ask you some questions about your background. First, what is your birth date?
NHES

 MONTH DAY YEAR

DON'T KNOW 9998
 REFUSED 9999

D2. In what country were you born?
NHES

UNITED STATES (50 STATES OR DC) 1 (GO TO D5)
 U.S. TERRITORIES: PUERTO RICO, GUAM,
 AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
 MARIANA ISLANDS, OR SOLOMON ISLANDS 2 (GO TO D5)
 (SPECIFY) _____
 SOME OTHER COUNTRY 3 (GO TO D3)
 (SPECIFY) _____
 DON'T KNOW 98 (GO TO D3)
 REFUSED 99 (GO TO D3)

D3. How old were you when you first moved to the (United States/50 states/District of Columbia)?
NHES

AGE

DON'T KNOW 98
 REFUSED 99

D4. Are you a citizen of the United States?
CENSUS

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

D5. From what countries or parts of the world did your ancestors come? (CODE UP TO THREE.)

GSS/
SPPA

- | | | |
|----------------------------------|------------------------------------|----------------------------|
| 1. AFRICA | 15. FRANCE | 31. PORTUGAL |
| 2. AMERICA (AMERICAN INDIAN) | 16. GERMANY | 32. PUERTO RICO |
| 3. AMERICA (NOT AMERICAN INDIAN) | 17. GREECE | 33. ROMANIA |
| 4. AUSTRIA | 18. HUNGARY | 34. RUSSIA |
| 5. BELGIUM | 19. INDIA | 35. SCOTLAND |
| 6. CANADA | 20. IRELAND | 36. SPAIN |
| 7. CHINA | 21. ITALY | 37. SWEDEN |
| 8. CUBA | 22. JAMAICA | 38. SWITZERLAND |
| 9. CZECH REPUBLIC/
SLOVAKIA | 23. JAPAN | 39. TAIWAN |
| 10. DENMARK | 24. KOREA | 40. THAILAND |
| 11. DOMINICAN REPUBLIC | 25. LITHUANIA | 41. VIETNAM |
| 12. EL SALVADOR | 26. MEXICO | 42. YUGOSLAVIA |
| 13. ENGLAND/WALES | 27. NETHERLANDS
(DUTCH/HOLLAND) | 91. OTHER
SPECIFY _____ |
| 14. FINLAND | 28. NORWAY | |
| | 29. PHILIPPINES | |
| | 30. POLAND | |

Now I have a few questions about your current education and job training.

D6. Since our last interview, that is since (TIME FRAME), have you completed any additional grades of school or received any diplomas or degrees?

ECLS-K

PROBE: [IF NECESSARY, SAY: Again, any information you can provide will be helpful.]

- | | |
|------------------|---------------|
| YES | 1 (GO TO D7) |
| NO | 2 (GO TO D8) |
| DON'T KNOW | 98 (GO TO D8) |
| REFUSED | 99 (GO TO D8) |

D7. What grade, diploma or degree was that?

ECLS-K

1 ST GRADE	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE	4
5 TH GRADE	5
6 TH GRADE	6
7 TH GRADE	7
8 TH GRADE	8
9 TH GRADE	9
10 TH GRADE	10
11TH GRADE	11
12TH GRADE BUT NO DIPLOMA	12
HIGH SCHOOL DIPLOMA	13
GED	14
VOC/TECH PROGRAM AFTER GRADUATING FROM HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	15
VOC/TECH PROGRAM AFTER GRADUATING FROM HIGH SCHOOL	16
SOME COLLEGE BUT NO DEGREE	17
ASSOCIATE'S DEGREE	18
BACHELOR'S DEGREE.....	19
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	20
MASTER'S DEGREE (MA, MS).....	21
DOCTORATE DEGREE (PHD, EDD)	22
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	23
DON'T KNOW	98
REFUSED	99

D8. Are you currently attending or enrolled in any courses from a school, college, or university?

ECLS-K

YES	1 (GO TO D9)
NO	2 (GO TO D10)
DON'T KNOW	98 (GO TO D10)
REFUSED	99 (GO TO D10))

D9. Are you currently taking courses full-time or part-time?

ECLS-K

FULL-TIME	1
PART-TIME	2
DON'T KNOW	98
REFUSED	99

D10. Are you currently participating in a job-training or on-the-job-training program?

ECLS-K

YES..... 1 (GO TO D11)
NO..... 2 (GO TO D12)
DON'T KNOW 98 (GO TO D12)
REFUSED 99 (GO TO D12)

D11. About how many hours a week do you spend in that program?

ECLS-K

HOURS PER WEEK

DON'T KNOW 98
REFUSED 99

D12. During the past week, did you work at a job or business for pay?

ECLS-K

[IF RESPONDENT IS SELF-EMPLOYED, CODE AS YES (1).]

YES..... 1 (GO TO D14)
NO..... 2 (GO TO D13)
DON'T KNOW 98 (GO TO D13)
REFUSED 99 (GO TO D13)

D13. Were you on leave or vacation from a job or business?

ECLS-K

YES..... 1 (GO TO D19)
NO..... 2 (GO TO D14)
DON'T KNOW 98 (GO TO D14)
REFUSED 99 (GO TO D14)

D14. Have you been actively looking for work in the past 4 weeks?

ECLS-K

YES..... 1 (GO TO D15)
NO..... 2 (GO TO D16)
DON'T KNOW 98 (GO TO D16)
REFUSED 99 (GO TO D16)

D15. What have you been doing in the past 4 weeks to find work? CODE ALL THAT APPLY.
ECLS-K

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	7
SPECIFY	
DON'T KNOW	98
REFUSED	99

IF D15 = 1-5, GO TO D17. ELSE, GO TO D16.

D16. What were you doing most of last week? Would you say ...
ECLS-K

Keeping house or caring for children, ...	1
Going to school, ...	2
Retired, ...	3
Unable to work, or	4
Something else?	7
SPECIFY	
DON'T KNOW	98
REFUSED	99

GO TO D18.

D17. Could you have taken a job last week if one had been offered?
ECLS-K

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

D18. Are you planning to go to work at a job for pay within the next 12 months?
NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

IF D12 = 2 (NOT CURRENTLY WORKING) AND D13 = 2 (NOT ON LEAVE/VACATION), GO TO SECTION E. ELSE, GO TO D19.

D19. How many jobs do you have now?

ECLS-K

NUMBER OF JOBS

DON'T KNOW 98
REFUSED 99

D20. About how many total hours per week do you usually work for pay (counting all jobs)?
ECLS-K [IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.]

NUMBER OF WEEKLY HOURS

DON'T KNOW 98
REFUSED 99

D21. Which of the following best describes the hours you usually work (at your main job)?

CPS

A regular daytime shift, ... 1
A regular evening shift, ... 2
A regular night shift, ... 3
A rotating shift – one that changes
periodically from days to evenings
or night, ... 4
A split shift – one consisting of two
distinct periods each day, or 5
Some other schedule 91
SPECIFY _____
DON'T KNOW 98
REFUSED 99

D22. As part of your (main) job, do you do any of your work at home?

CPS

PROBE: This means you have a formal arrangement with your employer to work at home, not just taking work home from the job.

YES 1
NO 2
SELF-EMPLOYED 3
DON'T KNOW 98
REFUSED 99

D23. (Counting all jobs) about how much do you earn before taxes and other deductions?
NHES

\$ _____ AMOUNT _____ UNITS

- | | |
|-----------------------------------|----|
| PER HOUR | 1 |
| PER DAY | 2 |
| PER WEEK | 3 |
| PER BI-WEEKLY (EVERY 2 WEEKS) ... | 4 |
| PER MONTH | 5 |
| PER YEAR | 6 |
| OTHER..... | 91 |
| SPECIFY _____ | |
| DON'T KNOW | 98 |
| REFUSED | 99 |

D24. Are you eligible for the following benefits through (any of) your current job(s)? How about ...

YES NO DON'T KNOW REFUSED

- | | | | | |
|--|---|---|----|----|
| a. Medical or hospital insurance? | 1 | 2 | 98 | 99 |
| b. Sick leave with full pay? | 1 | 2 | 98 | 99 |
| c. Vacation with full pay? | 1 | 2 | 98 | 99 |
| d. Pension plan or retirement program, such as a 401K plan? .. | 1 | 2 | 98 | 99 |
| e. Child care assistance? | 1 | 2 | 98 | 99 |
| f. Flexible hours or flex-time? | 1 | 2 | 98 | 99 |
| g. A dental plan? | 1 | 2 | 98 | 99 |
| h. Employer-provided transportation? | 1 | 2 | 98 | 99 |
| i. Tuition reimbursement or training classes? | 1 | 2 | 98 | 99 |

IF PARENT WAS EMPLOYED AT 9-MONTH INTERVIEW, GO TO D25.
ELSE GO TO D26.

D25. During our last interview in (TIME FRAME), you reported that you were working for (EMPLOYER). Are you still working for them?

- | | | |
|-----------------|----|-------------|
| YES..... | 1 | (GO TO D28) |
| NO..... | 2 | (GO TO D26) |
| DON'T KNOW..... | 98 | (GO TO D26) |
| REFUSED..... | 99 | (GO TO D26) |

D26. For whom do you work?
ECLS-K

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.

NAME OF COMPANY _____

DON'T KNOW 98
REFUSED 99

D27. What kind of business or industry is this?
ECLS-K PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

DON'T KNOW 98
REFUSED 99

IF PARENT WAS EMPLOYED AT 9-MONTH INTERVIEW, GO TO D28. ELSE GO TO D29.
--

D28. Is it the same job with (EMPLOYER) you had in (TIME FRAME)? [CONFIRM JOB TITLE
NEW AND DUTIES INFORMATION FROM 9-MONTH INTERVIEW.]

YES 1 (GO TO SECTION E)
NO 2 (GO TO D29)
DON'T KNOW 98 (GO TO D29)
REFUSED 99 (GO TO D29)

D29. What kind of work are you now doing?
ECLS-K PROBE: What is your job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

DON'T KNOW 98
REFUSED 99

D30. What are your most important activities or duties at this job? What do you actually do at this
ECLS-K job?
PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

DON'T KNOW 98
REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION E - UPDATE RESIDENT FATHER'S EDUCATION, EMPLOYMENT, AND INCOME

IF A SPOUSE OR PARTNER IS LIVING IN THE HOUSEHOLD, CONTINUE. ELSE GO TO SECTION F.

Now I have a few questions about (SPOUSE/PARTNER)'s current education and job training.

IF SPOUSE/PARTNER WAS IDENTIFIED AS CHILD'S BIOLOGICAL FATHER AND WAS LIVING IN THE HOUSEHOLD AT 9-MONTH INTERVIEW, ASK E1. ELSE GO TO E2.

E1. Since our last interview, that is since (TIME FRAME), has (SPOUSE/PARTNER) completed any additional grades of school or received any diplomas or degrees?

ECLS-K

PROBE: [IF NECESSARY, SAY: Again, any information you can provide will be helpful.]

YES 1 (GO TO E2)
NO 2 (GO TO E3)
DON'T KNOW 98 (GO TO E3)
REFUSED 99 (GO TO E3)

E2. What is the highest grade or year of school that (SPOUSE/PARTNER) has completed?/What
ECLS-K grade, diploma or degree was that?

1ST GRADE.....	1
2 ND GRADE.....	2
3 RD GRADE.....	3
4 TH GRADE.....	4
5 TH GRADE.....	5
6 TH GRADE.....	6
7 TH GRADE.....	7
8 TH GRADE.....	8
9 TH GRADE.....	9
10 TH GRADE.....	10
11TH GRADE.....	11
12TH GRADE BUT NO DIPLOMA.....	12
HIGH SCHOOL DIPLOMA.....	13
GED.....	14
VOC/TECH PROGRAM AFTER GRADUATING FROM HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	15
VOC/TECH PROGRAM AFTER GRADUATING FROM HIGH SCHOOL.....	16
SOME COLLEGE BUT NO DEGREE.....	17
ASSOCIATE'S DEGREE.....	18
BACHELOR'S DEGREE.....	19
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	20
MASTER'S DEGREE (MA, MS).....	21
DOCTORATE DEGREE (PHD, EDD).....	22
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	23
DON'T KNOW.....	98
REFUSED.....	99

E3. Is (SPOUSE/PARTNER) now attending or enrolled in any courses from a school, college, or
ECLS-K university?

YES.....	1 (GO TO E4)
NO.....	2 (GO TO E5)
DON'T KNOW.....	98 (GO TO E5)
REFUSED.....	99 (GO TO E5)

E4. Is he currently taking courses full-time or part-time?

ECLS-K

FULL-TIME.....	1
PART-TIME.....	2
DON'T KNOW.....	98
REFUSED.....	99

E5. Is (SPOUSE/PARTNER) currently participating in a job-training or on-the-job-training program?
ECLS-K

YES..... 1 (GO TO E6)
NO..... 2 (GO TO E7)
DON'T KNOW 98 (GO TO E7)
REFUSED 99 (GO TO E7)

E6. About how many hours a week does he spend in that program?
ECLS-K

HOURS PER WEEK

DON'T KNOW 98
REFUSED 99

E7. During the past week, did (SPOUSE/PARTNER) work at a job or business for pay?
ECLS-K [IF SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES (1).]

YES..... 1 (GO TO E9)
NO..... 2 (GO TO E8)
DON'T KNOW 98 (GO TO E8)
REFUSED 99 (GO TO E8)

E8. Was he on leave or vacation from a job or business?
ECLS-K

YES..... 1 (GO TO E9)
NO..... 2 (GO TO E21)
DON'T KNOW 98 (GO TO E21)
REFUSED 99 (GO TO E21)

E9. How many jobs does (SPOUSE/PARTNER) have now?
ECLS-K

NUMBER OF JOBS

DON'T KNOW 98
REFUSED 99

E10. About how many total hours per week does (SPOUSE/PARTNER) usually work for pay (counting all jobs)?
ECLS-K [IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.]

NUMBER OF WEEKLY HOURS

DON'T KNOW 98
REFUSED 99

E11. (Counting all jobs) about how much does (SPOUSE/PARTNER) earn before taxes and other
NHES deductions?

\$, .
AMOUNT UNITS

PER HOUR 1
PER DAY 2
PER WEEK 3
PER BI-WEEKLY (EVERY 2 WEEKS) ... 4
PER MONTH 5
PER YEAR 6
OTHER 91
SPECIFY
DON'T KNOW 98
REFUSED 99

E12. Is (SPOUSE/PARTNER) eligible for the following benefits through (any of) his current job(s)? How
EHS about ...

	YES	NO	DON'T KNOW	REFUSED
a. Medical or hospital insurance?	1	2	98	99
b. Sick leave with full pay?	1	2	98	99
c. Vacation with full pay?	1	2	98	99
d. Pension plan or retirement program, such as a 401K plan?..	1	2	98	99
e. Child care assistance?	1	2	98	99
f. Flexible hours or flex-time?	1	2	98	99
g. A dental plan?.....	1	2	98	99
h. Employer-provided transportation?	1	2	98	99
i. Tuition reimbursement or training classes?	1	2	98	99

E13. Which of the following best describes the hours (SPOUSE/PARTNER) usually works (at his main
CPS job)?

A regular daytime shift, ... 1
A regular evening shift, ... 2
A regular night shift, ... 3
A rotating shift – one that changes
periodically from days to evenings
or night, ... 4
A split shift – one consisting of two
distinct periods each day, or 5
Some other schedule 91
SPECIFY
DON'T KNOW 98
REFUSED 99

E14. As part of his (main) job, does (SPOUSE/PARTNER) do any of his work at home?
CPS

PROBE: This means he has a formal arrangement with his employer to work at home, not just taking work home from the job.

YES	1
NO	2
SELF-EMPLOYED	3
DON'T KNOW	98
REFUSED	99

IF SPOUSE/PARTNER WAS IDENTIFIED AS CHILD'S BIOLOGICAL FATHER AT THE 9-MONTH INTERVIEW AND WAS EMPLOYED AT 9-MONTH INTERVIEW, GO TO E15. ELSE GO TO E16.

E15. During our last interview in (TIME FRAME), you reported that (SPOUSE/PARTNER) was
NEW working for (EMPLOYER). Is he still working for them?

YES	1	(GO TO BOX BEFORE E18)
NO	2	(GO TO E16)
DON'T KNOW	98	(GO TO E16)
REFUSED	99	(GO TO E16)

E16. For whom does (SPOUSE/PARTNER) work?
ECLS-K

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.

NAME OF COMPANY _____

DON'T KNOW	98
REFUSED	99

E17. What kind of business or industry is this?
ECLS-K PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

DON'T KNOW	98
REFUSED	99

IF SPOUSE/PARTNER WAS IDENTIFIED AS CHILD'S BIOLOGICAL FATHER AT THE 9-MONTH INTERVIEW AND WAS EMPLOYED AT 9-MONTH INTERVIEW, GO TO E18. ELSE GO TO E19.

E18. Does he have same job with (EMPLOYER) he had in (TIME FRAME)? [CONFIRM JOB
NEW TITLE AND DUTIES INFORMATION FROM 9-MONTH INTERVIEW.]

YES..... 1 (GO TO SECTION F)
NO..... 2 (GO TO E19)
DON'T KNOW 98 (GO TO E19)

E19. What kind of work is (SPOUSE/PARTNER) now doing?
ECLS-K

PROBE: What is his job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

DON'T KNOW 98
REFUSED 99

E20. What are his most important activities or duties at this job? What does he actually do at this
ECLS-K job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

DON'T KNOW 98
REFUSED 99

GO TO SECTION F.

E21. Has (SPOUSE/PARTNER) been actively looking for work in the past 4 weeks?
ECLS-K

YES..... 1 (GO TO E22)
NO..... 2 (GO TO E23)
DON'T KNOW 98 (GO TO E23)
REFUSED 99 (GO TO E23)

E22. What has (SPOUSE/PARTNER) been doing in the past 4 weeks to find work? CODE ALL THAT
ECLS-K APPLY.

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 7
SPECIFY _____
DON'T KNOW 98
REFUSED 99

IF E22 = 1-5, GO TO E24. ELSE, GO TO E23.

E23. What was (SPOUSE/PARTNER) doing most of last week? Would you say ...

ECLS-K

Keeping house or caring for children, ...	1
Going to school, ...	2
Retired, ...	3
Unable to work, or	4
Something else? (SPECIFY)	7

DON'T KNOW 98

REFUSED 99

GO TO E25.

E24. Could he have taken a job last week if one had been offered?

ECLS-K

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

E25. Is he planning to go to work at a job for pay within the next 12 months?

NEW

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION F - HOME EDUCATIONAL ACTIVITIES AND ENVIRONMENT

The next questions are about reading you do at home.

- F1. With the exception of children's books or books required for work or school, did you read any books in the last 12 months?
SPPA

PROBE: The books could be in a language other than English.

YES..... 1 (GO TO F2)
NO..... 2 (GO TO F3)
DON'T KNOW 98 (GO TO F3)
REFUSED 99 (GO TO F3)

- F2. About how many books did you read during the past 12 months?
MTF

NUMBER OF BOOKS

DON'T KNOW 998
REFUSED 999

- F3. How often do you read a newspaper? Would it be . . .
NHES

Almost every day, ... 1
At least once a week, ... 2
At least once a month, or 3
Hardly ever? 4
DON'T KNOW 98
REFUSED 99

Now I'd like you to think about the kinds of toys and books (CHILD) has.

- F4. Some people think it's a good idea to have toys around that are a little advanced for a child. Others think this isn't a good idea—that children should only be given toys that they are ready for. What do you think?
EHS

GIVE THEM MORE ADVANCED TOY... 1
HOLD TOY BACK UNTIL READY..... 2
DON'T KNOW 98
REFUSED 99

F5. About how many children's books are available to (CHILD)? Would you say ...
 NLSY/
 HOME

None, ...	1
1 or 2 books, ...	2
3 to 9 books, or	3
10 or more books?	4
DON'T KNOW	98
REFUSED	99

F6. How often do you (or another adult in the household) get a chance to read stories to or look at picture books with (CHILD)? Would you say ...
 NLSY/
 HOME

Never, ...	1
Several times a year, ...	2
Several times a month, ...	3
Once a week, ...	4
About 3 times a week, or	5
Every day?	6
DON'T KNOW	98
REFUSED	99

F7. About how many, if any, cuddly, soft or role-playing toys, like a doll, does (CHILD) have?
 NLSY/ PROBE: These toys may be shared with a brother or sister. Give your best estimate.
 HOME

<u> </u> <u> </u> <u> </u> <u> </u>	
NUMBER OF TOYS	
DON'T KNOW	98
REFUSED	99

F8. About how many, if any, push or pull toys does (CHILD) have?
 NLSY/ PROBE: These toys may be shared with a brother or sister. Give your best estimate.
 HOME

<u> </u> <u> </u> <u> </u> <u> </u>	
NUMBER OF TOYS	
DON'T KNOW	98
REFUSED	99

Now I have a few questions about your daily activities with (CHILD).

F9. Children seem to demand attention when their parents are busy, doing chores around the home for example. How often do you talk to (CHILD) while you are working at home? Would you say. . .

Never, ...	1
Rarely, ...	2
Sometimes, ...	3
Often, or	4
Always?	5
DON'T KNOW	98
REFUSED	99

F10. On average, about how many hours a day does (CHILD) watch television or videos in your household each weekday, that is, Monday through Friday?

NUMBER OF HOURS (GO TO F11)

DON'T HAVE A TV	95	(GO TO F12)
DON'T KNOW	98	(GO TO F12)
REFUSED	99	(GO TO F12)

F11. How about on weekends? How many hours a day of television or videos does (CHILD) watch then?

NUMBER OF HOURS

DON'T KNOW	98
REFUSED	99

F12. In the past month, how often did you (or another adult in the household) do the following things with (CHILD)? Was it more than once a day, about once a day, a few times a week, a few times a month, or rarely? How often do you...

PROBE: Rarely is once a month or less.

SHOW
CARD
F12

	MORE THAN ONCE A DAY	ABOUT ONCE A DAY	A FEW TIMES A WEEK	A FEW TIMES A MONTH	RARELY	NOT AT ALL	DON'T KNOW	REFUSED
a. Play peek-a-boo with (CHILD)?	1	2	3	4	5	6	98	99
b. Sing songs or nursery rhymes with (CHILD)?	1	2	3	4	5	6	98	98
c. Play chasing games?	1	2	3	4	5	6	98	98
d. Take (CHILD) outside for a walk or to play in the yard, a park, or playground?	1	2	3	4	5	6	98	98
e. Take (CHILD) with you to visit friends or relatives?	1	2	3	4	5	6	98	98
f. Tell stories to (him/her)?	1	2	3	4	5	6	98	99
g. Go to a restaurant or out to eat with (CHILD)?	1	2	3	4	5	6	98	99
h. Go to a public place like a zoo or museum with (CHILD)?	1	2	3	4	5	6	98	99
i. Take (CHILD) shopping or on errands with you?	1	2	3	4	5	6	98	99

F13. Is there a computer in this household?

CPS

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

F14. Now I'm going to ask you about certain practices. Do you...

FACES/

EHS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>	<u>NA</u>
a. Always use a car seat or seat belt for (CHILD) when in the car?	1	2	98	99	97
b. Keep medicines in childproof bottles and out of children's reach?	1	2	98	99	97
c. Have at least one operating smoke detector in your home with a working battery?	1	2	98	99	97
d. Keep cleaning materials out of reach of children and/or in locked cabinets?	1	2	98	99	97
e. Have a first-aid kit at home?	1	2	98	99	97
f. Keep the poison control center number and other emergency numbers by the telephone?	1	2	98	99	97
g. Always keep matches and cigarette lighters out of (CHILD)'s reach?	1	2	98	99	97
h. Always supervise (CHILD) when (he/she) is in the bathtub? ...	1	2	98	99	97
i. Have covers on all your electrical outlets that don't have plugs in them?	1	2	98	99	97
j. Use gates for the top of the stairs or use something so (CHILD) stays off them?	1	2	98	99	97
k. Use guards or gates for your windows?	1	2	98	99	97
l. Keep all guns in a locked cabinet?	1	2	98	99	97
m. Always place (CHILD) in the back seat when traveling in the car?	1	2	98	99	97

18-MONTH PARENT INSTRUMENT

SECTION G - EXPECTATIONS FOR CHILD DEVELOPMENT

CAPI INSTRUCTION: DO NOT ALLOW DON'T KNOW AT G1 AND G2.

This next set of questions asks about how you think most young children act, how they grow, and how to care for them.

Please answer each of the following questions based on young children in general. Do not answer about (CHILD) and how (he/she) acts. Think about what you know about young children you have had contact with or anything you have read.

G1. First, for each statement I read, please tell me whether, for most young children, you agree or disagree with the statement, or are not sure.
KID/EHS

		<u>AGREE</u>	<u>DISAGREE</u>	<u>NOT SURE</u>	<u>REFUSED</u>
a.	All infants need the same amount of sleep	1	2	3	99
b.	A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family.....	1	2	3	99
c.	A child thinks he is speaking correctly even when he says words and sentences in an unusual or different way, like "I goed to town" or "What the dollie have?"	1	2	3	99
d.	Children learn all of their language by copying what they have heard adults say	1	2	3	99

G2.
KIDI/EHS



Now, the next statements that I read are about the age at which young children can do something. If you think the age is about right, say you agree. If you don't agree, please tell me if you think an older or younger child can do it. If you aren't sure of the age, just tell me you aren't sure.

CODE "DON'T KNOW" RESPONSE AS 'NOT SURE.'

		<u>AGREE</u>	<u>OLDER</u>	<u>YOUNGER</u>	<u>NOT SURE</u>	<u>REFUSED</u>
a.	A one-year-old knows right from wrong	1	2	3	4	99
b.	A baby will begin to respond to her name at 10 months	1	2	3	4	99
c.	Most infants are ready to be toilet trained by one year of age	1	2	3	4	99
d.	An baby of 12 months can remember toys he has watched being hidden	1	2	3	4	99
e.	One-year-olds often cooperate and share when they play together	1	2	3	4	99
f.	A baby is about 7 months old before she can reach for and grab things	1	2	3	4	99
g.	A baby usually says its first real word at six months of age	1	2	3	4	99

G3.
ECLS-K

Even though it may be a long way off, how far in school do you expect (CHILD) to go? Would you say you expect (him/her) . . .

a.	To receive less than a high school diploma, ...	1
b.	To graduate from high school, ...	2
c.	To attend two or more years of college, ...	3
d.	To finish a 4- or 5-year college degree, ...	4
e.	To earn a master's degree or equivalent, or	5
f.	To finish a Ph.D., M.D., or other advanced degree?	6
g.	DON'T KNOW	98
h.	REFUSED	99

18-MONTH PARENT INTERVIEW

SECTION H – MARRIAGES AND PARTNER RELATIONSHIPS

IF MOTHER HAS MARRIED OR IS LIVING WITH A PARTNER SINCE 9-MONTH INTERVIEW, GO TO H1. IF MOTHER HAS BECOME WIDOWED SINCE 9-MONTH INTERVIEW, GO TO H3. IF MOTHER HAS BECOME DIVORCED OR SEPARATED SINCE 9-MONTH INTERVIEW, GO TO H4. ELSE, GO TO BOX BEFORE H6.

H1. When did you first start living with (NAME OF CURRENT SPOUSE/ PARTNER)?

ECLS-K

____|____| ____|____|____|____|
MONTH YEAR

DON'T KNOW 9998

REFUSED 9999

IF CURRENTLY MARRIED, ASK H2. ELSE, GO TO BOX BEFORE H6.

H2. When did you marry (NAME OF CURRENT SPOUSE)?

ECLS-K

____|____| ____|____|____|____|
MONTH YEAR

DON'T KNOW 9998

REFUSED 9999

GO TO BOX BEFORE H6.

H3. When did (CHILD)'s biological father pass away?

NEW

____|____| ____|____|____|____|
MONTH YEAR

DON'T KNOW 9998

REFUSED 9999

GO TO SECTION I.

H4. When did you stop living with (CHILD)'s biological father?

ECLS-K

 MONTH YEAR

DON'T KNOW 9998

REFUSED 9999

ASK H5 ONLY IF DIVORCED FROM THE BIOLOGICAL FATHER. ELSE, GO TO BOX AFTER H5.

H5. What month and year did your marriage to (CHILD)'s biological father legally end in divorce?

NEW

 MONTH YEAR

DON'T KNOW 9998

REFUSED 9999

ASK H6 IF CURRENTLY MARRIED OR LIVING TOGETHER. ELSE, GO TO SECTION I.

H6. Now, some questions about your (marriage/relationship) with (NAME OF CURRENT SPOUSE/ PARTNER). Would you say that your (marriage/relationship) is...

NSC

Very happy, ... 1

Fairly happy, or 2

Not too happy? 3

DON'T KNOW 98

REFUSED 99

H7. About how often do you and (NAME OF CURRENT SPOUSE/PARTNER) do the following things? Would you say almost every day, once or twice a week, once or twice a month, or less often?

NSC/DAS

	Almost every day	Once or twice a week	Once or twice a month	Less often	DON'T KNOW	REFUSED
a. Talk to each other about your day?.....	1	2	3	4	98	99
b. Laugh together?	1	2	3	4	98	99
c. Calmly discuss something?	1	2	3	4	98	99
d. Work together on a project?	1	2	3	4	98	99
e. Talk about things that interest you both?.....	1	2	3	4	98	99

H8. Couples deal with serious disagreements in different ways. When you have a serious
FF disagreement with your (husband/partner), how often do you:

	<u>Often</u>	<u>Some- times</u>	<u>Hardly Ever</u>	<u>Never</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Just keep your opinions to yourself?	1	2	3	4	98	99
b. Discuss your disagreements calmly?	1	2	3	4	98	99
c. Argue heatedly or shout at each other?	1	2	3	4	98	99
d. End up hitting or throwing things at each other?	1	2	3	4	98	99
e. Reach a compromise?	1	2	3	4	98	99
f. Criticize each other?	1	2	3	4	98	99

H9. Some people are afraid that their spouse or partner will hit them if they argue with (him/her) or
CTS do something (he/she) doesn't like. How much would you say you are afraid of this? Would
you say...

Not at all, ...	1
A little, ...	2
Quite a bit, or	3
Very afraid?	4
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION I-L - CHILD CARE ARRANGEMENTS

Next, I'd like to talk to you about all child care (CHILD) now receives on a regular basis from someone other than (you/(his/her) (parents/guardians)). This does not include occasional baby-sitting or backup care providers.

IF CURRENTLY ASKING ABOUT (TWIN), ASK I1.
ELSE, GO TO I2.

I1. Does (TWIN) currently have the same child care arrangements as (CHILD)?

ECLS-K

YES 1 (GO TO SECTION M)
NO 2 (GO TO I2)
DON'T KNOW 98 (GO TO I2)
REFUSED 99 (GO TO I2)

Relative Care

I2. Is (CHILD) now receiving care from a relative on a regular basis? This may include grandparents, brothers and sisters, or any relatives other than (you/(CHILD)'s (parents/guardians)).

ECLS-K

YES 1 (GO TO I4)
NO 2 (GO TO I3)
DON'T KNOW 98 (GO TO I3)
REFUSED 99 (GO TO I3)

I3. Has (CHILD) ever received care from a relative on a regular basis?

ECLS-K

YES 1 (GO TO I4)
NO 2 (GO TO J1)
DON'T KNOW 98 (GO TO J1)
REFUSED 99 (GO TO J1)

I4. How old was (CHILD) in months when (he/she) first received care from any relative on a regular basis?

ECLS-K

____ OR ____
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

I5. (Not including your current arrangement,) how many past arrangements has (CHILD) had with a relative on a regular basis?

NEW

PROBE: Include any arrangements (CHILD) had at our last interview in (TIME FRAME).

____ NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK I6 IF RESPONDENT HAS CURRENT RELATIVE ARRANGEMENT. ELSE, GO TO J1.

I6. How many different regular care arrangements do you currently have with relatives for (CHILD)?
ECLS-K

ONE	1
TWO.....	2
THREE	3
FOUR.....	4
DON'T KNOW	98
REFUSED	99

I7. (Let's talk about the relative who provides the most care for (CHILD) now.) Is that relative (CHILD)'s...
ECLS-K

Grandparent	1
Aunt.....	2
Uncle.....	3
Brother	4
Sister, or.....	5
Another relative?	91
SPECIFY _____	
DON'T KNOW	98
REFUSED	99

I8. Is the care provided by ((CHILD)'s (RELATIVE)/ that relative) in your home or another home?
ECLS-K

OWN HOME	1	(GO TO I9)
OTHER HOME	2	(GO TO I10)
BOTH/VARIES	3	(GO TO I9)
DON'T KNOW	98	(GO TO I9)
REFUSED	99	(GO TO I9)

I9. Does (RELATIVE) who cares for (CHILD) live in your household?
NEW

YES	1
NO.....	2
DON'T KNOW	98
REFUSED	99

I10. Is the care that (CHILD) receives from [(his/her) RELATIVE/that relative] regularly scheduled at least once each week?
ECLS-K

YES	1	(GO TO I11)
NO.....	2	(GO TO J1)
DON'T KNOW	98	(GO TO J1)
REFUSED	99	(GO TO J1)

I11. During those times in the day when (CHILD) is in (RELATIVE)'s care, how long does it take
NHES you to get there from where you usually are? Would you say...

Less than 10 minutes, ... 1
10 to 20 minutes, ... 2
20 to 30 minutes, or 3
More than 30 minutes? 4
DON'T KNOW 98
REFUSED 99

I12. Who usually brings the child to (RELATIVE)'s home?
NICHD

MOTHER 1
FATHER 2
RELATIVE 3
SITTER 4
FRIEND 5
OTHER 91
SPECIFY
DON'T KNOW 98
REFUSED 99

I13. Who usually picks up the child from (RELATIVE)'s home?
NICHD

MOTHER 1
FATHER 2
RELATIVE 3
SITTER 4
FRIEND 5
OTHER 91
SPECIFY
DON'T KNOW 98
REFUSED 99

I14. How many days each week does (CHILD) receive care from ((his/her) (RELATIVE)/that
ECLS-K relative)?

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

I15. How many hours each week does (CHILD) receive care from ((his/her) (RELATIVE)/that
ECLS-K relative)?

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

- I16. How many children are usually cared for together, in the same group at the same time, by
ECLS-K ((CHILD)'s (RELATIVE)/that relative), counting (CHILD)?

NUMBER OF CHILDREN

DON'T KNOW 98
REFUSED 99

- I17. How many adults usually care for (CHILD) at the same time (at your home/at ((his/her)
ECLS-K (RELATIVE)'s/that relative's) home)?

NUMBER OF ADULTS

DON'T KNOW 98
REFUSED 99

IF I5 = 0 (NO PAST ARRANGEMENTS), GO TO I19.
ELSE, ASK TO K18.

- I18. How old was (CHILD) in months when this particular regular care arrangement with ((his/her)
NHES (RELATIVE)/that relative) began?
[(CHILD) WAS ____ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY RELATIVE.]

____ OR ____
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

- I19. What language does [(CHILD)'s (RELATIVE)/that relative] speak most when caring for (CHILD)?
NHES

ENGLISH	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH.....	12
FRENCH	4	VIETNAMESE	13
GERMAN	5	SOME OTHER LANGUAGE	
GREEK.....	6	(SPECIFY)	91
ITALIAN.....	7	DON'T KNOW	98
JAPANESE.....	8	REFUSED	99

- I20. Is there any charge or fee for the care (CHILD) receives from [(his/her)(RELATIVE)/that relative],
ECLS-K paid either by you or someone else? Does (RELATIVE) charge a fee for caring for (CHILD)?

YES..... 1 (GO TO I21)
NO..... 2 (GO TO I25)
DON'T KNOW 98 (GO TO I25)
REFUSED 99 (GO TO I25)

I21. Do any of the following people or organizations help to pay for [(CHILD)'s RELATIVE/that relative] to care for (him/her)? How about . . .

YES NO DK R

- | | | | | | |
|----|--|---|---|----|----|
| a. | A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care? | 1 | 2 | 98 | 99 |
| b. | A social service or welfare agency? | 1 | 2 | 98 | 99 |
| c. | An employer? | 1 | 2 | 98 | 99 |
| d. | Someone else? (SPECIFY) | 1 | 2 | 98 | 99 |

I22. How much does your household pay [(CHILD)'s RELATIVE/that relative] to care for (CHILD)?

ECLS-K

\$_____, _____ . ____
AMOUNT UNITS

- | | |
|-----------------------|----|
| PER HOUR | 1 |
| PER DAY | 2 |
| PER WEEK | 3 |
| PER MONTH | 4 |
| PER YEAR | 5 |
| OTHER (SPECIFY) | 91 |
| <hr/> | |
| DON'T KNOW | 98 |
| REFUSED | 99 |

ASK I23 IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE
HOUSEHOLD. ELSE, GO TO I25.

I23. Is this amount for (CHILD) only or does it include other children in your household?

ECLS-K

- | | | |
|--------------------------|----|-------------|
| CHILD ONLY | 1 | (GO TO I25) |
| CHILD AND OTHER(S) | 2 | (GO TO I24) |
| DON'T KNOW | 98 | (GO TO I24) |
| REFUSED | 99 | (GO TO I24) |

124. How many children is this amount for, including (CHILD)?

ECLS-K

NUMBER

- DON'T KNOW 98
REFUSED 99

125. Now I'm going to ask you about (CHILD)'s experience in this care. Please let me know whether
 FACES never, sometimes, often, or always best describes (CHILD)'s experience.

	<u>NEVER</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	<u>ALWAYS</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. (CHILD) gets lots of individual attention.....	1	2	3	4	98	99
b. (CHILD)'s caregiver is open to new information and learning	1	2	3	4	98	99

126. As part of this study, we will also be interviewing the care providers of the children in the study. We
 NEW would like to talk to (CHILD)'s (RELATIVE) about (CHILD). Will you give your written permission
 for us to contact (CHILD)'s (RELATIVE)?

YES..... 1 (GO TO I27)
 NO..... 2 (GO TO J1)
 DON'T KNOW 98 (GO TO J1)
 REFUSED 99 (GO TO J1)

127. What is (CHILD)'s (RELATIVE)'s name, address, and telephone number?

NEW

NAME _____
 ADDRESS _____
 PHONE _____

128. Would you help us by mentioning to (CHILD)'s (RELATIVE) that someone from the study will be
 NEW contacting (him/her) in the next day or two?

YES..... 1
 NO..... 2
 DON'T KNOW 98
 REFUSED 99

Non-Relative Care

J1. 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 from someone who is not related to (him/her)? This includes home child care providers, regular sitters, or neighbors.

ECLS-K

YES 1 (GO TO J3)
NO 2 (GO TO J2)
DON'T KNOW 98 (GO TO J2)
REFUSED 99 (GO TO J2)

J2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

ECLS-K

YES 1 (GO TO J3)
NO 2 (GO TO K1)
DON'T KNOW 98 (GO TO K1)
REFUSED 99 (GO TO K1)

J3. How old was (CHILD) in months when (he/she) first received regular care in a private home from any nonrelative?

ECLS-K

OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

J4. (Not including your current arrangements,) how many past arrangements has (CHILD) had with a nonrelative on a regular basis?

NEW

PROBE: Include any arrangements (CHILD) had at our last interview in (TIME FRAME).

NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK J5 IF RESPONDENT HAS CURRENT NONRELATIVE ARRANGEMENT. ELSE, GO TO K1.
--

J5. How many different regular care arrangements do you currently have with nonrelatives for (CHILD)?

ECLS-K

ONE 1
TWO 2
THREE 3
FOUR 4
DON'T KNOW 98
REFUSED 99

J6. (Let's talk about the nonrelative who provides the most care for (CHILD).) Is that care provided in
ECLS-K your home or another home?

OWN HOME..... 1 (GO TO J7)
OTHER HOME 2 (GO TO J8)
BOTH/VARIES 3 (GO TO J7)
DON'T KNOW 98 (GO TO J7)
REFUSED 99 (GO TO J7)

J7. Does this person who cares for (CHILD) live in your household?
NHES

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

J8. Is the care that (CHILD) receives from that person regularly scheduled at least once each
ECLS-K week?

YES..... 1 (GO TO J9)
NO..... 2 (GO TO K1)
DON'T KNOW 98 (GO TO K1)
REFUSED 99 (GO TO K1)

J9. During those times in the day when (CHILD) is in care at that person's home, how long does it take
NHES you to get there from where you usually are? Would you say...

Less than 10 minutes,..... 1
10 to 20 minutes, ... 2
20 to 30 minutes, or 3
More than 30 minutes? 4
DON'T KNOW 98
REFUSED 99

J10. Who usually brings the child to that person's home?
NICHHD

MOTHER..... 1
FATHER..... 2
RELATIVE 3
SITTER 4
FRIEND 5
OTHER..... 91
SPECIFY.....
DON'T KNOW 98
REFUSED 99

J11. Who usually picks up the child from that person's home?

NICHD

MOTHER..... 1
FATHER..... 2
RELATIVE..... 3
SITTER..... 4
FRIEND..... 5
OTHER..... 91
SPECIFY.....
DON'T KNOW..... 98
REFUSED..... 99

J12. How many days each week does (CHILD) receive care from that person?

ECLS-K

NUMBER OF DAYS

DON'T KNOW..... 98
REFUSED..... 99

J13. How many hours each week does (CHILD) receive care from that person?

ECLS-K

NUMBER OF HOURS

DON'T KNOW..... 98
REFUSED..... 99

J14. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)?

ECLS-K

NUMBER OF CHILDREN

DON'T KNOW..... 98
REFUSED..... 99

J15. How many adults usually care for (CHILD) at the same time (at (your/that) home)?

ECLS-K

NUMBER OF ADULTS

DON'T KNOW..... 98
REFUSED..... 99

IF J4 = 0 (NO PAST ARRANGEMENTS), GO TO J17.
ELSE, ASK TO J16.

J16. How old was (CHILD) in months when this particular care arrangement began?
 NHES [(CHILD) WAS ____ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY NONRELATIVE.]

____|____| OR ____|____|
 MONTHS WEEKS

DON'T KNOW 98
 REFUSED 99

J17. How did you learn about this person as a care provider for (CHILD)?
 NHES [CODE ALL THAT APPLY.]

FRIENDS/NEIGHBORS/RELATIVES/COWORKERS 1
 PLACE OF EMPLOYMENT 2
 PUBLIC OR PRIVATE SCHOOL 3
 CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 4
 WELFARE OR SOCIAL SERVICE CASEWORKERS 5
 NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES 6
 RESOURCE AND REFERRAL (R&R) AGENCY 7
 R ALREADY KNEW PROVIDER 8
 PROVIDER CARED FOR ANOTHER CHILD OF R'S 9
 REFERENCE MATERIALS 10
 PUBLIC BULLETIN BOARDS/FLYERS 11
 OTHER 91
 SPECIFY _____
 DON'T KNOW 98
 REFUSED 99

J18. What language does (CHILD)'s care provider speak most when caring for (CHILD)?
 NHES

ENGLISH	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH.....	12
FRENCH	4	VIETNAMESE	13
GERMAN	5	SOME OTHER LANGUAGE	
GREEK.....	6	(SPECIFY) _____	91
ITALIAN.....	7	DON'T KNOW	98
JAPANESE.....	8	REFUSED	99

J19. Is there any charge or fee for the care (CHILD) receives from this person, paid either by you or
 ECLS-K someone else?

YES..... 1 (GO TO J20)
 NO..... 2 (GO TO J24)
 DON'T KNOW 98 (GO TO J24)
 REFUSED 99 (GO TO J24)

J20. Do any of the following people or organizations help to pay this person to care for (CHILD)? How
NHES about . . .

	YES	NO	DON'T KNOW	REFUSED
a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care?	1	2	98	99
b. A social service or welfare agency?	1	2	98	99
c. An employer?	1	2	98	99
d. Someone else? (SPECIFY)	1	2	98	99

J21. How much does your household pay this person to care for (CHILD)?
ECLS-K

\$, .
AMOUNT UNITS

PER HOUR 1
PER DAY 2
PER WEEK 3
PER MONTH 4
PER YEAR 5
OTHER (SPECIFY) 91

DON'T KNOW 98
REFUSED 99

ASK J22 IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN
THE HOUSEHOLD. ELSE, GO TO J24.

J22. Is this amount for (CHILD) only or does it include other children in your household?
ECLS-K

CHILD ONLY 1 (GO TO J24)
CHILD AND OTHER(S) 2 (GO TO J23)
DON'T KNOW 98 (GO TO J23)
REFUSED 99 (GO TO J23)

J23. How many children is this amount for including (CHILD)?
ECLS-K

NUMBER

DON'T KNOW 98
REFUSED 99

J24. Now I'm going to ask you about (CHILD)'s experience in this care. Please let me know whether never, sometimes, often, or always best describes (CHILD)'s experience. READ LIST. CIRCLE ONE RESPONSE FOR EACH.

FACES

	NEVER	SOMETIMES	OFTEN	ALWAYS	DON'T KNOW	REFUSED
a. (CHILD) gets lots of individual attention.....	1	2	3	4	98	99
b. (CHILD)'s caregiver is open to new information and learning	1	2	3	4	98	99

J25. As part of this study, we will also be interviewing the care providers of the children in the study. We would like to talk to (CHILD)'s care provider about (CHILD). Will you give your written permission for us to contact (CHILD)'s care provider?

NEW

YES..... 1 (GO TO J26)
 NO..... 2 (GO TO K1)
 DON'T KNOW 98 (GO TO K1)
 REFUSED 99 (GO TO K1)

J26. What is (CHILD)'s care provider 's name, address, and telephone number?

NEW

NAME _____
 ADDRESS _____
 PHONE _____

J27. Would you help us by mentioning to (CHILD)'s care provider that someone from the study will be contacting (him/her) in the next day or two?

NEW

YES..... 1
 NO..... 2
 DON'T KNOW 98
 REFUSED 99

Center-Based Care

K1. Is (CHILD) now attending a child care center on a regular basis?

ECLS-K

YES..... 1 (GO TO K3)
NO..... 2 (GO TO K2)
DON'T KNOW 98 (GO TO K2)
REFUSED 99 (GO TO K2)

K2. Has (CHILD) ever attended a child care center on a regular basis?

ECLS-K

YES..... 1 (GO TO K3)
NO..... 2 (GO TO L1)
DON'T KNOW 98 (GO TO L1)
REFUSED 99 (GO TO L1)

K3. How old was (CHILD) in months when (he/she) first attended any child care center on a regular basis?

ECLS-K

 OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

K4. (Not including your current arrangement,) how many past arrangements has (CHILD) had with a child care center on a regular basis?

NEW

PROBE: Include any arrangements (CHILD) had at our last interview in (TIME FRAME).

 NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK K5 IF CURRENTLY GOES TO CENTER. ELSE, GO TO L1.

K5. How many different child care centers does (CHILD) currently go to?

ECLS-K

ONE 1
TWO..... 2
THREE 3
FOUR..... 4
DON'T KNOW 98
REFUSED 99

K6. (Let's talk about the program where (CHILD) spends the most time.) Does (CHILD) go to that program on a regularly scheduled basis at least once each week?
ECLS-K

YES	1 (GO TO K7)
NO	2 (GO TO L1)
DON'T KNOW	98 (GO TO L1)
REFUSED	99 (GO TO L1)

K7. Who usually brings the child to that person's home?
NICHHD

MOTHER	1
FATHER	2
RELATIVE	3
SITTER	4
FRIEND	5
OTHER	91
SPECIFY _____	
DON'T KNOW	98
REFUSED	99

K8. Who usually picks up the child from that person's home?
NICHHD

Mother	1
Father	2
Relative	3
Sitter	4
Friend	5
DON'T KNOW	98
REFUSED	99

K9. During those times in the day when (CHILD) is in care at the child care center, how long does it take you to get there from where you usually are? Would you say...
NEW

Less than 10 minutes, ...	1
10 to 20 minutes, ...	2
20 to 30 minutes, or	3
More than 30 minutes?	4
DON'T KNOW	98
REFUSED	99

K10. How many days each week does (CHILD) go to that program?
ECLS-K

<u> </u>	
NUMBER OF DAYS	
DON'T KNOW	98
REFUSED	99

K11. How many hours each week does (CHILD) go to that program?

ECLS-K

NUMBER OF HOURS

DON'T KNOW 98

REFUSED 99

K12. How many children are usually in (CHILD)'s room or group, at the same time, at that program?

ECLS-K

NUMBER OF CHILDREN

DON'T KNOW 98

REFUSED 99

K13. How many adults are usually in (CHILD)'s room or group, at the same time, at that program?

ECLS-K

NUMBER OF ADULTS

DON'T KNOW 98

REFUSED 99

IF K4 = 0 (NO PAST ARRANGEMENTS), GO TO K15. ELSE, ASK TO K14.

K14. How old was (CHILD) in months when (he/she) started going to this particular program?
[(CHILD) WAS ___ MONTHS OLD WHEN FIRST ATTENDED ANY CENTER OR PROGRAM.]

NHES

 OR
MONTHS WEEKS

DON'T KNOW 98

REFUSED 99

K15. How did you learn about that program for (CHILD)?
NHES [CODE ALL THAT APPLY.]

FRIENDS/NEIGHBORS/RELATIVES/COWORKERS	1
PLACE OF EMPLOYMENT	2
PUBLIC OR PRIVATE SCHOOL	3
CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	4
WELFARE OR SOCIAL SERVICE CASEWORKERS	5
NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES	6
RESOURCE AND REFERRAL (R&R) AGENCY	7
R ALREADY KNEW PROVIDER	8
PROVIDER CARED FOR ANOTHER CHILD OF R'S	9
REFERENCE MATERIALS	10
PUBLIC BULLETIN BOARDS/FLYERS	11
OTHER	91
SPECIFY _____	
DON'T KNOW	98
REFUSED	99

K16. What language does (CHILD)'s care provider or teacher at that program speak most with
NHES (him/her)?

ENGLISH	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH	12
FRENCH	4	VIETNAMESE	13
GERMAN	5	SOME OTHER LANGUAGE	
GREEK	6	(SPECIFY) _____	91
ITALIAN	7	DON'T KNOW	98
JAPANESE	8	REFUSED	99

K17. Is there any charge or fee for the program, paid by either you or someone else?
ECLS-K

YES	1	(GO TO K18)
NO	2	(GO TO K22)
DON'T KNOW	98	(GO TO K22)
REFUSED	99	(GO TO K22)

K18. Do any of the following people or organizations help to pay for (CHILD) to go to the program? How
ECLS-K about . . .

	YES	NO	DON'T KNOW	REFUSED
a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care?	1	2	98	99
b. A social service or welfare agency?	1	2	98	99
c. An employer?	1	2	98	99
d. Someone else? (SPECIFY) _____	1	2	98	99

K23.
NEW

As part of this study, we will also be interviewing the day care center directors and care providers of the children in the study. We would like to talk to (CHILD)'s day care director and care provider about (CHILD). Will you give your written permission for us to contact (CHILD)'s day care center director and care provider?

YES 1 (GO TO K24)
NO 2 (GO TO L1)
DON'T KNOW 98 (GO TO L1)
REFUSED 99 (GO TO L1)

K24.
NEW

What are the names of (CHILD)'s center's director and (his/her) primary caregiver at the center?

CENTER DIRECTOR _____
CENTER NAME _____
PRIMARY CARE GIVER _____

K25.
NEW

What is the center's address and telephone number?

ADDRESS _____
PHONE: _____

K26.
NEW

Would you help us by mentioning to the director and care giver at (CHILD)'s day care center that someone from the study will be contacting them in the next day or two?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

ASK L1 ONLY ONCE PER HOUSEHOLD FOR ALL SAMPLED CHILDREN.
--

L1. I'm going to read some things that people look for in selecting child care arrangements. For
NHES each one, please tell me if you think it (is/would be) very important, somewhat important, or
not important in selecting an arrangement for (CHILD).

How about...

	<u>VERY</u> <u>IMPORTANT</u>	<u>SOME-</u> <u>WHAT</u> <u>IMPORTANT</u>	<u>NOT</u> <u>IMPORTANT</u>	<u>DON'T</u> <u>KNOW</u>	<u>REFUSED</u>
a. A caregiver who has special training in taking care of children. [Is that]	1	2	3	98	99
b. A place where children will be cared for when they are sick. [Is that]	1	2	3	98	99
c. A place close to your home. [Is that]	1	2	3	98	99
d. A reasonable cost. [Is that]	1	2	3	98	99
e. A small number of children in the same group. [Is that]	1	2	3	98	99
f. A caregiver who speaks English with your child. [Is that]	1	2	3	98	99

EARLY CHILDHOOD LONGITUDINAL STUDY, BIRTH COHORT 2000

Permission to Interview Child Care Provider

For: _____

Case ID: _____

Provider ID: _____

Interviewer: _____

The Early Childhood Longitudinal Study, Birth Cohort 2000 (ECLS-B) is a study of children born in 2000. As part of the 18 month interview, the child care providers of these children will be interviewed. We are asking you to give us permission to speak to your child's care provider about her/his care. The interview will be conducted over the telephone and will take about 5 minutes for center directors and about 30 minutes for primary care providers.

Any information your child care provider gives will be kept completely confidential. No names, either of individuals or places, will be connected with the study.

Participating in this study, or not participating in it, will not affect any license your child care provider may have to be a child care provider. It will also not affect your care provider's ability to accept child care vouchers or subsidies. Participation in this research is voluntary. Your care provider is free to refuse to take part, and may refuse to answer any questions or may stop taking part at any time.

In exchange for agreeing to participate in this study, your child care provider/center will receive a cash gift of \$20.

CONSENT

I have read this form or had it read to me. I give the Early Childhood Longitudinal Study, Birth Cohort 2000 permission to contact my child's care provider/day care center.

[Printed name of parent/guardian]

[Signature of parent/guardian]

[Date]

18-MONTH PARENT INSTRUMENT

SECTION M - CHILD HEALTH

Now I'd like to ask you about (CHILD's) health and eating habits.

M1. At this point in time, do you breast-feed, formula-feed, or give (CHILD) cow's milk? CODE
USDA ALL THAT APPLY.

BREAST-FEED 1
FORMULA FEED 2
COW'S MILK..... 3
DON'T KNOW 98
REFUSED 99

IF M1 = 3 ONLY (COW'S MILK), ASK M2. ELSE, GO TO BOX AFTER M2.

M2. How old was (CHILD) when you completely stopped feeding (him/her) infant formula?
USDA

 OR
MONTHS WEEKS

NEVER FED FORMULA 00
DON'T KNOW 98
REFUSED 99

IF CHILD WAS STILL BEING BREAST FED AT 9-MONTH INTERVIEW, ASK M3. ELSE,
GO TO M4.

M3. How old was (CHILD) when you completely stopped breastfeeding (him/her)?
USDA

 OR
MONTHS WEEKS

HAVEN'T STOPPED 00
DON'T KNOW 98
REFUSED 99

M4. Does (CHILD) eat the following table foods?
USDA

	YES	NO	DON'T KNOW	REFUSED
a. Cereal?.....	1	2	98	99
b. Fruit?.....	1	2	98	99
c. Vegetables?.....	1	2	98	99
d. Meat?.....	1	2	98	99
e. Whole cow's milk?.....	1	2	98	99
f. Low-fat milk?.....	1	2	98	99

M5. Has (CHILD) started primarily feeding (himself/herself)?

USDA

YES..... 1
 NO..... 2
 DON'T KNOW 98
 REFUSED 99

M6. Does (CHILD) use a bottle?

USDA

YES..... 1 (GO TO M7)
 NO..... 2 (GO TO M8)
 DON'T KNOW 98 (GO TO M8)
 REFUSED 99 (GO TO M8)

M7. Does the bottle usually contain...

USDA

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Juice?.....	1	2	98	99
b. Milk?.....	1	2	98	99
c. Water?.....	1	2	98	99
d. Something else?.....	1	2	98	99
SPECIFY _____				

M8. On average, how many ounces of juice does (CHILD) drink a day?

USDA

PROBE: Don't include water if you dilute (CHILD)'s juice.

|_|_|_| oz.

DON'T KNOW 998
 REFUSED 999

M9. Would you say (CHILD)'s health is...

NHIS

Excellent,..... 1
 Very good, ... 2
 Good, ... 3
 Fair, or 4
 Poor?..... 5
 DON'T KNOW 98
 REFUSED 99

M10. Since our last interview in (TIME FRAME), how many times has (CHILD) gone for checkups?
EHS Was it...

PROBE: These are visits to the doctor when (he/she) isn't sick, but to get (him/her) checked over or to get vaccinations.

Never, ...	1 (GO TO M12)
Once or twice,.....	2 (GO TO M11)
3-4 times,.....	3 (GO TO M11)
5-9 times, or	4 (GO TO M11)
10 times or more?	5 (GO TO M11)
DON'T KNOW	98 (GO TO M12)
REFUSED	99 (GO TO M12)

M11. What kind of place do you usually take your baby for checkups?
NMIHS

CLINIC OR HEALTH CENTER	1
DOCTOR'S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN'T GO TO ONE PLACE MOST OFTEN	7
DON'T KNOW	98
REFUSED	99

M12. Has (CHILD) ever had (his/her) vision tested?
NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

M13. Has (CHILD) had (his/her) hearing tested since (TIME FRAME)?
NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

M14. In the past 9 months, since (TIME FRAME), has a doctor, nurse, or other medical professional
NMIHS told you that (CHILD) has asthma, or any other severe breathing problem, usually with wheezing or chronic cough, that required medication?

YES	1 (GO TO M15)
NO	2 (GO TO M19)
DON'T KNOW	98 (GO TO M19)
REFUSED	99 (GO TO M19)

M15. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

M16. Was (CHILD) treated for this problem in the last 3 months? .
NMIHS

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

M17. How was (CHILD)'s most recent asthma or severe breathing problem treated by your doctor, nurse,
NEW or other medical professional? CODE ALL THAT APPLY.

NO TREATMENT/WATCH AND WAIT 1
ANTIBIOTICS 2
OVER-THE-COUNTER MEDICATION 3
SPECIFY _____
OTHER (SPECIFY) _____ 91
DON'T KNOW 98
REFUSED 99

M18. In the past 9 months, since (TIME FRAME), has (CHILD) been hospitalized for at least one
NMIHS night because of asthma or a severe breathing problem?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

M19. In the last 9 months, since (TIME FRAME) has a doctor, nurse, or other medical professional
NEW told you that (CHILD) had an ear infection?

YES 1 (GO TO M20)
NO 2 (GO TO M23)
DON'T KNOW 98 (GO TO M23)
REFUSED 99 (GO TO M23)

M20. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

IF M20 = 2 OR MORE (CHILD HAS HAD MORE THAN ONE EAR INFECTION DIAGNOSED BY A DOCTOR, NURSE, OR OTHER MEDICAL PROFESSIONAL), ASK M21 FOR EACH DIAGNOSED OCCURRENCE. ELSE, GO TO M22.

M21. How was (CHILD)'s (first/second/third/etc.) ear infection treated by your doctor, nurse, or other
NEW medical professional? CODE: MARK ALL THAT APPLY:

NO TREATMENT/WATCH AND WAIT 1
 DECONGESTANTS 2
 ANTIBIOTICS 3
 WITH EAR TUBES 4
 OVER-THE-COUNTER MEDICATION 5
 SPECIFY _____
 OTHER 91
 SPECIFY _____
 DON'T KNOW 98
 REFUSED 99

M22. In the last 9 months, since (TIME FRAME), how many other times do you think (CHILD) has
NMIHS had an ear infection or earache for which you did not seek medical treatment?

NEVER 0
 ONCE 1
 TWICE 2
 3-5 TIMES 3
 6 OR MORE TIMES 4
 DON'T KNOW 98
 REFUSED 99

M23. In the last 9 months, since (TIME FRAME), has your doctor, nurse, or other medical
NEW professional told you that (CHILD) has a severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea or dehydration?

YES 1 (GO TO M24)
 NO 2 (GO TO M27)
 DON'T KNOW 98 (GO TO M27)
 REFUSED 99 (GO TO M27)

M24. How many times?
NMIHS

|_|_|
 NUMBER OF TIMES

DON'T KNOW 98
 REFUSED 99

M25. How was (CHILD)'s most recent severe gastrointestinal illness treated by your doctor, nurse, or
NEW other medical professional? CODE: MARK ALL THAT APPLY:

NO TREATMENT/WATCH AND WAIT 1
ANTIBIOTICS 2
OVER-THE-COUNTER MEDICATION 3
SPECIFY
OTHER 91
SPECIFY
DON'T KNOW 98
REFUSED 99

M26. In the last 9 months, since (TIME FRAME), has (CHILD) been hospitalized for at least one
NMIHS night because of a severe gastrointestinal illness?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

M27. Now, I want to ask you about any injuries (CHILD) has had since (TIME FRAME). In the last 9
NMIHS months, since (TIME FRAME), how many times has (he/she) seen a doctor or other medical
professional or visited a clinic or emergency room for an injury?

NEVER 1
ONCE 2
TWICE 3
THREE OR MORE TIMES 4
DON'T KNOW 98
REFUSED 99

IF M27 = 0 (NEVER AN INJURY), GO TO M33. ELSE, ASK M28.

M28. Tell me about the most serious injury. What was the cause of this injury?

NMIHS

FALL 1
CHOKING 2
AUTO/TRUCK ACCIDENT: CHILD
IN CAR 3
AUTO/TRUCK ACCIDENT: CHILD
NOT IN CAR 4
HEAT OR FIRE OR ELECTRICITY 5
ANIMAL BITE 6
POISONING, SOMETHING CHILD
ATE OR DRANK 7
BURN OR SCALDING 8
OTHER (SPECIFY) 91
DON'T KNOW 98
REFUSED 99

M29. Did it occur in the last 3 months?
NEW

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

M30. Where did this happen? CODE ALL THAT APPLY
NMIHS

AT CHILD'S HOME..... 1
AT OTHER'S HOME 2
AT CHILD CARE CENTER/NURSERY 3
STREET OR HIGHWAY..... 4
PLAYGROUND, PLACE OF RECREATION OR SPORTS 5
ANOTHER PUBLIC BUILDING OR SPACE 6
OTHER..... 91
SPECIFY.....
DON'T KNOW..... 98
REFUSED 99

M31. Were you (or (CHILD)'s other parent) caring for (CHILD) when this injury occurred?
NMIHS

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

M32. Was (CHILD) hospitalized at least one night because of this injury?
NMIHS

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

M33. NMIHS/ OSEP Has a doctor ever told you that (CHILD) has the following conditions? Does (he/she) have...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Crossed eye, a lazy or wandering eye?.....	1	2	98	99
b. Near sightedness or farsightedness?	1	2	98	99
c. Difficulty seeing or blindness?	1	2	98	99
d. Difficulty hearing or deafness?	1	2	98	99
e. A problem with mobility such as cerebral palsy?.....	1	2	98	99
f. A delay in learning to walk?	1	2	98	99
g. A delay in learning to talk?	1	2	98	99
h. Asthma or wheezing?	1	2	98	99
i. Epilepsy or seizures?.....	1	2	98	99
j. Heart defect?.....	1	2	98	99
k. Mental retardation?.....	1	2	98	99
l. Developmental delay?	1	2	98	99
m. Lactose intolerance?.....	1	2	98	99
n. Food allergies or sensitivities such as to peanuts?	1	2	98	99
o. Other conditions?.....	1	2	98	99
SPECIFY _____				

IF AT LEAST ONE "YES" TO M33a- o, ASK M34. ELSE GO TO M36.

M34. ECLS-K I'm going to read a list of services. For each service, please tell me if (CHILD) or your family received this service to help with (CHILD)'s special needs. Since our last interview, that is since (TIME FRAME), has anyone in your household ever received ...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Speech or language therapy?	1	2	98	99
b. Occupational therapy?.....	1	2	98	99
c. Physical therapy?	1	2	98	99
d. Vision services?	1	2	98	99
e. Hearing services?.....	1	2	98	99
f. Social work services?	1	2	98	99
g. Psychological services?.....	1	2	98	99
h. Home visits?.....	1	2	98	99
i. Parent support or training?	1	2	98	99
j. Special class with other children, some or all of whom also had special needs?	1	2	98	99

IF ANY M34a-j = "YES," ASK M35. ELSE GO TO M36.

M35. About how many hours of service per month does (he/she) receive? (If (CHILD) receives more than one service, tell me the total number of hours per month for all services.)

OSEP

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

M36. Is (CHILD) currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from...

NHES

	YES	NO	DON'T KNOW	REFUSED
a. Your local school district?	1	2	98	99
b. A state or local health agency?	1	2	98	99
c. A social service agency?	1	2	98	99
d. A private doctor's office?	1	2	98	99
e. A clinic?.....	1	2	98	99
f. Some other source?	1	2	98	99
SPECIFY _____				

M37. Was there ever a time when (CHILD) needed care, but you couldn't obtain it?

NHIS

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

M38. Does (CHILD) have any impairment or health problem that requires (him/her) to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

NLSY

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

M39. Does (CHILD) have any impairment or health problem that limits (his/her) ability to (crawl,) walk, run, or play?

NLSY

YES 1 (GO TO M40)
NO 2 (GO TO M41)
DON'T KNOW 98 (GO TO M41)
REFUSED 99 (GO TO M41)

M40. Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?
NLSY

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

M41. Does (CHILD) now have a problem for which (he/she) has regularly taken prescription medication for at least three months?
NLSY

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

M42. Has there been any change in (CHILD)'s health care coverage or health insurance since our last interview on (TIME FRAME)?
NHIS

YES..... 1 (GO TO M43)
NO..... 2 (GO TO M48)
DON'T KNOW 98 (GO TO M48)
REFUSED 99 (GO TO M48)

M43. What kind of health insurance or health care coverage does (CHILD) have now?
NHIS PROBE: Exclude private plans that only provide extra cash while hospitalized.

YES NO DON'T KNOW REFUSED

SHOW
CARD
M43

a.	A private health insurance plan (from employer, workplace, or purchased directly, or through a state or local government program or community program).....	1	2	98	99
b.	Medicaid (or name of state programs).....	1	2	98	99
c.	CHIP (Children's Health Insurance Program) (or name of state programs).....	1	2	98	99
d.	Military health care/VA/CHAMPUS/TRICARE/CHAMP-VA	1	2	98	99
e.	Another government program (Indian Health Service, Medicare, State-sponsored health plan)	1	2	98	99

IF ANY OF M43a-e = 1 (HAS HEALTH INSURANCE), GO TO NEXT BOX. ELSE, ASK M43f.

f.	No health insurance	1	2	98	99
----	---------------------------	---	---	----	----

M44. There could be a number of reasons why someone may have changed health insurance coverage. Looking at this list, please tell me the reasons (CHILD) has a different coverage or isn't covered by health insurance?
 NHIS CODE ALL THAT APPLY

SHOW
CARD
M44

PERSON IN FAMILY WITH HEALTH INSURANCE LOST
 JOB, CHANGED EMPLOYERS, OR BECAME EMPLOYED 1
 GOT DIVORCED/SEPARATED OR WIDOWED OR MARRIED
 OR REMARRIED 2
 PARENTS' EMPLOYER DOES NOT OFFER COVERAGE OR
 NOT ELIGIBLE FOR COVERAGE 3
 COST IS TOO HIGH 4
 INSURANCE COMPANY REFUSED COVERAGE 5
 LOT MEDICAID OR MEDICAL PLAN BECAUSE OF NEW
 JOB OR INCREASE IN INCOME 6
 LOST MEDICAID (OTHER) 7
 BECAME ELIGIBLE FOR MEDICAID 8
 BECAME INELIGIBLE FOR CHIP 9
 BECAME ELIGIBLE FOR CHIP 10
 OTHER (SPECIFY 91

 DON'T KNOW 98
 REFUSED 99

M45. In the past 9 months, since (TIME FRAME), was there any time when (CHILD) did not have
 NHIS any health insurance or coverage?

YES 1 (GO TO M46)
 NO 2 (GO TO M48)
 DON'T KNOW 98 (GO TO M48)
 REFUSED 99 (GO TO M48)

M46. In the past 9 months (or since the interview), about how many months was (CHILD) without
 NHIS coverage?

|_|_| MONTHS (IF < 1, CODE AS 1)

DON'T KNOW 98
 REFUSED 99

M47. Looking at this list, please tell me the reasons (he/she) was without health care coverage or
 NICHD health insurance for some or all of the last nine months?
 MARK ALL THAT APPLY

SHOW
CARD
M47

- PERSON IN FAMILY WITH HEALTH INSURANCE LOST
 JOB, CHANGED EMPLOYERS, OR BECAME
 EMPLOYED 1
 GOT DIVORCED/SEPARATED OR WIDOWED OR
 MARRIED OR REMARRIED 2
 PARENTS' EMPLOYER DOES NOT OFFER COVERAGE
 OR NOT ELIGIBLE FOR COVERAGE..... 3
 COST IS TOO HIGH 4
 INSURANCE COMPANY REFUSED COVERAGE 5
 LOT MEDICAID OR MEDICAL PLAN BECAUSE OF NEW
 JOB OR INCREASE IN INCOME..... 6
 LOST MEDICAID (OTHER) 7
 BECAME ELIGIBLE FOR MEDICAID 8
 BECAME INELIGIBLE FOR CHIP 9
 BECAME ELIGIBLE FOR CHIP 10
 OTHER 91
 SPECIFY _____
 DON'T KNOW 98
 REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION N - FAMILY HEALTH

Let's talk about the health of your family.

IF ANOTHER HOUSEHOLD MEMBER'S DISABILITY WAS REPORTED AT
9 MONTH INTERVIEW, GO TO N1. ELSE, GO TO N2.

N1. During our last interview, we recorded that someone in your household (besides (CHILD)) had
NEW a special need, delay, or disability. Is this still true?

YES	1 (GO TO N2)
NO	2 (GO TO N4)
DON'T KNOW	98 (GO TO N4)
REFUSED	99 (GO TO N4)

N2. Do any (other) members of your household (besides (CHILD)) have a special need, delay, or
NEILS disability?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N3. Would you say your health in general is . . .
FACES

Excellent, ...	1
Very good, ...	2
Good, ...	3
Fair, or	4
Poor?	5
DON'T KNOW	98
REFUSED	99

N4. Where do you usually go for routine medical care?

FACES

CLINIC OR HEALTH CENTER	1
DOCTOR'S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN'T GO TO ONE PLACE MOST OFTEN	6
DON'T KNOW	98
REFUSED	99

N5. Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?
NMES

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

N6. Do you smoke cigarettes now?
NMIHS

YES 1 (GO TO N7)
NO 2 (GO TO N8)
DON'T KNOW 98 (GO TO N8)
REFUSED 99 (GO TO N8)

N7. How many cigarettes or packs of cigarettes do you smoke on an average day now?
NMIHS

OR
NUMBER OF CIGARETTES NUMBER OF PACKS
PER DAY PER DAY

LESS THAN 1 CIGARETTE A DAY 000
DON'T KNOW 998
REFUSED 999

N8. (Other than yourself,) how many people smoke at home now?
NMIHS

NUMBER

NONE 00
DON'T KNOW 9
REFUSED 99

IF N6 = 1 (RESPONDENT SMOKES) OR N8 > 0 (OTHER HOUSEHOLD MEMBER SMOKES), ASK N9. ELSE, GO TO N10.

N9 Do (you/they) smoke inside the house?
NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

N10. Do you currently drink any alcoholic beverages?

NEW

YES.....	1 (GO TO N11)
NO.....	2 (GO TO N13)
DON'T KNOW	98 (GO TO N13)
REFUSED	99 (GO TO N13)

N11. How many alcoholic drinks do you have in an average week now?

NEW

NONE.....	0
LESS THAN 1.....	1
1 TO 3	2
4 TO 6	3
7 TO 13	4
14 TO 19	5
20 OR MORE	6
DON'T KNOW	98
REFUSED	99

N12. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?

NEW

TIMES

DID NOT DRINK AT ALL	00
DON'T KNOW	98
REFUSED	99

N13. During the past 9 months, since (TIME FRAME), was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

CIDI

YES.....	1 (GO TO N14)
NO.....	2 (GO TO N32)
WAS ON MEDICATION/ANTI-DEPRESSANTS	3 (GO TO N32)
DON'T KNOW	98 (GO TO N32)
REFUSED	99 (GO TO N32)

N14. For the next few questions, please think of the two-week period in the past 9 months, since (TIME FRAME) when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

CIDI

ALL DAY LONG.....	1 (GO TO N15)
MOST.....	2 (GO TO N15)
ABOUT HALF	3 (GO TO N15)
LESS THAN HALF.....	4 (GO TO N32)
DON'T KNOW	98 (GO TO N32)
REFUSED	99 (GO TO N32)

N15. During those two weeks, did you feel this way every day, almost every day, or less often?
CIDI

EVERY DAY	1 (GO TO N16)
ALMOST EVERY DAY	2 (GO TO N16)
LESS OFTEN	3 (GO TO N32)
DON'T KNOW	98 (GO TO N32)
REFUSED	99 (GO TO N32)

N16. During those two weeks, did you lose interest in most things like hobbies, work, or activities?
CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N17. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?
CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N18. Did you gain or lose weight without trying, or did you stay about the same?
CIDI

GAIN	1 (GO TO N19)
LOSE	2 (GO TO N19)
BOTH GAINED & LOST	3 (GO TO N19)
WAS ON DIET	4 (GO TO N21)
STAYED ABOUT THE SAME	5 (GO TO N21)
DON'T KNOW	98 (GO TO N21)
REFUSED	99 (GO TO N21)

N19. How much did (you gain/you lose/your weight change)?
CIDI

POUNDS

DON'T KNOW	998
REFUSED	999

N20. DID R'S WEIGHT CHANGE BY 10 POUNDS OR MORE? AUTOCODE THIS BASED ON RESPONSE AT N19.
CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N21. Did you have more trouble falling asleep than you usually do during those two weeks?

CIDI

YES	1 (GO TO N22)
NO	2 (GO TO N23)
DON'T KNOW	98 (GO TO N23)
REFUSED	99 (GO TO N23)

N22. Did that happen every night, nearly every night, or less often during those two weeks?

CIDI

EVERY NIGHT	1
NEARLY EVERY NIGHT	2
LESS OFTEN	3
DON'T KNOW	98
REFUSED	99

N23. During those two weeks, did you have a lot more trouble concentrating than usual?

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N24. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N25. Do you think a lot about death – either your own, someone else's, or death in general during those two weeks

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

IF N16, N17, N20, N21, N23, N24, AND N25 ALL = 2, GO TO N44. ELSE, ASK N26.
--

N26. To review, you had two weeks in a row during the past 9 months, since (TIME FRAME), when
CIDI you were sad, blue, or depressed and also had some other feelings or problems like (READ
UP TO THE FIRST THREE "YES" RESPONSES TO N16 – N25). About how many weeks
altogether did you feel this way during the past 9 months?

NUMBER OF MONTHS (IF LESS THAN 12, GO TO N28.
ELSE GO TO N27.)

ENTIRE TIME..... 00 (GO TO N27)
DON'T KNOW 98 (GO TO N27)
REFUSED 99 (GO TO N27)

N27. Think about this most recent time when you had two weeks in a row when you felt this way.
CIDI How long ago was that?

JANUARY..... 1
FEBRUARY..... 2
MARCH..... 3
APRIL..... 4
MAY..... 5
JUNE..... 6
JULY..... 7
AUGUST..... 8
SEPTEMBER..... 9
OCTOBER..... 10
NOVEMBER..... 11
DECEMBER..... 12
DON'T KNOW 98
REFUSED 99

N28. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or
CIDI osteopath, or a student in training to be either a medical doctor or osteopath.)

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N29. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse,
CIDI clergy, or other helping professional)?

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N30. Did you take medication or use drugs or alcohol more than once for these problems?
CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N31. How much did these problems interfere with your life or activities – a lot, some, a little, or not at all?
CIDI

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	98
REFUSED	99

GO TO N44.

N32. Since (TIME FRAME), was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
CIDI

YES	1	(GO TO N33)
NO	2	(GO TO N44)
WAS ON ANTI-DEPRESSANTS	3	(GO TO N44)
DON'T KNOW	98	(GO TO N33)
REFUSED	99	(GO TO N33)

N33. For the next few questions, please think of the two-week period since (TIME FRAME) when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?
CIDI

ALL DAY LONG	1	(GO TO N34)
MOST	2	(GO TO N34)
ABOUT HALF	3	(GO TO N34)
LESS THAN HALF	4	(GO TO N44)
DON'T KNOW	98	(GO TO N34)
REFUSED	99	(GO TO N34)

N34. Did you feel this way every day, almost every day, or less often during the two weeks?
CIDI

EVERY DAY	1	(GO TO N35)
ALMOST EVERY DAY	2	(GO TO N35)
LESS OFTEN	3	(GO TO N44)
DON'T KNOW	98	(GO TO N35)
REFUSED	99	(GO TO N35)

N35. During those two weeks, did you feel tired out or low on energy than is more usual for you?
CIDI

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

N36. Did you gain or lose weight without trying, or did you stay about the same?
CIDI

GAIN 1 (GO TO N37)
LOSE 2 (GO TO N37)
BOTH 3 (GO TO N37)
WAS ON DIET 4 (GO TO N39)
STAYED ABOUT SAME 5 (GO TO N39)
DON'T KNOW 98 (GO TO N37)
REFUSED 99 (GO TO N37)

N37. How much did (you gain/you lose/your weight change)?
CIDI

POUNDS

DON'T KNOW 998
REFUSED 999

N38. DID R'S WEIGHT CHANGE BY 10 POUNDS OR MORE? AUTOCODE THIS BASED ON
CIDI RESPONSE AT N37.

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

N39. Did you have more trouble falling asleep than you usually do during those two weeks?
CIDI

YES 1 (GO TO N40)
NO 2 (GO TO N41)
DON'T KNOW 98 (GO TO N41)
REFUSED 99 (GO TO N41)

N40. Did that happen every night, nearly every night, or less often during those two weeks?
CIDI

EVERY NIGHT 1
NEARLY EVERY NIGHT 2
LESS OFTEN 3
DON'T KNOW 98
REFUSED 99

N41. During those two weeks, did you have a lot more trouble concentrating than usual?
CIDI

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N42. People sometimes feel down on themselves, no good, or worthless. During that two week
CIDI period, did you feel this way?

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N43. Do you think a lot about death – either your own, someone else's, or death in general during
CIDI those two weeks

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N44. Since (TIME FRAME), have you talked with a psychiatrist, psychologist, doctor, or counselor for
NHIS any emotional or psychological problem?

YES..... 1 (GO TO N46)
NO..... 2 (GO TO N45)
DON'T KNOW 98 (GO TO N45)
REFUSED 99 (GO TO N45)

N45. Since (TIME FRAME), have you felt, or has anyone suggested, that you needed help for any
NHIS emotional or psychological problem?

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

N46. Have you or any of your blood relatives ever had...
 NEW PROBE: Blood relatives include parents, brothers, sisters, aunts, uncles, cousins, and grandparents.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Asthma?.....	1	2	98	99
b. Allergies?	1	2	98	99
c. A serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?	1	2	98	99
d. Diabetes?	1	2	98	99
e. Major depression?	1	2	98	99
f. Learning disability?.....	1	2	98	99
g. An alcohol abuse problem or disorder?	1	2	98	99
h. Heart disease?	1	2	98	99
i. Hypertension?	1	2	98	99
j. A drug abuse problem or disorder?	1	2	98	99

N47. [FOR EACH "YES" AT N46:] Was that you, your mother, father, brother, sister, or another blood
 NEW relative? [CODE ALL THAT APPLY.]
 PROBE: Anyone else?

SELF	1
MOTHER.....	2
FATHER.....	3
BROTHER.....	4
SISTER	5
OTHER BLOOD RELATIVE.....	6
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION O - HOUSEHOLD FOOD SUFFICIENCY

These next questions are about the food eaten in your household.

O1. Which of these statements best describes the food eaten in your household in the last 9 months,
USDA that is, since (TIME FRAME)?

- | | | |
|--|----|------------|
| We have enough to eat and the kinds of food we want, ... | 1 | (GO TO O4) |
| We have enough to eat, but not always the KINDS of | | |
| food we want, ... | 2 | (GO TO O3) |
| Sometimes we don't have enough to eat, or..... | 3 | (GO TO O2) |
| Often we don't have enough to eat. | 4 | (GO TO O2) |
| DON'T KNOW | 98 | (GO TO O4) |
| REFUSED | 99 | (GO TO O4) |

O2. Here are some reasons why people don't always have enough to eat. For each one, please tell me
USDA if that is a reason why you don't always have enough to eat.

	YES	NO	DON'T KNOW	REFUSED
a. Not enough money for food?.....	1	2	98	99
b. Too hard to get to the store?.....	1	2	98	99
c. On a diet?.....	1	2	98	99
d. No working stove available?.....	1	2	98	99
e. Not able to cook or eat because of health problem?	1	2	98	99

GO TO O4.

O3. Here are some reasons why people don't always have the kind of food they want or need. For
USDA each one, please tell me if that is a reason why you don't always have the kinds of food you want or need.

	YES	NO	DON'T KNOW	REFUSED
a. Not enough money for food?.....	1	2	98	99
b. Too hard to get to the store?.....	1	2	98	99
c. On a diet?.....	1	2	98	99
d. Kinds of food we want not available?	1	2	98	99
e. Good quality food not available?	1	2	98	99

O4. Now 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 9 months, that is, since (TIME FRAME). (IF SINGLE ADULT IS IN HOUSEHOLD, USE "I," "MY," AND "YOU" IN PARENTHETICALS, OTHERWISE USE "WE," "OUR," AND "YOUR" HOUSEHOLD.)

	OFTEN <u>TRUE</u>	SOME- TIMES <u>TRUE</u>	NEVER <u>TRUE</u>	DON'T KNOW <u>KNOW</u>	REFUSED <u>REFUSED</u>
a. "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for your household in the last 9 months?	1	2	3	98	99
b. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for your household in the last 9 months?	1	2	3	98	99
c. "(I/We) couldn't afford to eat balanced meals." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for your household in the last 9 months?	1	2	3	98	99
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." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for your household in the last 9 months?	1	2	3	98	99
e. "(I/We) couldn't feed ((CHILD)/the children) a balanced meal because (I/we) couldn't afford that." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for your household in the last 9 months?	1	2	3	98	99
f. "((CHILD) was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for your household in the last 9 months?.....	1	2	3	98	99

IF ANY O4 a-f = 1 OR 2 OR O1= 3 OR 4 (SOMETIMES/OFTEN NOT ENOUGH TO EAT), ASK O5. ELSE GO TO SECTION P.

O5. In the last 9 months, since (TIME FRAME), 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 (GO TO O6)
NO.....	2 (GO TO O7)
DON'T KNOW	98 (GO TO O7)
REFUSED	99 (GO TO O7)

O6. How often did this happen. . .
USDA

Almost every month, ... 1
Some months, but not every month, or... 2
In only 1 or 2 months? 3
DON'T KNOW 98
REFUSED 99

O7. In the last 9 months (since TIME FRAME), did you ever eat less than you felt you should because
USDA there wasn't enough money to buy food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O8. In the last 9 months (since TIME FRAME), were you ever hungry but didn't eat because you
USDA couldn't afford enough food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O9. In the last 9 months (since TIME FRAME), did you lose weight because you didn't have enough
USDA money for food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

IF O5 = 1 (MEAL SIZE CUT/MEALS SKIPPED), OR ANY OF O7 – O9 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK O10. ELSE, GO TO SECTION P.

O10. In the last 9 months (since TIME FRAME), did (you/you or other adults in your household) ever not
USDA eat for a whole day because there wasn't enough money for food?

YES 1 (GO TO O11)
NO 2 (GO TO O12)
DON'T KNOW 98 (GO TO O12)
REFUSED 99 (GO TO O12)

O11. How often did this happen. . .
USDA

Almost every month, ... 1
Some months, but not every month, or... 2
In only 1 or 2 months? 3
DON'T KNOW 98
REFUSED 99

The next questions are about children living in the household who are under 18 years of age. (IF ONLY ONE CHILD IN THE HOUSEHOLD, FILL IN PARENTHESES WITH CHILD'S FIRST NAME.)

O12. In the last 9 months since (TIME FRAME), did you ever cut the size of ((CHILD)'s/any of the
USDA children's) meals because there wasn't enough money for food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O13. In the last 9 months (since TIME FRAME), did ((CHILD)/any of the children) ever skip a meal
USDA because there wasn't enough money for food?

YES 1 (GO TO O14)
NO 2 (GO TO O15)
DON'T KNOW 98 (GO TO O15)
REFUSED 99 (GO TO O15)

O14. How often did this happen. . .
USDA

Almost every month, ... 1
Some months, but not every month, or... 2
In only 1 or 2 months? 3
DON'T KNOW 98
REFUSED 99

O15. In the last 9 months (since TIME FRAME) (was (CHILD)/were the children) ever hungry but you
USDA just couldn't afford more food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O16. In the last 9 months (since TIME FRAME), did (CHILD)/any of the children) ever not eat for a whole
USDA day because there wasn't enough money for food?

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION P - COMMUNITY SUPPORT

Now I have some questions about your household's experiences with various community agencies since our last interview, which was (TIME FRAME). I would like to know whether you or anyone in your household has received these services. How about ...

P1.

FACES

	<u>YES</u>	<u>NO</u>	<u>DON'T</u> <u>KNOW</u>	<u>REFUSED</u>
a. Job training or employment assistance?.....	1	2	98	99
b. Help getting transportation to a job or training?	1	2	98	99
c. Education assistance—for example, GED, college, learning to read, or English as a second language?.	1	2	98	99
d. Help with housing?	1	2	98	99
e. Help with utilities (running water, hot water, heat, electricity, or telephone service)?	1	2	98	99
f. Help with or advice for parenting?	1	2	98	99
g. Alcohol or drug abuse treatment or counseling?	1	2	98	99
h. Mental health services?	1	2	98	99
i. Legal aid?	1	2	98	99
j. Help dealing with family violence?	1	2	98	99

18-MONTH PARENT INSTRUMENT

SECTION Q - NEIGHBORHOOD QUALITY/SAFETY

These next questions are about your home and neighborhood.

Q1. Have you moved since our last interview, which was (TIME FRAME)?

EHS

YES..... 1 (GO TO Q2)
 NO..... 2 (GO TO Q3)
 DON'T KNOW 98 (GO TO Q3)
 REFUSED 99 (GO TO Q3)

Q2. How many times have you moved since our last interview, which was (TIME FRAME)?

NEW

 TIMES

DON'T KNOW 98
 REFUSED 99

Q3. How would you rate your (house/building) as a place to raise children? Would you say it is...

NEILS

Excellent,..... 1
 Very good, ... 2
 Good, ... 3
 Fair, or 4
 Poor?..... 5
 DON'T KNOW 98
 REFUSED 99

Q4. How long have you lived in this neighborhood?

NECRS

PROBE: If you moved in and out, how long have you lived in this neighborhood since the last time you moved in?

 MONTHS OR ____
 YEARS

DON'T KNOW 98
 REFUSED 99

Q5. Did you grow up in this neighborhood?

NECRS

YES..... 1
 NO..... 2
 DON'T KNOW 98
 REFUSED 99

Q6. As things look to you now, about how many more years would you like to live in this
NECRS neighborhood?

 OR
MONTHS YEARS

DON'T KNOW 98

REFUSED 99

Q7. Please tell me how often each of the following things happened to you in the past 12 months?

FACES

Was it never, once, or more than once?

	<u>NEVER</u>	<u>ONCE</u>	<u>MORE THAN ONCE</u>	<u>DON'T KNOW</u>	<u>REF</u>
a. I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing.	1	2	3	98	99
b. I heard or saw violent crime take place in my neighborhood.....	1	2	3	98	99
c. I know someone who was a victim of a violent crime in my neighborhood.....	1	2	3	98	99
d. I was a victim of violent crime in my neighborhood.	1	2	3	98	99
e. I was a victim of violent crime in my home.	1	2	3	98	99

IF F14I = NA (KEEP GUNS LOCKED IN CABINET), GO TO Q9. ELSE, ASK
Q8.

Q8. Is a gun easily available to you in your home?

NHSDA

YES 1

NO 2

DON'T KNOW-98

REFUSED-99

Q9. I am going to read several statements about neighborhoods in general. Using the scale on this card, as I read each one, please tell me whether you would say it is mostly false or mostly true on this 10 point scale, with 1 being *Mostly False* and 10 being *Mostly True*.

SHOW
CARD
Q9

CARD
Q9

	<u>Mostly false</u>										<u>Mostly true</u>	<u>DON'T KNOW</u>	<u>REF</u>
a. Any adult in my neighborhood has the right to verbally correct a neighborhood child if the parents are not around	1	2	3	4	5	6	7	8	9	10	98	99	
b. If I had to move out of this neighborhood, I would be sorry to leave	1	2	3	4	5	6	7	8	9	10	98	99	
c. When the weather is nice, the people living on my street visit with one another outside.....	1	2	3	4	5	6	7	8	9	10	98	99	
d. Parents around here get angry if a neighbor verbally corrects their children	1	2	3	4	5	6	7	8	9	10	98	99	
e. The people in my neighborhood make sure other people's homes are safe when someone is away ..	1	2	3	4	5	6	7	8	9	10	98	99	
f. Most families have lived in this neighborhood for a long time.....	1	2	3	4	5	6	7	8	9	10	98	99	
g. I would like to move out of this neighborhood	1	2	3	4	5	6	7	8	9	10	98	99	

I would like to ask a few questions about knowing your neighbors.

Q10. How many of your friends live in your neighborhood?
NECRS

FRIENDS

DON'T KNOW 998
REFUSED 999

Q11. How many people in your neighborhood do you know by name?
NECRS

PEOPLE

DON'T KNOW 998
REFUSED 999

Q12. How many people in your neighborhood do you visit with in each others' homes?
NECRS

PEOPLE

DON'T KNOW 998
REFUSED 999

Q13. How many of your relatives live in your neighborhood?

NECRS

RELATIVES

DON'T KNOW 998

REFUSED 999

Q14. In general, if children who were 5-6 years old were in the following situations, how likely is it that an adult in the neighborhood would intervene, with 1 being not likely and 10 being very likely?

NECRS

How likely is it that an adult would intervene ...

SHOW
CARD
Q14

	<u>Not Likely</u>										<u>Very Likely</u>	<u>DON'T KNOW</u>	<u>REF</u>
a. If a child 5- or 6-years old is wandering by himself.....	1	2	3	4	5	6	7	8	9	10	98	99	
b. If a 5- or 6-year old child hits another child of the same age	1	2	3	4	5	6	7	8	9	10	98	99	
c. If a child 5- or 6-years old falls off of her bicycle and is crying	1	2	3	4	5	6	7	8	9	10	98	99	
d. If a child 5- or 6-years old is being spanked by an adult in the street	1	2	3	4	5	6	7	8	9	10	98	99	

Q15. How would you rate your neighborhood as a place to raise children? Would you say it is...

EHS

Excellent,..... 1
Very good, ... 2
Good 3
Fair, or..... 4
Poor?..... 5
DON'T KNOW 98
REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION R - PARENTING BEHAVIOR AND ATTITUDES

The next questions are about raising children.

R1. How often do you feel that you have to watch (CHILD) when (he/she) is crawling, walking, or climbing? Would you say...

NEW

All the time, ...	1
Most of the time, ...	2
Some of the time, or	3
Just check on (him/her) now and then? .	4
CHILD NOT MOBILE YET	97
DON'T KNOW	98
REFUSED	99

R2. When you are working around the home and (CHILD) wants attention, do you...

EHS

Try to finish quickly so you can feed (him/her) or tend to (him/her), ...	1
Talk to or soothe (him/her) while you finish your work, or	2
Stop your housework to amuse (CHILD)?	3
OTHER (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

R3. On a scale of 1 to 5, with 1 meaning no trouble at all and 5 meaning the most possible trouble, how much trouble has (CHILD) been to raise?

JOBS

1	2	3	4	5	
DON'T KNOW					98
REFUSED					99

R4. The next several items refer to your relationship with (CHILD). I'm going to read a list of
JOBS statements. Thinking about (CHILD), please tell me how true each statement is, on a scale of
1 to 5, where 1 means not at all true and 5 means completely true.

SHOW
CARD
R4

	NOT AT ALL TRUE				COMPLETELY TRUE	DON'T KNOW	REFUSED
a. Being a parent is harder than I thought it would be....	1	2	3	4	5	98	99
b. There are some things (CHILD) does that really bother me a lot.	1	2	3	4	5	98	99
c. I think children must learn early not to cry.	1	2	3	4	5	98	99
d. I know I should always enforce my rules, but if I'm sad or tired, sometimes I let things go and other times I lose my temper.....	1	2	3	4	5	98	99
e. Even when I'm in a bad mood, I show (CHILD) a lot of love.	1	2	3	4	5	98	99
f. There are times when I lose my patience with (CHILD)'s questions and demands, and I just don't listen to (him/her) anymore.	1	2	3	4	5	98	99

R5. Next, I'm going to read some statements about raising children. Please tell me if you strongly
CRPR agree, agree, neither agree or disagree, disagree, or strongly disagree.

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSE
a. I control my child by warning (him/her) about the bad things that can happen to (him/her).	1	2	3	4	5	98	99
b. I teach my child that misbehavior or breaking the rules will always be punished one way or another.	1	2	3	4	5	98	99
c. I do not allow my child to get angry with me..	1	2	3	4	5	98	99
d. I believe that scolding and criticism make my child improve.	1	2	3	4	5	98	99
e. I encourage my child to be independent of me.	1	2	3	4	5	98	99
f. I express my affection by hugging, kissing, and holding my child.	1	2	3	4	5	98	99
g. I am easygoing and relaxed with my child.	1	2	3	4	5	98	99
h. There are times I just don't have the energy to make my child behave as (he/she) should.	1	2	3	4	5	98	99

	STRONGLY <u>AGREE</u>	<u>AGREE</u>	NEITHER AGREE OR <u>DISAGREE</u>	<u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	DON'T <u>KNOW</u>	<u>REFUSE</u>
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	98	99
j. Once I decide how to deal with a misbehavior of my child, I follow through with it.	1	2	3	4	5	98	99
k. I believe physical punishment to be the best way of disciplining.....	1	2	3	4	5	98	99
l. I believe children become confused when they are spoken to regularly in more than one language.	1	2	3	4	5	98	99

18-MONTH PARENT INSTRUMENT

SECTION S - SOCIAL SUPPORT

The next questions are about people you know and may ask for help when you need it. Who is the one person not living here that you would ask for help with the following:

S1. Suppose you had a problem, and you were feeling depressed or confused about what to do. Who would you ask for help or advice?
PSID-CDS

SHOW CARD S1/S2/ S3	NO ONE	0	BABY'S OTHER PARENT	8
	FORMER HUSBAND/PARTNER.....	1	FRIEND/NEIGHBOR.....	9
	MY MOTHER/FATHER	2	COUNSELOR/MINISTER/ OTHER CLERGY/RABBI	10
	MOTHER-IN-LAW/FATHER-IN-LAW.....	3	MEMBERS OF CHURCH/ OTHER ORGANIZATION.....	11
	MY GRANDMOTHER/GRANDFATHER ...	4	CO-WORKERS.....	12
	SPOUSE'S GRANDMOTHER/ GRANDFATHER.....	5	GROWN CHILD	13
	SISTER/BROTHER.....	6	OTHER	91
	AUNT/UNCLE/COUSIN	7	(SPECIFY)	
			DON'T KNOW.....	98
			REFUSED	99

S2. What if you had to borrow some money for a few weeks because of an emergency? Who would you ask?
PSID-CDS

SHOW CARD S1/S2 S3	NO ONE	0	BABY'S OTHER PARENT.....	8
	FORMER HUSBAND/PARTNER.....	1	FRIEND/NEIGHBOR.....	9
	MY MOTHER/FATHER	2	COUNSELOR/MINISTER/ OTHER CLERGY/RABBI	10
	MOTHER-IN-LAW/FATHER-IN-LAW.....	3	MEMBERS OF CHURCH/ OTHER ORGANIZATION.....	11
	MY GRANDMOTHER/GRANDFATHER	4	CO-WORKERS.....	12
	SPOUSE'S GRANDMOTHER/ GRANDFATHER.....	5	GROWN CHILD	13
	SISTER/BROTHER.....	6	OTHER	91
	AUNT/UNCLE/COUSIN	7	(SPECIFY)	
			DON'T KNOW.....	98
		REFUSED	99	

S3. Suppose that you had an emergency in the middle of the night and needed help. Who would you call?
PSID-CDS

SHOW CARD S1/S2 S3	NO ONE	0	BABY'S OTHER PARENT.....	8
	FORMER HUSBAND/PARTNER.....	1	FRIEND/NEIGHBOR.....	9
	MY MOTHER/FATHER.....	2	COUNSELOR/MINISTER/ OTHER CLERGY/RABBI	10
	MOTHER-IN-LAW/FATHER-IN-LAW.....	3	MEMBERS OF CHURCH/ OTHER ORGANIZATION.....	11
	MY GRANDMOTHER/GRANDFATHER....	4	CO-WORKERS.....	12
	SPOUSE'S GRANDMOTHER/ GRANDFATHER.....	5	GROWN CHILD	13
	SISTER/BROTHER.....	6	OTHER	91
	AUNT/UNCLE/COUSIN	7	(SPECIFY)	
			DON'T KNOW.....	98
			REFUSED	99

S4. Do you have someone who could give you advice or information about the care of (CHILD)?
SSSI

YES.....	1 (GO TO S5)
NO.....	2 (GO TO T1)
DON'T KNOW	98 (GO TO T1)
REFUSED	99 (GO TO T1)

S5. Who would you ask for advice? [CODE ALL THAT APPLY.]
PSID-CDS IF R NAMES ONLY ONE PERSON, PROBE: Anyone else?

SHOW CARD S5	MY /PARTNER	1	NURSE	12
	BABY'S FATHER	2	COUNSELOR	13
	MY MOTHER	3	SOCIAL WORKER.....	14
	MY FATHER	4	MINISTER/PRIEST/RABBI.....	15
	MY GRANDFATHER/GRANDMOTHER....	5	CHURCH MEMBER.....	16
	MY SISTER/BROTHER	6	FRIEND OR NEIGHBOR	17
	MY HUSBAND'S/PARTNER'S FAMILY....	7	FAMILY DOCTOR.....	18
	BABY'S FATHER'S FAMILY.....	8	STAFF AT CLINICS	19
	OTHER RELATIVES	9	OTHER	91
	TEACHER/TEACHER'S AIDES.....	10	(SPECIFY)	
	CO-WORKERS.....	11	DON'T KNOW.....	98
			REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION T - FAMILY ROUTINES

T1. Now I have some questions about routines you may have at home for (CHILD). In the
HOME last week, Monday through Friday, how often did at least some of the family eat breakfast
together?

NEVER	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE TIMES	5
DON'T KNOW	98
REFUSED	99

T2. In the last week, Monday through Friday, how often did at least some of the family eat the
HOME evening meal together?

NEVER	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE TIMES	5
DON'T KNOW	98
REFUSED	99

T3. In the last week, Monday through Friday, how often was the evening meal served at a
HOME regular time?

NEVER	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE TIMES	5
DON'T KNOW	98
REFUSED	99

T4. Some families have a routine of things they do when it is time to put a child to sleep. Do
EHS you [or (CHILD)'s father] have a regular routine of things you do with (CHILD) when you
put (him/her) to sleep?

YES	1	(GO TO T5)
NO	2	(GO TO T7)
DON'T KNOW	98	(GO TO T7)
REFUSED	99	(GO TO T7)

T5. What kinds of things are part of (CHILD)'s regular bedtime routine?
EHS PROBE: Anything else? CODE ALL THAT APPLY.

GIVE COMFORT TOY/OBJECT	1
BATHE OR WASH	2
CHANGE DIAPER/TAKE TO TOILET....	3
READ A STORY	4
TELL A STORY	5
CUDDLE/RUB CHILD'S BACK.....	6
PLAY GAME	7
TALK.....	8
GIVE DRINK/SNACK	9
SING OR HUM.....	10
OTHER	91
(SPECIFY)	
DON'T KNOW.....	98
REFUSED.....	99

T6. How many times in the last week, Monday through Friday, were you [or (CHILD)'s father]
EHS and (CHILD) able to follow this type of routine?

NEVER	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE TIMES	5
DON'T KNOW	98
REFUSED	99

T7. Does (CHILD) have one regular place where (he/she) usually sleeps at night?
EHS PROBE: The same place.

YES	1
NO	2
DON'T KNOW.....	98
REFUSED.....	99

T8. Where does (CHILD) usually sleep?

EHS

IN OWN ROOM.....	1	
ALONE IN LIVING ROOM.....	2	
ALONE IN OTHER ROOM.....	3	
WITH PARENT, IN ROOM.....	4	
WITH PARENT, IN BED.....	5	
WITH PARENT AND OTHER		
CHILDREN IN ROOM.....	6	
WITH OTHER ADULT.....	7	
WITH OTHER CHILDREN.....	8	
AT SOMEONE ELSE'S HOME.....	91	
(SPECIFY)		
DON'T KNOW.....	98	(GO TO U1)
REFUSED.....	99	(GO TO U1)

T9. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

EHS

NEVER	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE TIMES	5
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION U – BIOLOGICAL FATHER'S INFORMATION

IF DAD WAS LIVING IN HOUSEHOLD AT LAST INTERVIEW AND IS STILL LIVING IN HOUSEHOLD, GO TO U7. ELSE, IF DAD WAS LIVING IN HOUSEHOLD AT LAST INTERVIEW BUT IS NOT CURRENTLY LIVING IN HOUSEHOLD, GO TO U1. IF DAD WAS NOT LIVING IN HOUSEHOLD AT LAST INTERVIEW BUT IS CURRENTLY LIVING IN HOUSEHOLD, GO TO U2. ELSE, IF NO DAD IN HOUSEHOLD AT LAST INTERVIEW OR CURRENTLY, GO TO U3.

U1. I just need to check some information about (CHILD)'s biological father. I understand he is
NEW not living in the household, is that true?

YES..... 1 (GO TO U5)
NO..... 2 (GO TO U2)
DON'T KNOW 98 (GO TO U3)
REFUSED 99 (GO TO U3)

U2. When did (he/CHILD's father) begin living in the household?

NEW

____|____| ____|____|____|____| (GO TO U7)
MONTH YEAR

DON'T KNOW 9998 (GO TO U7)
REFUSED 9999 (GO TO U7)

U3. Was there any time since (TIME FRAME) that (CHILD)'s biological father lived in the
EHS household?

YES..... 1 (GO TO U4)
NO..... 2 (GO TO U6)
DON'T KNOW 98 (GO TO U6)
REFUSED 99 (GO TO U6)

U4. How long did he live in the household?

NEW

____|____|
NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

U5. When did (CHILD)'s biological father (last) stop living in the household?
EHS What was the year and month?

____|____| ____|____|____|____|
MONTH YEAR

NEVER LIVED IN HH 0
DON'T KNOW 9998
REFUSED 9999

U6. How many minutes does (CHILD)'s (biological) father live from (him/her)? USE CATEGORIES AS
EHS PROBES IF NECESSARY.

10 MINUTES OR LESS 1
11 TO 30 MINUTES..... 2
31 TO 59 MINUTES..... 3
1 TO 2 HOURS..... 4
MORE THAN 2 HOURS 5
DON'T KNOW 98
REFUSED 99

U7. Does (CHILD)'s (biological) father live in the same state or a different state than (CHILD)?
ECLS-K

SAME STATE..... 1
DIFFERENT STATE 2
DON'T KNOW 98
REFUSED 99

U8. How often do you talk about (CHILD) with (his/her) biological father?
EHS/NSFH Would you say . . .

Several times a week 1
About once a week 2
A few times a month 3
Several times a year 4
Once or twice in (CHILD)'s life 5
Not at all? 6
DON'T KNOW 98
REFUSED 99

U9. How long has it been since (CHILD) last had a visit from (his/her) (biological) father?
ECLS-K Would you say . . .

Less than one month, ... 1 (GO TO U10)
More than a month but less than
a year, ... 2 (GO TO U11)
More than a year, or 3 (GO TO U10)
No contact since birth? 4 (GO TO U10)
PARENT IS DECEASED 5 (GO TO SECTION V)
NO CONTACT SINCE ADOPTION 6 (GO TO SECTION V)
DON'T KNOW 98 (GO TO U11)
REFUSED 99 (GO TO U11)

U10. How many days has (CHILD) seen (his/her) (biological) father in the past 4 weeks?
ECLS-K

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

U11. How much influence does (CHILD)'s (biological) father have in making major decisions about such things as discipline, feeding, health care and child care? Does he have ...
EHS

No influence, ... 1
Some influence, or..... 2
A great deal of influence? 3
DON'T KNOW 98
REFUSED 99

IF U9 = 3, 4, 98, OR 99, GO TO BOX AFTER U13. ELSE, ASK U12.

U12. In the past month, how often has (CHILD)'s (biological) father looked after (him/her) while you did other things? Was it ...
EHS
PROBE: In the last 30 days.

Every day or almost every day, ... 1
A few times a week, ... 2
A few times a month, ... 3
Once or twice, or 4
Never?..... 5
DON'T KNOW 98
REFUSED 99

U13. In a typical week, does (CHILD)'s father spend a lot, some, very little, or no time taking care of (CHILD)?
EHS/FF

A LOT 1
SOME 2
VERY LITTLE 3
NO TIME 4
DON'T KNOW 98
REFUSED 99

IF FATHER LIVES IN HOUSEHOLD, GO TO SECTION V. ELSE, ASK U14.

U14. How often has he done any of the following for (CHILD)? Has he (READ ITEM) often, sometimes, or never? CODE ONLY ONE RESPONSE FOR EACH STATEMENT.
EHS

	OFTEN	SOME- TIMES	NEVER	DON'T KNOW	REFUSED
a. Bought clothes, diapers, toys, or presents for (CHILD)?	1	2	3	98	99
b. Paid for (CHILD)'s medical insurance, doctor bills, or medicines?	1	2	3	98	99
c. Given you extra money to help out?	1	2	3	98	99
d. Helped pay for (CHILD)'s child care expenses?	1	2	3	98	99

U15. Thinking about child support, do you have a legal agreement, an informal agreement or no arrangement at all with (CHILD)'s biological father?
EHS

LEGAL	1 (GO TO U16)
INFORMAL	2 (GO TO U16)
NOT NEEDED, STILL MARRIED TO FATHER	3 (GO TO SECTION V)
NO ARRANGEMENT	4 (GO TO SECTION V)
DON'T KNOW	98 (GO TO SECTION V)
REFUSED	99 (GO TO SECTION V)

ASK U16 IF MOM HAD LEGAL/INFORMAL AGREEMENT AT 9 MONTH INTERVIEW. ELSE, ASK U17.

U16. When was a(n) (legal/informal) agreement reached about child support payments?
EHS

PROBE: What month and year?

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MONTH	YEAR								

DON'T KNOW	9998
REFUSED	9999

U17. Has the legal or informal agreement with (CHILD)'s biological father been changed since our last interview, that is, since (TIME FRAME)?
EHS

YES	1 (GO TO U18)
NO	2 (GO TO BOX AFTER U21)
DON'T KNOW	98 (GO TO BOX AFTER U21)
REFUSED	99 (GO TO BOX AFTER U21)

U18. How has the legal or informal agreement changed since our last interview, that is, since (TIME FRAME)? (CODE ALL THAT APPLY)
NEW

CUSTODY ARRANGEMENT	1
VISITATION	2
PROPERTY SETTLEMENT	3
CHILD SUPPORT PAYMENTS	4
OTHER	91
(SPECIFY)	
DON'T KNOW	98
REFUSED	99

U19. What was the date of this new agreement?
EHS PROBE: Month, Year

____|____| ____|____|____|____|
MONTH YEAR

DON'T KNOW 9998
REFUSED 9999

U20. How was this agreement reached? Was it through ...
NEW

A formal court hearing, ... 1
A formal mediation, ... 2
Your lawyers meeting informally, or 3
He and you sitting down and talking? 4
OTHER 91
(SPECIFY) _____
DON'T KNOW 98
REFUSED 99

U21. Would you say the change in the legal or informal agreement has been positive, negative or made
NEW no difference?

POSITIVE 1
NEGATIVE 2
NO DIFFERENCE 3
DON'T KNOW 98
REFUSED 99

ASK U22 IF HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT
(U15 = 1 OR 2). ELSE GO TO SECTION V.

U22. How much per month is he (now) supposed to pay for (CHILD)'s support?
EHS PROBE: Your best estimate will be fine.

\$____|____|____|____|____| PER MONTH

DON'T KNOW 98
REFUSED 99

U23. How much per month (now) do you usually get for (CHILD)'s support?
NEW PROBE: Your best estimate will be fine.

\$____|____|____|____|____| PER MONTH

DON'T KNOW 98
REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION V – WELFARE AND OTHER PUBLIC ASSISTANCE

Now I have a few questions about your family's income.

V1. At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in
USDA your household) received Food Stamps?

YES..... 1 (GO TO V2)
NO..... 2 (GO TO V3)
DON'T KNOW 98 (GO TO V3)
REFUSED 99 (GO TO V3)

V2. For how many months since (TIME FRAME) did you (or anyone else in your household)
NEW receive Food Stamps?

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

V3. At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in
USDA your household) received TANF {state specific program} or welfare?

YES..... 1 (GO TO V4)
NO..... 2 (GO TO V5)
DON'T KNOW 98 (GO TO V5)
REFUSED 99 (GO TO V5)

V4. For how many months since (TIME FRAME) did you (or anyone else in your household)
NEW receive TANF {state specific program}?

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

V5. At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in
USDA your household) received Medicaid benefits?

YES..... 1 (GO TO V6)
NO..... 2 (GO TO V7)
DON'T KNOW 98 (GO TO V7)
REFUSED 99 (GO TO V7)

V6. For how many months since (TIME FRAME) did you (or anyone else in your household) receive Medicaid benefits?
NEW

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

V7. In the last 30 days, did you use WIC vouchers to buy food for yourself? WIC is the Women, Infants, and Children nutrition program.
USDA

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

V8. In the last 30 days, did you use WIC vouchers to buy formula or other food for (CHILD)?
USDA

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

ASK V9 IF OTHER CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD.
ELSE, GO TO V10.

V9. In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?
USDA

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

V10. Since our last interview, which was (TIME FRAME), have you (or any member of your household) received any of the following other sources of household income or support?
FACES

	YES	NO	DON'T KNOW	REFUSED
a. Unemployment Insurance, ...	1	2	98	99
b. Child support, ...	1	2	98	99
c. SSI or SSDI, ...	1	2	98	99
d. Social Security Retirement or Survivor's benefits, ...	1	2	98	99
e. Loan repayments – for example, from friends, relatives, and so forth, ...	1	2	98	99
f. Payments for providing foster care, ...	1	2	98	99
g. Energy assistance, ...	1	2	98	99
h. Money given to the family, or	1	2	98	99
i. Anything else?	1	2	98	99
SPECIFY _____				

18-MONTH PARENT INSTRUMENT

SECTION W – HOUSEHOLD INCOME

W1. Including yourself, how many adults contribute to your household income?

FACES

|_|_|_|

NUMBER OF ADULTS

DON'T KNOW 98

REFUSED 99

W2. 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?

NHES

Was it . . .

\$25,000 or less, or	1	(READ SET 1)
More than \$25,000	2	(READ SET 2)
DON'T KNOW	98	(GO TO BOX BEFORE W5)
REFUSED	99	(GO TO BOX BEFORE W5)

W3. Was it . . .

NHES

[SET 1]

\$5,000 or less, ...	1	
\$5,000 to \$10,000, ...	2	
\$10,001 to \$15,000, ...	3	
\$15,001 to \$20,000, ...	4	
\$20,001 to \$25,000, ...	5	
DON'T KNOW	98	
REFUSED	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, or	10	
More than \$75,000?	11	
DON'T KNOW	98	
REFUSED	99	

ASK W4 IF
(NUMBER IN HH=2 AND W3 ≤3) OR
(NUMBER IN HH=3 AND W3 ≤3) OR
(NUMBER IN HH=4 AND W3 ≤4) OR
(NUMBER IN HH=5 AND W3 ≤4) OR
(NUMBER IN HH=6 AND W3 ≤5) OR
(NUMBER IN HH=7 AND W3 ≤5) OR
(NUMBER IN HH=8 AND W3 ≤6) OR
(NUMBER IN HH≥9 AND W3 ≤7).
ELSE, GO TO BOX BEFORE W5.

W4. What was your household income last year, to the nearest thousand?
NHES

\$ | | | | |, | | | | |.
TOTAL INCOME

DON'T KNOW 98
REFUSED 99

INTERVIEWER: CODE W5 IF OBVIOUS. ELSE ASK RESPONDENT.

W5. In what type of housing do you now live? Is it...
NEW

A house, townhouse or condominium,.... 1
An apartment, ... 2
A mobile home or trailer, ... 3
A community shelter, ... 4
A hotel or motel room, ... 5
Are you homeless, or 6
Do you live in another type of
housing? 91
SPECIFY _____
DON'T KNOW 98
REFUSED 99

W6. What is your current housing situation? Do you...

ECLS-K

- | | | |
|---|----|-----------------------|
| Own your own house , townhouse, or condominium, ... | 1 | (GO TO BOX BEFORE W8) |
| Rent your house or apartment, ... | 2 | (GO TO W7) |
| Exchange services for housing, ... | 3 | (GO TO W7) |
| Not pay for housing,..... | 4 | (GO TO W7) |
| Live in temporary housing or a shelter, or | 5 | (GO TO W7) |
| Have another type of housing arrangement? (SPECIFY) | 91 | (GO TO W7) |
| | | |
| DON'T KNOW | 98 | (GO TO W7) |
| REFUSED | 99 | (GO TO W7) |

W7. Do you live in public housing or do you and your family receive a rent subsidy or pay a lower rent because the government pays part of the cost?

ECLS-K

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

IF W6 = 1 (OWNS HOME), ASK W8. ELSE, GO TO W9..

W8. Could you tell me what the present value of your (house) is – I mean about how much would it bring if you sold it today?

PSID

\$|_|_|_|_|_|_|_|_| . |_|_|_|_|_|
TOTAL VALUE

- | | |
|------------------|----|
| DON'T KNOW | 98 |
| REFUSED | 99 |

W9. Do you (or anyone in your household) own a car or truck?

PSID

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

W10. Do you (or anyone in your household) have any shares of stock in publicly held corporations, mutual funds, or investment trusts, including stocks in IRAs?

PSID

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

W11. Do you (or anyone in your household) have any money in checking or savings accounts,
PSID money market funds, certificates of deposit, or government savings bonds, or Treasury bills,
including IRAs?

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION X – CLOSING STATEMENT AND TRACING INFORMATION

Thank you for your cooperation and for taking the time to participate in this important study. Just to make sure I can reach you for the next interview, which will take place around the time (CHILD) is 30 months old, I'd like to verify that the information you gave us last time is still correct. [DISPLAY TRACING INFORMATION.] Is this information still accurate?

IF TRACING INFORMATION IS CORRECT, GO TO CLOSE. ELSE, GO TO X1.

X1. Is there a second telephone number, such as a work number, a friend or relative's number, or a
ECLS-K beeper or cell phone number where you can sometimes be reached?

YES.....	1 (GO TO X2)
NO.....	2 (GO TO X4)
DON'T KNOW	98 (GO TO X4)
REFUSED	99 (GO TO X4)

X2. What is that telephone number?

ECLS-K

(| | | |) | | | | - | | | | | ext. _____

DON'T KNOW	98
REFUSED	99

X3. Where is that telephone located?

ECLS-K

OFFICE/PLACE OF BUSINESS.....	1
RELATIVE (SPECIFY).....	2
NEIGHBOR (SPECIFY).....	3
FRIEND (SPECIFY).....	4
PAGER/BEEPER NUMBER	5
CELL PHONE	6
OTHER (SPECIFY).....	91
DON'T KNOW	98
REFUSED.....	99

X4. Is there a relative or friend, who does not live in this household, who will always know how to get in
ECLS-K touch with the family?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES	1 (GO TO X5)
NO	2 (GO TO BOX BEFORE X8)
DON'T KNOW	98 (GO TO BOX BEFORE X8)
REFUSED.....	99 (GO TO BOX BEFORE X8)

X5. What is the name, address, and telephone number of that person?
ECLS-K PROBE: What is this person's relationship to you?

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (____) _____ - _____
RELATIONSHIP: _____

X6. Aside from (PERSON IN X5), is there another relative or friend, who does not live in this
ECLS-K household, who will always know how to get in touch with the family?

IF NECESSARY, SAY: I will only contact this person if I cannot locate you for the next interview.

YES 1 (GO TO X7)
NO 2 (GO TO BOX BEFORE X8)
DON'T KNOW 98 (GO TO BOX BEFORE X8)
REFUSED 99 (GO TO BOX BEFORE X8)

X7. What is the name, address, and telephone number of this person?
ECLS-K

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (____) _____ - _____
RELATIONSHIP: _____

ASK X8 IF FATHER NOT IN HH. ELSE, GO TO X9.

X8. What is the name, address, and telephone number of (CHILD)'s (biological/adoptive)
ECLS-K (mother/father/mother or father)?

IF NECESSARY, SAY: I will only contact this person if I cannot locate you for the next interview.

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (____) _____ - _____
RELATIONSHIP: _____

X9. Do (you/(CHILD)'s parents/(CHILD)'s (mother/father)) plan to move to a new home before the summer of 2002?
ECLS-K

YES 1 (GO TO X10)
NO 2 (GO TO CLOSE)
DON'T KNOW 98 (GO TO CLOSE)
REFUSED 99 (GO TO CLOSE)

X10. What is the address and telephone number where (you/(CHILD)'s (mother/father)) plan to move?
ECLS-K

ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (| | |) | | | - | | | |

X11. CODE IF OBVIOUS, OTHERWISE ASK: Are (you/(CHILD)'s (mother/father)) planning to move . . .
ECLS-K

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
DON'T KNOW 98
REFUSED 99

CLOSE. Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.

Appendix G

Appendix G

JUSTIFICATION FOR 18-MONTH CHILD CARE PROVIDER TELEPHONE INTERVIEW

There are many different methods of classifying child care, usually based on the provider's relation to the child. However, for the Early Childhood Longitudinal Study, Birth Cohort 2000 (ECLS-B), there are no clearly defined paths in the interview based on artificial classifications. The strategy is to collect all the relevant information, skipping any unnecessary or inapplicable questions, and then to categorize the type of care later in the analyses of the data. Applicability of questions will be determined by where the care occurs (in the child's home, another home, or a care center) and whether the provider is a relative of the child.

Section A—Introduction

Background from Parent Interview (A1-A7). These items list the relevant information collected in the 18-Month Parent Interview about the caregiving arrangements. The rest of the section (A8-A25) verifies the identity of the child's primary caregiver, the type of care provided, as well as the director of the center if the child is in center-based care.

Section B—Center Information

Type of Center and Sponsorship (B1-B4). The type and site of care are closely associated with other variables affecting quality, such as the availability of contact with peers, planned educational activities, and whether care takes place in a child-centered environment. Children cared for in their own homes generally have less contact with other children; also the setting tends to be oriented for adults. At the same time, home care usually has a lower adult-to-child ratio. Family-based day care may provide more opportunities for contact with other children but is usually not provided in a child-centered environment. Center-based care provides more opportunities for group activities, adult-child interaction and socialization; caregivers are also more likely to be trained, and the environment is more likely to be child-centered. These factors most often found in center-based care have been shown to affect children's scores in tests of social and cognitive competence (Clarke-Stewart, 1989; Harms, 1992; Kisker, Hofferth, Phillips, & Farquhar, 1991). In addition, Friedman & Armadeo (in press) have found that auspice of care

is important in determining quality of child care. Whether the child care is for profit, independent, religiously affiliated, etc., influences other measures of child care quality. Questions in Section B attempt to capture these variables that may influence quality of child care.

Accreditation and License (B5-B8). Howes, Smith, and Galinsky (1995) found that accreditation of the child care arrangement was associated with greater complexity of play behavior, higher adaptive language scores, security of attachment to caregiver, and fewer behavior problems. Phillips, Lande, and Goldberg (1990) found that state regulations for licensing provided minimum criteria for child care providers such as adult-to-child ratios that have been associated with quality of child care. Questions on accreditation and licensing are asked of the director for center-based programs.

Weekly Fee (B9). Hofferth and colleagues have found that , in the case of paid care, cost of care is closely associated with quality of care. In fact, it may be a stronger predictor of type of care selected by parents than other measures of quality such as adult-to-child ratio (Hofferth, 1991; Hofferth & Wissoker, 1992). In addition, center-based care generally costs more than family-base care and care by a relative, with higher cost center-based care being of higher quality than lower cost center-based care. The higher cost of center-based care to parents reduces the likelihood that families will choose center-based care. Therefore, the director is asked to provide the average fee for 18-month-olds who attend the center full-time. This data can then be compared to the parent's report of the amount paid in child care fees.

Section C—Staffing

Director and Staff Information (C1-C3). Group size and adult-to-child ratio are also important quality factors. A larger group size has been associated with caregivers who are less responsive, less socially stimulating, and more restrictive (Howes, 1983; NICHD, 1996; Stallings, 1980). Large group size is also negatively associated with social competence, verbal initiative, and cognitive test scores as children get older (Clarke-Stewart, 1989; Holloway & Reichart-Erikson, 1989; Ruopp, Travers, Glantz, & Coelen, 1979). However, some studies have found that the adult-to-child ratio was a more important predictor than group size in center-based care (Burchinal, Roberts, Nabors, & Bryant, 1996; Scarr, Eisenberg, & Deater-Deckard, 1994; Whitebook, Howes, & Phillips, 1989).

The positive impact of a low adult-to-child ratio has been well documented (Burchinal, Roberts, Nabors, & Bryant, 1996; Scarr, Eisenberg, & Deater-Deckard, 1994; Whitebook et al, 1989). In home-based care, large group size has more consistently been shown to have negative effects with caregivers being less sensitive, less responsive, and less likely to engage in interaction with children (Howes, 1983; Stallings, 1980). Several studies of outcomes for toddlers in center-based care have shown that lower adult-to-child ratios have a considerable positive impact (Allhusen, 1992; Ruopp et al., 1979; Whitebook et al., 1989). The NICHD Early Child Care Research Network data (1996) have shown that sensitivity of caregivers' responses for infant care are closely related to the adult-to-child ratio, with 1:1 ratio settings scoring considerably higher than others. This finding applies to both home and center-based settings. For these reasons, Section C asks the director of center-based programs about the size of their full- and part-time staff.

Turnover and Continuity of Care (C4-C6). The consistency of child care over time are crucial factors in the impact of child care on children. Stability of care over time has been associated with children's cognitive and socioemotional development (Hayes, Palmer, & Zaslow, 1990; Whitebook, et al., 1989; Zaslow, 1991). Children who experience a greater number of changes in child care arrangements have been shown to engage in less complex forms of play (Howes & Stewart 1987) and to have more problems in school as first graders (Howes 1988). The NICHD Early Child Care Research Network (1996) found that a high number of changes in child care providers had a negative effect on the security of attachment to the mother when combined with low scores for mothers on sensitivity in play. Questions about staff turnover and the center's policy on changing caregivers are asked in Section C to capture these important constructs.

Section D—Center Services

Health and Developmental Screenings (D1). Physical well-being is an important predictor of later child development outcomes; an infant's physical growth, cognitive, emotional, and social development can be in jeopardy without it. Poor health status at birth and in infancy exerts its effects in both direct and indirect pathways. The direct effect is through the physical consequences that may endure beyond the neonatal period (National Commission on Children, 1991). The indirect effect of compromised infant health status is through the social consequences that are secondary to the original physical problem (Alexander & Entwisle, 1988).

Few studies have found significant associations between the age at which infants achieve early developmental milestones and their later intellectual functioning in the middle range of variation in children's early development. However, extremely late or extremely early attainment of key milestones are associated with developmental abnormalities or intellectual giftedness. Moreover, the extent to which infants reach particular sensorimotor and cognitive milestones (e.g., sitting, crawling, walking) may be associated in part with the kinds of physical and verbal stimulation they have received from the environment, and may also subsequently affect the kinds of physical and social feedback that the child receives.

Clearly, children's health and development are important predictors of their later development. Early detection of potential health problems or developmental delays may allow treatment or intervention that will prevent further developmental interference. Therefore, items that ask whether child care providers coordinate screening for health problems and developmental milestones are included in Section D.

Meals and Snacks (D2-D3). Food and nutritional intake is also an important aspect of early child health. Inadequate nutrition among infants and young children is related to failure to thrive and may be associated with physical problems, deficits in intellectual and socioemotional development, and may have lasting effects on children's physical and mental health (Dwyer & Argent, 1990). Poor nutrition in the first months and years of life, when the brain is rapidly developing, may lead to intellectual impairment (Balazs, Jordan, Lewis, & Patel, 1986; Sewell, Price, & Karp, 1993). Infants and toddlers who are undernourished have also been found to have substantially reduced levels of visual and physical exploration of their environment, which is associated with early cognitive development (Barrett, Radke-Yarrow, & Klein, 1982; Cravioto & Arrieta, 1986). Items obtaining information about the meals and snacks prepared by child care providers have been contributed by the U.S. Department of Agriculture (USDA). They are included in Section D for center directors and Section M for Family Child Care providers.

Section E—Transition to Caregiver

The items in this section simply verify the identity of the child's primary caregiver and mark the transition from the director's interview to the primary caregiver's interview.

Section F—Care of Focal Child

Time in Care (F1-F5). Over the past two decades, there has been considerable discussion about the consequences of child care on various child outcome measures (see, for example, Scarr & Eisenberg, 1996, for a review). Researchers have come to different conclusions about these consequences, and it appears that part of the explanation for these contradictory findings may be due to the amount of time that children spend in alternate caregiving arrangements as well as the number of different caregiving arrangements children have had. Belsky & Rovine (1988) and Clarke-Stewart (1989) found that infants who experienced routine nonmaternal care for 20 hours or more per week as infants were significantly more likely to be subsequently classified as insecurely attached. Brazelton (1985) and others (Sroufe, 1988) have argued that prolonged separations from an infant may affect the mother's ability to be responsive to the infant. On the other hand, Roggman, Langlois, Hubbs-Tait, and Rieser-Danner (1994) found no significant associations between amount of time in care and attachment classification. Furthermore, the recent NICHD Early Child Care Research Network (1996, 1997) found that infants' attachment to mothers is most strongly affected when the infants are at "dual risk," that is, receiving large amounts of alternate child care out of the home while at the same time experiencing less sensitive caregiving in the home. There was a gender difference found, however. Hours in care had opposite effects for boys and girls, other variables being controlled: Boys who spent more than 30 hours a week in care were more likely to be insecurely attached and girls who spent less than 10 hours a week in care were more likely to be insecure. In addition, in a subsequent study reported in 1997, the NICHD Early Child Care Research Network concluded that hours in care did not have a significant effect on the cognitive development of 2-year olds.

Section F obtains basic information about length and amount of care that the child care provider gives to the focal child, including how long the child has received care from the current child care provider, how much time the child spends in care each week and the number of adults who may be available to assist the child care provider. This latter information also relates back to the issue of the adult-to-child ratio, as discussed previously. The information obtained in this set of questions can also be used in conjunction with

information provided in the parent interview about the number of different child care arrangements the child has had. This will enable the derivation of an estimate of caregiving consistency, which has been found to have important implications for the development of young children. Children who experience a greater number of changes in child care arrangements have been shown to have negative outcomes on various measures, including play (Howes & Stewart, 1987), security of attachment (NICHD Early Child Care Research Network, 1996) and subsequent school problems in first grade (Howes, 1988).

Section G—Other Children in Care

Number and Age (G1-G3). The size of the group of children that child care providers care for at any one time has been found to be an important predictor of the quality of care, especially in center-based care. Several studies have shown that, not unexpectedly, caregivers for larger groups of young children are less responsive, less socially stimulating and more restrictive (Howes, 1983). In addition, large group size has been found to be associated with increased distress, apathy and potentially harmful behaviors in infants and also be negatively related to measures of social competence, cooperativeness and task involvement, verbal initiative and cognitive outcome measures in the preschool years and older (Clarke-Stewart, 1989; Holloway & Reichart-Erikson, 1989; Ruopp, Travers, Glantz & Coelen, 1979). In home-based care (what corresponds to "family day care" in ECLS-B), group size has been shown to be negatively associated with caregiver sensitivity, responsiveness, and frequency of child-caregiver interactions (Howes, 1983; Stallings, 1980). In addition, the NICHD Early Child Care Research Network reported (1996) that group size is important for positive outcomes in infant care in both home and center-based settings, although older children may benefit from larger group size than do infants.

Characteristics of Other Children in Care (G4-G10). It is also possible that the effects of group size may be exacerbated by the characteristics of the other children in care. For example, a relatively large number of younger children, a wide age range, or the presence of special needs children or non-English speaking children, may place additional demands on the caregiver's ability to provide adequate nurturant care. These competing demands may reduce the availability of care to any one child.

Section H—Child's Development

Receptive and Expressive Language (H1, H3). The transition from preverbal to verbal communication is a critical developmental milestone for children. At 18 months, the age at which children are typically making this transition, early communication is measured by the expressive language and language comprehension subscales of the Minnesota Child Development Inventory (MN-CDI; Ireton, 1992) and by four items from the "Actions and Gestures" subscale of the MacArthur Communication Development Inventory (M-CDI; Fenson, Dale, Reznick, Bates, Thal, and Pethick, 1994). Given the importance of the 18-month period as a time when the child is developing emergent language skills, we felt it was important to obtain this information from both the parent and the child care provider. In addition, the behavior of children at this age can be variable, changing with the situation or with the interaction partner. For these reasons, it is desirable to obtain information about children's early communication from multiple sources in order to obtain converging evidence for a more accurate description of children's abilities across situations.

The Minnesota Child Development Inventory (MN-CDI) was originally developed over 20 years ago (Ireton & Thwing, 1972, 1974) and was recently revised and renormed as the Child Development Inventory (Ireton, 1992). It was originally designed to provide a systematic way of obtaining in-depth information from parents about their children's development in order to screen children for developmental problems. The MN-CDI is designed for children from 15 months to 6 years of age and the infant version, the Minnesota Infant Development Inventory covers the birth to 21-month ages, with a number of items bridging the two versions. It should be emphasized that the MN-CDI measures the present development of young children based on the mother's report of what she has seen the child do. Although the inventory norms are based on maternal reports, another caregiver can complete the inventory if they have observed the child's behavior extensively. Furthermore, because the MN-CDI was designed to be administered by individuals who are not extensively trained in child development, it is feasible to expect that caregivers will be able to provide accurate estimates of children's abilities on these items.

Only two construct areas, expressive language and language comprehension, are included in the 18-month child care provider interview due to time constraints. These constructs and the items asked of the child care providers are the same as the items that are asked of the parent. (Please see the 18-month

parent interview for a discussion of the selection criteria for items and for an in-depth discussion of the psychometric properties of the instrument.)

Although it appears that the MN-CDI has not been used in any national studies of child development, it has been widely used for the past two decades as a screening tool in a variety of applied settings, such as preschool programs and pediatric clinics. The settings in which it has been used include the Colorado Spring Early Head Start Program where both the MN-CDI and its infant version are used to screen and to track children's development after admission into the program. Colorado Springs' Child Find, a collaborative effort of school districts, community agencies and parents, also uses the MN-CDI as a screening tool to identify children at risk for developmental problems or who have special needs. In Minnesota, the Washington County Early Intervention Network uses the MN-CDI to help determine whether children need additional assessments: If a child scores below 20 percent in more than two areas on the MN-CDI, an overall assessment is usually done. Several school districts also use this inventory to screen children with significant hearing loss, with communication problems and with autism for developmental delays and problems. In addition, it is also used widely in pediatric practices and clinics as a general indicator of developmental well-being, as well as to screen for developmental problems in medically fragile children, in low birth weight children and in children with serious medical problems, such as end-stage renal disease, lead toxicity and structural deformities. In addition, the inventory has been adapted for use in many different cultures, such as Armenia, Chile, Russia and China, which attests to its applicability across cultures. The settings in which the MN-CDI has been used closely parallel many of the characteristics of families and children who will be sampled in ECLS-B.

Use of Gestures (H2). In the 18-month parent interview, the "Early Words," "Words Children Use" and "Actions and Gestures" subscales are administered to the parent. It was felt that it would be overly burdensome to administer all three subscales to the child care provider. Therefore, four items from the "Actions and Gestures" subscale of the MacArthur Communication Development Inventory (MacArthur-CDI) were selected to be asked of the child's caregiver. These four items include reaches to give you a toy he/she is holding, puts finger in front of lips to mean 'hush,' blows kisses, and smacks lips "yum-yum" if something tastes good. It was believed that these particular items are appropriate for 18 month olds and they are behaviors that caregivers are likely not only to observe in the children they care for but also to be able to distinguish our target child's abilities from others in their care. In addition, this focus on toddler communication through actions and gestures provides an opportunity to

obtain appraisals of a range of early communicative and representational skills that are not dependent on verbal expression.

The MacArthur CDI has been used in the NICHD Early Child Care Study and in the Health Steps study. This research involved large populations with cross-sections of income groups, minorities, and SES groups. Positive results from these studies indicate that the MacArthur CDI will be appropriate for the ECLS-B population as well. Because the psychometric properties of the MacArthur-CDI are reported extensively in the 18-month parent interview justification, please refer to that report for this information.

Section I—Child Temperament

Temperament is generally defined as individual differences in a set of personality characteristics appearing early in life that have a probable constitutional biological basis. Individual differences in temperamental dimensions such as attention, activity level, sociability, and emotionality are conceptually associated with later child educational outcomes both directly and indirectly through the effect that these characteristics have on both adults and other children with whom the child interacts. In addition, temperament characteristics appear to be moderately enduring in early childhood. Longitudinal studies of temperament in infancy and early childhood have found moderate stability for some temperament dimensions across the infant-toddler period and early childhood (Broberg, Lamb & Hwang, 1990).

Temperament is generally regarded as an enduring characteristic and by the first year is having an influence on the child's emergent learning styles and is beginning to shape the child's interactions with others. Children who are highly active and seek novel stimuli tend to explore the environment more and show early signs of curiosity to learn about the environment. Children who are more inhibited or who are slow to warm up may not engage in high levels of curiosity and exploration but rather show a more incremental, careful approach to learning about the environment and may be somewhat slower to develop new skills. Although these more inhibited children learn the necessary skills for school readiness, they show a different method or style for learning that continues in later ages. They may initially react negatively to new stimuli and will display a slower, more determined or methodical approach. Further, these children may not rely so strongly on social or interpersonal cues in learning

because of their inherent shyness around others. These are among the more important reasons for including temperament in ECLS-B. Temperament emerges early in life and underlies some of the later differences in children's learning styles. Including these items in the child care provider interview will provide transition data points between the temperament assessment of infancy and any subsequent assessments of learning styles that may be included in later phases of the study. In addition, the child's temperament shapes, to varying degrees, the quality of care that the child receives. For example, the frustrations of caring for a difficult child may have a negative impact on the caregiver's ability to provide nurturant care.

The three items in the 18-month child care provider interview that measure temperament were taken from the National Longitudinal Study of Youth (NLSY) and the Canadian National Study of Children and Youth (NLSCY). (For an in-depth discussion of the psychometric properties and theory behind this instrument, please refer to the 9-Month Parent Interview Justification.) These three items are part of the negativity/difficulty construct which is the most predictive construct (I1-I3). These items include: (1) "How often do you have trouble soothing or calming child when he/she is crying or upset?" (2) "How much does child smile, laugh or make happy sounds?" and, (3) "For most caregivers, how difficult would [Child] be to take care of?" The first two items refer to specific behaviors in specific situations and the third is a global appraisal of how easy or difficult it is to care for the child. Child care providers will be able to provide accurate answers to these items because they do refer to specific behaviors in specific situations and because the easiness or difficultness of a child is very salient to a caregiver. Although the number of items is considerably reduced, it will still be possible to compare the children of ECLS-B with the U.S. NLSY and Canadian NLSCY samples on the difficultness construct.

Section J—Caregiver-Child Relationship

The child-caregiver relationship is a critical aspect of child care quality. Researchers have found that children are more likely to develop social and cognitive skills when their caregivers are stimulating, educational, and respectful (Carew, 1980; Clarke-Stewart, 1984, 1987; Clarke-Stewart & Gruber, 1984; Golden et al., 1978; McCartney, 1984; Phillips, Scarr, & McCartney, 1987). Clarke-Stewart (1992) reported that in a study undertaken in Chicago, children did best when their caregivers were responsive, positive, accepting, informative and engaged in such activities as reading to the children. There is also evidence to suggest that a secure attachment to an alternative caregiver may compensate for

an anxious attachment to the mother (Howes, Rodning, Galluzzo, & Myers, 1988). Researchers investigating infant attachment to alternative caregivers on an Israeli kibbutz found that infants' quality of attachment to alternative caregivers affected later development more strongly than did attachment to the mother (Oppenheim, Sagi, & Lamb, 1988). Because research suggests the quality of the child-caregiver relationship is an important predictor of children's outcomes, it is important to include a measure of the quality of the child-caregiver relationship.

Closeness and Conflict (J1). To measure the quality of the child-caregiver relationship, six items were selected from the 15-item Short Form of the Student-Teacher Relationship Scale (STRS; Pianta, 1996). The full STRS consists of 28 items that comprise three subscales, closeness, conflict and dependency.

The STRS has its conceptual roots in attachment theory and research. For example, child attachment to caregivers has been found to be associated with peer relations, problem solving, and school adjustment (Bus & van Ijzendoorn, 1988; Greenberg & Speitz, 1988; Sroufe, 1989). Bus & van Ijzendoorn (1988) found associations between children's emerging literacy skills, mother-child interaction, and security of attachment in children from 18 to 66 months. Securely attached children attended to their mothers, required less disciplinary intervention, received more instruction from their mothers, did more spontaneous reading, and performed better on emergent literacy measures than did insecurely attached children. Sroufe (1983) similarly found that insecurely attached preschoolers were more likely to be rejected by peers and by adults and had difficulty learning. This body of research on parent-child relationships provides a compelling argument for the influence of adult-child relationships on child adjustment and provides a methodological framework for research. Pianta further suggests that research on parent-child relationships and child competence provide the conceptual and methodological background for studying teacher-child relationships and, by extension, caregiver-child relationships.

Three items were selected from the "closeness" subscale and three items from the "conflict" subscale. Coefficient alphas were .92 for the conflict subscale and .86 for the closeness scale. The three closeness items that were selected include "If upset, this child will seek comfort from me," "This child is uncomfortable with physical affection or touch from me," and, "It is easy to be in tune with what this child is feeling." The three conflict items include "This child and I always seem to be struggling with each other," "This child remains angry or is resistant after being disciplined," and "When this child wakes

up in a bad mood, I know we're in for a long and difficult day." The respondent uses a 5-point Likert scale to indicate the applicability of the item (from definitely does not apply to definitely applies, with neutral being the midpoint) to the respondents relationship with the child. Items from the dependency subscale were not included in the 18-month caregiver interview because at this age dependency is developmentally appropriate. In addition, only those items were used from the closeness and conflict subscales that are developmentally appropriate for 18-month olds (that is, they measure behaviors that a typical 18-month old would exhibit) and that do not rely heavily on verbal skills.

The STRS has been used as a measure of student-teacher relationship in several large-scale national studies, including the NICHD Study of Early Child Care, and the Cost, Quality, and outcomes in Child Care Study, and in many smaller-scale studies. Although this instrument is typically used with older children, the items selected in ECLS-B have an "ageless" quality that makes them applicable to the toddlers in ECLS-B. In addition, research using this instrument with younger children is currently being done in a study that links the STRS with approaches to assessment and intervention in child-teacher relationships in the preschool age-range (Pianta, in preparation).

Item J2 consists of a subset of items from the Child-Caregiver Relationship Inventory (CCRI). These items were selected to measure the caregiver's general perception of the quality of the child rearing relationship between the caregiver and the child (van Ijzendoorn, 1998).

Section K—Parental Involvement

Question **K1-K4** are a brief set of four questions that obtain information about parents' involvement in the child's alternate care. Two questions ask about the frequency and direction of communications about the child's well being while under the child care provider's care and one question obtains information about the caregivers' attitudes toward spontaneous visits from parents. Caregiver receptiveness toward parental involvement and open communication between parents and caregiver about the child's well being are an additional aspect of quality care. In addition, these items indicate the levels of mutual supportiveness of the caregiving roles that each have. A supportive social network can mitigate the stresses of parenting and caregiving. Generally, the more social support the child's caregivers have, the better the outcomes for the child (e.g., the more supportive the social network of the primary caregiver, the more likely the child is to form secure attachments) (Crockenberg, 1981).

A subset of questions from van Ijzendoorn's (van Ijzendoorn, et al., 1998) Parent-Caregiver Relationship Inventory (PCRI; **K5**) is used to measure the quality of the relationship between the parent and the caregiver. The PCRI has been used in a survey of a national Dutch sample (N=568 children). The seven items selected are used to assess the provider's impression of the relationship with the parent. The respondent indicates agreement or disagreement with certain caregiver provider characteristics. To the extent feasible, the same subset of items is used in the Parent Interview to obtain the parent's impression of the relationship, although the inapplicability of some items will force the choice of alternative items.

In a study of attunement (defined as the degree to which parents and child care providers share similar beliefs about the quality of the child-caregiver relationship and the parent-caregiver relationship) between parents and child care providers, van Ijzendoorn (van Ijzendoorn, et al., 1998) found that within families both parents tended to be similar to each other in their child-rearing beliefs and attitudes. There were some discontinuities between parental and child care provider attitudes. In particular, lack of attunement about authoritarian caregiving was associated with decreased child well-being. Similarly, improved communication between parents and child care providers was associated with increased attunement and improved child well-being.

Section L—Caregiver Beliefs and Attitudes

Expectations for Child Development (L1-L2). The extent to which caregivers are aware of the general process of child development may be related to the development of children in their care. Parental knowledge of developmental milestones has been associated with positive parenting practices and child outcomes, especially among families at risk (e.g., Field, Widmayer, Greenberg, & Stoller, 1982; Greenberg & Crnic, 1988; Stern, 1990). Items asking about expectations for child development have been proposed for the caregiver interview. Eighteen months is an appropriate age for asking these questions because of rapid developmental changes made by children of this age (e.g., walking and language development). At 18-months, caregivers are asked questions about when s/he expects babies (in general) become able to do certain things, of which "know right from wrong," "be ready for toilet training," or "understand what 'no' means," are a few examples. These same questions are asked of the child's mother

during the 18-month interview, so comparisons can be made to determine similarities and differences in the expectations of mothers and caregivers.

Another important aspect of caregiving styles is the extent to which caregivers value obedience to authority and try to control the behavior of children in their care. Research suggests that high levels of control or authoritarian beliefs are negatively associated with school-related abilities in childhood (Hess & McDevitt, 1984) and adolescence (Connell & Wellborn, 1991; Dornbusch, et al., 1987). Harter (1978) found that parents who respond positively to their young children's attempts to independently master their environments, including exploration and attempts to master challenging tasks, facilitate the development of high levels of perceived competence and mastery motivation. In contrast, parents who discourage or punish independent behavior may lead their children to perceive themselves to be incompetent and unwilling to take on and master new challenges.

There may also be cultural differences in caregiving styles and the value placed on controlling behavior, and its effect on children. For instance, in a study of American-born and immigrant parents (Okagaki & Sternberg, 1993), immigrant parents rated conformity over autonomy as an important value in child rearing. In contrast, American-born parents favored autonomy over conformity. In another study, Baumrind (1972) found that authoritarian parenting styles were more common among middle-class African American families than middle-class white families, and that, unlike in the white families, authoritarian parenting in African American families was associated with independence and assertiveness in young daughters.

In consideration of the above discussion, a set of questions is included in Item **L3** that assesses authoritarian caregiving attitudes. The respondent indicates agreement with one of two opposing attitudes or beliefs, such as "Once you've made rules for children, you should never go back on them," versus "It is often best not to be too strict about rules." These same questions are asked of the child's mother during the 18-month interview, so comparisons can be made to determine similarities and differences in the expectations of mothers and caregivers. van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling (1998) have found that lack of agreement between parents and caregivers on authoritarian control was associated with reduced child well-being.

A subset of the Child Rearing Practices Report (CRPR) has been modified to measure caregiver practices (**L4**). The original CRPR is a 91-item, self-report Q-sort instrument developed by Block (1965) to evaluate attitudes and practices of parents towards child rearing. In the CRPR, parents are asked to indicate whether and to what extent they agree or disagree with each CRPR item. The CRPR covers four general domains: (1) how positive and negative emotions are expressed, handled, and regulated; (2) how parental authority is conveyed, and the specific forms of discipline that are used; (3) the parent's ideals and goals with respect to the child's accomplishments and aspirations; and (4) the parent's values concerning the child's development of autonomy, independence, and self-identity. The revised, shorter form is designed to assess child-rearing patterns. The questionnaire consists of 29 six-point Likert scale type questions (1 = "not at all descriptive of me"; 6 = "highly descriptive of me") and is divided into two subscales: (i) Authoritarian Pattern assesses frequent use of physical punishment, verbal reprimands, prohibitions, discouragement of child's emotional expression, emphasis on fear of external consequences of transgression, and strict supervision of the child; and (ii) Authoritative Pattern which assesses emphasis on inductive methods, reasoning with the child, appreciation of the child's accomplishments, fostering the child's individuality, and encouraging open communication between parents and the child. Measures of internal consistency for the subscales are reported as .65 and .71 respectively.

Attitude Toward Quality of Care (L5). Another important dimension of caregiving is the amount of warmth, physical affection, and emotional supportiveness provided by the caregiver. A robust finding in child development research is that warmth exhibited in the first few years of life is one of the strongest predictors of positive developmental outcomes. Furthermore, supportive caregiving is associated with positive outcomes for children, even in the presence of extreme socioeconomic disadvantage (Marsiglio, 1995; Sampson & Laub, 1994).

Studies of prosocial development have indicated that children are more likely to try to imitate the behavior of a model who has exhibited warm, nurturing behavior than models showing more matter-of-fact behavior (Eisenberg & Mussen, 1989; Radke-Yarrow, Zahn-Waxler, & Chapman, 1983). Negative parenting practices are associated with poor outcomes for children in both the cognitive and social domains. Such negative practices include harsh discipline, high levels of control, ridicule, teasing, and extreme nonresponsiveness. These findings may also apply to caregivers who often spend as much time with a child as his/her parents. Therefore, we ask caregivers how important they feel showing warmth

toward children, providing individual attention to children, and disciplining children are in taking care of children.

Finally, the extent to which the individual perceives child care to be stressful may have a negative impact on the quality of care the caregiver is able to provide. To obtain information about caregiver perceptions of the stressfulness of events that typically occur in the child care setting, Item L6 asks how often such events occur and how stressful they are.

Section M—Learning Environment

Learning Materials and Activities (M1-M9). Measurement of activities that stimulate development is considered critical. Numerous studies have indicated that high levels of positive, age-appropriate cognitive stimulation for infants is related to better social and mental development in children (Bakeman & Brown, 1980), including measures of cognitive development and IQ in preschool and later (Bradley & Caldwell, 1976a, 1976b, 1980, 1984; Bradley, Caldwell, & Elardo, 1979; Bradley et al., 1989; Lozoff, Park, Radan, & Wolf, 1995), and school achievement (van Doorninck, Caldwell, Wright, & Frankenberg, 1981). Research has also suggested that cognitive stimulation in very early life may have implications for brain development and cognitive potential (National Commission on Children, 1991). For these reasons, items on the physical environment about the type of visual stimuli and toys for the child are included in Section M.

Health and Safety Provision (M10). In order to allow the child to explore the environment safely, it is necessary to "child-proof" the caregiving environment as much as possible. Child-proofing includes covering electrical outlets, putting cleaning products and other chemicals in child-proof cabinets, and using gates to restrict access to stairs. Caregivers need to practice other general safety measures such as having working smoke detectors and using a car seat for the infant when traveling by car. Questions on the safety practices are included in the caregiver interview. The items are particularly relevant for 18-month-olds because it is at this time that the toddler is gaining increased mobility and exploring their environment. Additionally, these questions on health and safety are asked during the parent interview enabling comparisons across caregiving settings.

Section N—Caregiver Background

Sociodemographic Information (N1-N11). Several background variables are important to include in the caregiver interview in order to describe the basic resources and risks caregivers have that may be related to the development of children in their care. First, general demographic information such as gender, age, race/ethnic background, marital status, and whether they have children are obtained in Section N. Caregivers are then asked about their neighborhood as a place to provide care to children. The neighborhood is of particular importance for informal care providers who often care for children in their homes. The neighborhood can be a source of social support (Bryant, 1985), or it can be an additional source of stress for the individuals in residence. Of most immediate import for child outcomes is the quality of housing: substandard and public housing are predictors of infant death (Coulton & Pandey, 1992). The presence of lead paint, which is associated with a negative and enduring impact on learning ability, is more common in substandard housing. As infants grow, they and their caregivers are more likely to venture out into the neighborhood. Neighborhoods differ greatly in the degree of safety for young children. The increased mobility and social awareness of the 18-month-old toddler makes excursions through the neighborhood more easily realized. The neighborhood where the child is cared for is an environment that may impact development.

Experience, Training, and Education (N12-N28). Qualifications of caregivers has been found to be a key indicator of quality of child care. Provider education has been associated with children's cognitive and socioemotional development (Burchinal et al., 1996; Clarke-Stewart, 1989; Hayes et al., 1990; Ruopp et al., 1979; Whitebook, et al., 1989; Zaslow, 1991). The education level of caregiving staff was predictive of teacher sensitivity, which is also related to child outcome. Higher quality care has been found to be predictive of better academic success and fewer behavior problems in elementary school (Howes, 1988). Other provider training has been associated with the child's task persistence and cognitive development, and the teacher's promotion of academic skills and interaction with children (Clarke-Stewart, 1989; Ruopp et al., 1979; Stallings, 1980).

Training specific to the care of young children may also predict child outcome. In the National Child Care Staffing Study (NCCSS) formal education was the strongest predictor of appropriate teacher behavior, with training specific to infant care emerging as an additional predictor of infant outcome (Whitebook et al., 1989). The National Child Care Study (NCCS) found specialized child-

related training to be best predictive of staff behavior (Ruopp et al., 1979). For these reasons, items about general and specific education and training are included.

Reasons for Providing Child Care (N29). The reasons a caregiver has for providing child care may predict the quality of child care they provide. Quality of child care in turn impacts child outcome. Caregivers who provide care "to use their experience and/or education in child development" may provide higher quality care because caregiver education and experience has been associated with quality of care (Burchinal et al., 1996; Clarke-Stewart, 1989; Hayes et al., 1990; Ruopp et al., 1979; Whitebook, et al., 1989; Zaslow, 1991). There has been recent interest in studying why people provide child care in other studies of child care providers (e.g., the NICHD Early Child Care Research Network). Asking questions about motivation for providing child care will allow further investigation of how this topic is associated with child care quality and child outcome.

Section O—Caregiver Health

The first two questions (**O1-O2**) ask the care provider to rate her current health status (as excellent, good, etc.) and whether a health problem limits her ability to work. The presence of activity-limiting health problems would have a negative impact on the caregiver's ability to provide consistent nurturant care for the child(ren). The next three questions (**O3-O5**) ask about the caregiver's current smoking habits and whether anyone else smokes around the child while the child is in care.

Section P—Income

The NCCSS found that teachers' wages were the most important predictor for the quality of the child care environment defined as an appropriate developmental environment and low student-teacher ratios (Whitebook et al., 1989). Higher teacher salaries were associated with higher quality child care environments. Therefore, caregivers are asked about the amount of income they earn for providing child care in Section P.

In addition to salary earned for providing child care, household income is obtained from caregivers. Factors such as parental income and education level have been found to affect the health,

development, and behavior of their children (Children's Defense Fund, 1994; Duncan & Brooks-Gunn, 1997; Hill & Sandfort, 1995; Huston, 1991; Korbin, 1992). Depending on the location of care provision, the caregiver's income may have more or less of an effect on child's care. Care provided in the caregiver's home for example will be influenced by the household income in terms of the resources such as books, toys, and musical instruments that stimulate cognitive development.

Caregivers themselves may be influenced by low income. Lower income has been associated with lifestyles that are more stressful, conflictual, and unpredictable (Conger & Elder, 1994; McLoyd, 1990). Emotional health may be compromised, resulting in more depressive, irritable, or volatile moods. Stressful lives and less positive emotional health may themselves influence the day-to-day interactions between caregivers and children. For example, caregivers from low-income households may exhibit more inconsistent or harsh behavior with their children, or they may be less emotionally available for their children.

18-month Child Care Provider Instrument

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Sources for Items in the Child Care Provider Interview

CES – Caregiver Events Scale (Susan Kontos)
CCRI – Child-Caregiver Relationship Inventory
CCS – Child Care Survey (Bruce Fuller)
CPS – Current Population Survey
CRPR – Child Rearing Practices Report
ECERS – Early Childhood Environment Rating Scale
ECLS-K – Early Childhood Longitudinal Study-Kindergarten Cohort
EHS – Early Head Start Study
FACES – Family and Child Experiences Study (Head Start study)
HOME – Home Observation Measurement for the Environment
ITERS – Infant/Toddler Environment Rating Scale
JOBS – JOBS Study (Job Opportunity & Basic Skills training program)
JORDAN – Authoritarian Family Ideology
KIDI – Knowledge of Infant Development Inventory
M-CDI (MacArthur-CDI) – MacArthur Communicative Development Inventories
MN-CDI – Minnesota Child Development Inventories
MTF – Monitoring the Future
NAEYC-CA – NAEYC Accreditation in California Study
NAEYC-FL – NAEYC Accreditation in Florida Study
NCCS-CR – National Child Care Study (Center-Based Care Instrument)
NCCS-FH – National Child Care Study (Family Day Care Instrument)
NCCSS-CD – National Child Care Staffing Study (Center Director Interview)
NCCSS-ST – National Child Care Staffing Study (Staff Interview)
NEW – Newly developed question
NEW HOPE – New Hope Project (Milwaukee)
NHES – National Household Education Survey
NICHD-7E – NICHD Early Child Care Study – Child Caregiver Interview Center Version Short Form
NICHD-7F – NICHD Early Child Care Study – Child Caregiver Interview Center Version Long Form
NICHD-7J – NICHD Early Child Care Study – Child Caregiver Interview Home Version Long Form
NLSCY – Canadian National Longitudinal Study of Children and Youth
NLSY – National Longitudinal Survey of Youth
NMIHS – National Maternal and Infant Health Survey
PCRI – Parent-Caregiver Relationship Inventory
PDI – Parenting Dimensions Inventory
SNOW – Catherine Snow
SPPA – Survey of Public Participation in the Arts
STRS – Student-Teacher Relationship Scale
USDA – US Department of Agriculture, Food & Consumer Service

CHILD CARE PROVIDER TELEPHONE INTERVIEW

Section A - Introduction

Background from Parent Interview (Information in A1–A8 will be preloaded.)

A1. The parent's name is: _____
NEW

A2. The child's name is: _____
NEW

A3. The child's gender is: _____
NEW

A4. The child's date of birth is: _____
NEW

A5. The child's parent indicated that they had the following type of child care.
NEW

Center Based Care	1
Family Child Care	2
In-Home Care	3
Relative Care.....	4

IF A5 =1 (CENTER-BASED CARE), SHOULD HAVE INFORMATION FOR A6. ELSE, A6 SHOULD BE BLANK.
--

A6. The child's parent indicated that the child attended a child care center.
NEW

a. The name, address, and telephone number of the day care center are

Center's Name _____

Address _____

Phone _____

b. The director's name is

Director's Name _____

c. Center caregiver name is

A7. The child's parent indicated that the child's caregiver's name, address, and telephone number are
NEW

Caregiver's Name _____

Address _____

Phone _____

IF A5 = 1 (CENTER-BASED CARE), GO TO A8. ELSE, GO TO A11.

Verify Caregiving Arrangement

A8. (Hello, my name is (INTERVIEWER), and I am calling from Westat.) May I please speak to
NEW (DIRECTOR NAME)?

AVAILABLE/SPEAKING	1	(GO TO INTRO)
NOT AVAILABLE	2	(GO TO A10)
NO LONGER THERE	3	(GO TO A9)
DON'T KNOW	98	(GO TO A10)
REFUSED	99	(GO TO BOX A-5)

A9. Who is the center director now?
NEW

Director's Name _____ (GO TO A10)

DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A10. When would be a good time to call back so that I can speak to (DIRECTOR NAME)?
NEW

Day and time to call back _____ (GO TO END CALL 2)

A11. Hello, my name is (INTERVIEWER), and I am calling from Westat. May I please speak to
NEW (CAREGIVER NAME)?

AVAILABLE/SPEAKING	1	(GO TO INTRO)
NOT AVAILABLE	2	(GO TO A12)
DON'T KNOW	98	(GO TO A12)
REFUSED	99	(GO TO END CALL 1)

A12. When would be a good time to call back so that I can speak to (CAREGIVER NAME)?
NEW

Day and time to call back _____	(GO TO END CALL 2)
DON'T KNOW	98 (GO TO END CALL 2)
REFUSED	99 (GO TO END CALL 1)

INTRO

(CHILD) is participating in the Early Childhood Longitudinal Study, which is sponsored by the National Center for Education Statistics and other U.S. government agencies. Westat, the company I work for, is conducting the study. (PARENT NAME), (CHILD)'s (parent/guardian), has given us written permission to talk to you. The goal of this study is to understand how children learn and develop. You can help by giving us your views about (CHILD)'s care and growth. Your opinions will help children's education in the future. Your participation is voluntary and you will be paid for your time.

All information that you give us will be kept completely confidential. No information about an individual child or caregiver will be reported in any way. No names will be released.

BOX A-1

IF A5 = 1 (CENTER-BASED CARE) AND SPEAKING TO CENTER DIRECTOR, READ INT-A. IF A5 = 1 (CENTER-BASED CARE) AND SPEAKING TO PRIMARY CAREGIVER, READ INT-B. ELSE READ INT-C.

INT-A. This interview has two parts. During the first half we will be speaking with you, the Director (or a designated assistant), about the structure, staffing, and other characteristics of your center. Your part of the interview should take about 5 minutes. The information that you provide will not be shared with (CHILD)'s primary caregiver or with (CHILD)'s (parents/guardians). During the second part of this interview, which will take 30 minutes, we would like to speak with (CHILD)'s primary caregiver to ask about (CHILD)'s development and growth and about caregiver beliefs and knowledge about caregiving issues. The information that is provided to us by (CHILD)'s primary caregiver will not be shared with you or with (CHILD)'s (parents/guardians). (GO TO BOX A-2)

INT-B. The Director of your child care center and (CHILD)'s (parents/guardians) have given permission for you to speak to us about (CHILD). The information that you provide will not be shared with either (CHILD)'s (parents/guardians) or your center director. The interview will take approximately 30 minutes. (GO TO A14)

INT-C. The interview will take approximately 30 minutes. (GO TO A14)

BOX A-2

IF SPEAKING WITH DIRECTOR AND HE/SHE DOESN'T HAVE TIME NOW TO DO INTERVIEW, ASK A13. ELSE, GO TO A14.

A13. Since you don't have time now, may I schedule another time to call you?
NEW

YES..... 1 (SCHEDULE THEN GO TO E1)
NO..... 2 (GO TO E1)
DON'T KNOW 98 (GO TO E1)
REFUSED 99 (GO TO END CALL 1)

Day and time to call back _____

Verify care of focal child

A14. Before we begin, let me verify the following: Do you currently provide care for (CHILD)?
NEW PROBE: Does (CHILD) receive care there?

YES..... 1 (GO TO A17)
NO..... 2 (GO TO A15)
DON'T KNOW 98 (GO TO A15)
REFUSED 99 (GO TO A15)

A15. Have you ever provided care for (CHILD)?
NEW

YES..... 1 (GO TO A16)
NO..... 2 (GO TO END CALL 1)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

A16. Did you provide care for (CHILD) at any time within the past month?
NEW

YES..... 1 (GO TO A17)
NO..... 2 (GO TO END CALL 1)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

Verify type of child care provider

A17. (Do/Did) you provide care for (CHILD) at...
NEW (IF CHILD AND CAREGIVER LIVE IN THE SAME HOME, CODE AS 1)

(CHILD)'s home, ... 1 (GO TO A19)
Your home, ... 2 (GO TO A19)
Another private home, ... 3 (GO TO A19)
An independent facility such as a day
care center, community center, etc., or .. 4 (GO TO BOX A-3)
At some other place? (SPECIFY)..... 91 (GO TO A18)

DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

A18. Which would be the closest to how you would describe the place where you provide care?
NEW

- A child care center or..... 1 (GO TO BOX A-3)
- A private home? 2 (GO TO A19)
- DON'T KNOW 98 (GO TO END CALL 1)
- REFUSED 99 (GO TO END CALL 1)

A19. Are you related to (CHILD)?
NEW PROBE: By related we mean a grandparent, sister/brother, aunt/uncle, cousin or any relative other than (CHILD)'s parent or guardian.

- YES..... 1 (GO TO A20)
- NO..... 2 (GO TO A21)
- DON'T KNOW 98 (GO TO A21)
- REFUSED 99 (GO TO A21)

A20. How are you related?
ECLS-K

- MOTHER/FEMALE GUARDIAN..... 1
- FATHER/MALE GUARDIAN 2
- SISTER 3
- BROTHER..... 4
- GIRLFRIEND OR PARTNER OF
(CHILD)'S PARENT/GUARDIAN..... 5
- BOYFRIEND OR PARTNER OF
(CHILD)'S PARENT/GUARDIAN..... 6
- GRANDMOTHER 7
- GRANDFATHER 8
- AUNT 9
- UNCLE 10
- COUSIN 11
- OTHER RELATIVE 12
- (SPECIFY) _____
- OTHER NONRELATIVE 13
- DON'T KNOW 98
- REFUSED 99

Set Path

BOX A-3

IF A17 = 1, THEN PATH = I.
IF A17 = 2 OR 3 OR A18 = 2, THEN PATH = F.
IF A17 = 4 OR A18 = 1, THEN PATH = C.
GO TO BOX A-4.

BOX A-4

IF PATH = C AND A5 = 1 (PARENT HAD INDICATED CENTER-BASED CARE), THEN GO TO SECTION B – CENTER INFORMATION.
ELSE, IF PATH = C, GO TO A24.
ELSE ALL OTHER PATHS, GO TO A21.

Verify primary caregiver

A21. Except for (CHILD)'s parents, are you (his/her) primary caregiver?
NEW PROBE: By primary caregiver we mean the individual who spends the most time with (CHILD).

YES 1 (GO TO SECTION F)
NO 2 (GO TO A22)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

A22. Who is (CHILD)'s primary caregiver?
NEW

SPECIFY: 91 (GO TO A23)
DON'T KNOW 98 (GO TO END CALL 2)
REFUSED 99 (GO TO END CALL 1)

A23. May I speak to (PERSON SPECIFIED IN A26)?
NEW

YES 1 (GO TO INTRO)
NO 2 (GO TO A12)
DON'T KNOW 98 (GO TO A12)
REFUSED 99 (GO TO END CALL 1)

Verify center information (if not preloaded)

A24. What is the name of the day child center where you care for (CHILD)?
NEW

Center's Name
DON'T KNOW 98
REFUSED 99

A25. Who is the director of the child care center?
NEW

Director's Name _____ (GO TO A8)
DON'T KNOW 98 (GO TO END CALL 2)
REFUSED 99 (GO TO END CALL 1)

End Call 1: I'm sorry to have bothered you. Thank you for your time.

End Call 2: Thank you for your time. I'll try to call again later.

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE**

Section B - Center Information

Let's start by talking about the structure and organization of the center.

B1. Is your center nonprofit or for-profit?

NCCS-CR

NON-PROFIT	1
FOR PROFIT	2
DON'T KNOW	98
REFUSED	99

B2. In what type of place is your program located?

NCCS-CR

PROBE: Is it located in a religious building, school, work place, or in its own building?

YOUR HOME	1
ANOTHER HOME	2
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	3
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	4
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	5
A COLLEGE OR UNIVERSITY	6
A COMMUNITY CENTER	7
A PUBLIC LIBRARY	8
ITS OWN BUILDING	9
MORE THAN ONE PLACE	10
OFFICE BUILDING	11
SOME OTHER PLACE (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

B3. Is your program independent or is it sponsored by another organization, such as a church or community agency?

NCCS-CR

HELP AVAILABLE

INDEPENDENT	1	(GO TO B5)
SPONSORED	2	(GO TO B4)
DON'T KNOW	98	(GO TO B5)
REFUSED	99	(GO TO B5)

B4. What type of organization sponsors your center? (CODE ALL THAT APPLY)

NCCS-CR

PROBE: Is your program sponsored by any other organizations?

HEAD START	1
SOCIAL SERVICE ORGANIZATION	
OR AGENCY	2
CHURCH OR RELIGIOUS GROUP	3
PUBLIC SCHOOL/BOARD OF	
EDUCATION	4
PRIVATE SCHOOL, RELIGIOUS	5
PRIVATE SCHOOL, NONRELIGIOUS...	6
COLLEGE OR UNIVERSITY	7
PRIVATE COMPANY OR	
INDIVIDUAL	8
NON-GOVERNMENT COMMUNITY	
ORGANIZATION	9
STATE OR LOCAL GOVERNMENT	10
SOME OTHER TYPE OF	
SPONSORING AGENCY	
SPECIFY)	91
NONE	00
DON'T KNOW	98
REFUSED	99

B5. Is your center accredited by any national, state, or local organization?

NEW

YES	1	(GO TO B6)
NO	2	(GO TO B7)
DON'T KNOW	98	(GO TO B7)
REFUSED	99	(GO TO B7)

B6. What is the organization? (CODE ALL THAT APPLY)

NAEYC-CA

PROBE: Is that a national, state, or local organization?

NAEYC	1
ZERO TO 3	2
OTHER NATIONAL	3
(SPECIFY)	
STATE	4
LOCAL	5
OTHER (SPECIFY)	91
.....	
DON'T KNOW	98
REFUSED	99

B7.
NEW

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

B8.
NCCS-CR

NUMBER OF CHILDREN	
NOT LICENSED	00
DON'T KNOW	98
REFUSED	99

B9.
Adapted from
NAEYC-CA

\$					.						
AMOUNT									UNIT		

HOUR.....	1
DAY.....	2
WEEK.....	3
MONTH.....	4
YEAR.....	5
OTHER (SPECIFY).....	91
DON'T KNOW.....	98
REFUSED.....	99

Section C - Staffing

C1. How long have you been the director at this center?
NEW

DON'T KNOW 98
REFUSED 99

IF C1 = LESS THAN 2 YEARS, ASK C2. ELSE, GO TO C3.

DON'T KNOW 98
REFUSED 99

DON'T KNOW 98
REFUSED 99

DON'T KNOW 98
REFUSED 99

C5.
NCCSS-CD

How many of the center's permanent staff who work directly with children have left the program in the last 12 months, since {MONTH YEAR}?
PROBE: Please include only caregivers, assistant caregivers and aides, caregiver-directors, and administrative directors and any other staff who work directly with children.
PROMPT: What is your best guess?

|_|_| # OF STAFF WHO HAVE LEFT IN THE LAST 12
MONTHS

DON'T KNOW 98
REFUSED 99

C6.
NEW

As children grow older, is it the center's policy for them to ...

Routinely change caregivers, ... 1
Remain with the same caregivers, or 2
Is there some other arrangement? 91
(SPECIFY) _____
DON'T KNOW 98
REFUSED 99

CHILD CARE PROVIDER TELEPHONE INTERVIEW DIRECTOR QUESTIONNAIRE

Section D - Center Services

Next, I would like to ask you about some of the services your center provides.

Health and Developmental Screenings

D1. Does your center provide any of the following services to children or their families?

Adapted from
NCCS-CR/
NHES

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Physical examinations	1	2	98	99
b. Dental examinations	1	2	98	99
c. Hearing, speech, or vision examinations	1	2	98	99
d. Psychological assessments	1	2	98	99
e. Assessments of learning abilities or problems	1	2	98	99
f. Assessments of social skills or behavior problems	1	2	98	99
g. Sick child care	1	2	98	99

Meals and Snacks

D2. Do you serve meals or snacks to children in your care?

USDA

YES..... 1 (GO TO D3)
NO..... 2 (GO TO D4)
DON'T KNOW 98 (GO TO D4)
REFUSED 99 (GO TO D4)

D3. Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your care?

USDA

HELP AVAILABLE

YES..... 1
NO..... 2
DON'T KNOW 98
REFUSED 99

Center Address

D4. I'd like to verify the center's address so I know where to send you your check.
NEW [DISPLAY ADDRESS. CORRECT ANY WRONG INFORMATION.]

CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE

Section E - Transition to Caregiver

This concludes the questions we have for you about your center. Thank you for taking the time to answer these questions.

BOX E-1

IF A13 = 1 (INTERVIEW CAREGIVER FIRST), THEN END
INTERVIEW HERE.
ELSE SAY: NOW, I HAVE A FEW QUESTIONS ABOUT (CHILD)'s
PRIMARY CAREGIVER.

Transitional Statements

E1. (CHILD)'s parents have indicated that (CAREGIVER NAME from A7) is (CHILD)'s primary
NEW caregiver. Is that correct?
PROBE: By primary caregiver, we mean the individual who spends the most time with (CHILD).

YES..... 1 (GO TO E3)
NO..... 2 (GO TO E2)
DON'T KNOW 98 (GO TO E2)
REFUSED 99 (GO TO E2)

E2. Who is (CHILD)'s primary caregiver?

NEW

_____ (GO TO E3)

DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

E3. If this is a good time, may I speak to (CAREGIVER NAME) now?

NEW

YES..... 1 (GO TO INTRO 2)
NO..... 2 (GO TO E4)
DON'T KNOW 98 (GO TO E4)
REFUSED 99 (GO TO END CALL 1)

E4. When would be a good time to call back so that I can speak to (CAREGIVER NAME)?

NEW

Day and time to call back _____ (GO TO END CALL 2)

DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

INTRO 2

Hello, my name is (INTERVIEWER), and I am calling from Westat. (CHILD) is participating in the Early Childhood Longitudinal Study, which is sponsored by the National Center for Education Statistics and other U.S. government agencies. Westat, the company I work for, is conducting the study. (PARENT NAME), (CHILD)'s (parent/guardian), has given us written permission to talk to you. The goal of this study is to understand how children learn and develop. You can help by giving us your views about (CHILD)'s care and growth. Your opinions will help children's education in the future. Your participation is voluntary and you will be paid for your time.

All information that you give us will be kept completely confidential. No information about an individual child or caregiver will be reported in any way. No names will be released. The interview will take about 30 minutes.

Before we begin, let me verify the following:

E5. Except for (CHILD)'s parents, are you (his/her) primary caregiver at the center?
NEW PROBE: By primary caregiver we mean the individual who spends the most time with (CHILD).

YES..... 1 (GO TO SECTION F)
NO..... 2 (GO TO E6)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

E6. Who is (CHILD)'s primary caregiver at the center?
NEW

SPECIFY: _____ 91 (GO TO E7)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

E7. May I speak to (PERSON SPECIFIED IN E6)?
NEW

YES..... 1 (GO TO INTRO2)
NO..... 2 (GO TO E8)
DON'T KNOW 98 (GO TO E8)
REFUSED 99 (GO TO END CALL 1)

E8. When would be a good time to call back so that I can speak to (CAREGIVER NAME)?
NEW

Day and time to call back _____ (GO TO END CALL 2)
DON'T KNOW 98 (GO TO END CALL 1)
REFUSED 99 (GO TO END CALL 1)

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section F – Care of Focal Child

I'd like to start our discussion with some questions about (CHILD).

F1. How long have you been caring for (CHILD)?
NICH-D-7F PROMPT: How many years and months is that?

|_|_| |_|_|
YEARS MONTHS

LESS THAN ONE MONTH 00
DON'T KNOW 98
REFUSED 99

F2. If you had to guess, how much longer do you expect to be caring for (CHILD)? Would you say ...
NEW

Less than 3 months, ... 1
3 to 6 months, ... 2
7 to 12 months, or 3
More than 12 months? 4
DON'T KNOW 98
REFUSED 99

F3. How many days each week do you care for (CHILD)?
ECLS-K

|_|
NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

F4. How many hours each week do you provide care to (CHILD)?
ECLS-K PROMPT: How many hours would that be?

|_|_|
NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

F5. Do you (or your center) currently provide care during nontraditional hours, such as during the
CCS evening, overnight, or on weekends?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

BOX F-1

IF PATH = C, ASK F6. ELSE, GO TO F8.

F6. How many other paid caregiving staff also provide direct care to (CHILD) on a typical day?

Adapted from
NICHHD-7F PROBE: On an average day.

NUMBER OF ADULTS

NONE..... 00
DON'T KNOW 98
REFUSED 99

F7. How many adult volunteers also provide direct care to (CHILD) on a typical day?

Adapted from
FACES PROBE: On an average day.

NUMBER OF ADULTS

NONE..... 00
DON'T KNOW 98
REFUSED 99

BOX F-2

IF PATH = C, GO TO F10. ELSE, ASK F8.

F8. Does anyone over age 18 help you with (CHILD) when you are providing care?

NICHHD-7J PROBE: Including nontraditional hours.

YES..... 1
NO..... 2 (GO TO F10)
DON'T KNOW 98 (GO TO F10)
REFUSED 99 (GO TO F10)

F9. Who helps you? Would that be ...
 NICHD-7J (FOR EACH YES, ASK: How many hours each week does (he/she) help you?)

	YES	NO	NUMBER OF HOURS	DON'T KNOW	REFUSED
a. (CHILD)'s parents?	1	2	_____	98	99
b. An unrelated paid child care provider? ..	1	2	_____	98	99
c. An unrelated volunteer?.....	1	2	_____	98	99
d. Your spouse or partner?	1	2	_____	98	99
e. Your older children (18 or older)?.....	1	2	_____	98	99
f. Another relative of yours?	1	2	_____	98	99
g. Another relative of (CHILD)'s	1	2	_____	98	99
h. Someone else? (SPECIFY) _____	1	2	_____	98	99

F10. What is your primary language?
 NHES PROBE: What language do you speak the most?

ENGLISH.....	1	KOREAN.....	10
ARABIC.....	2	POLISH.....	11
CHINESE	3	PORTUGUESE	12
FILIPINO LANGUAGE	4	SPANISH	13
FRENCH	5	VIETNAMESE	14
GERMAN.....	6	SOME OTHER LANGUAGE	
GREEK.....	7	(SPECIFY) _____	91
ITALIAN.....	8	DON'T KNOW	98
JAPANESE.....	9	REFUSED.....	99

F11. What language(s) do you speak most when caring for (CHILD)? (CODE ALL THAT APPLY)
 NHES

ENGLISH.....	1	KOREAN.....	10
ARABIC.....	2	POLISH.....	11
CHINESE	3	PORTUGUESE	12
FILIPINO LANGUAGE	4	SPANISH	13
FRENCH	5	VIETNAMESE	14
GERMAN.....	6	SOME OTHER LANGUAGE	
GREEK.....	7	(SPECIFY) _____	91
ITALIAN.....	8	DON'T KNOW	98
JAPANESE.....	9	REFUSED.....	99

BOX F-3

IF PARENT'S PRIMARY LANGUAGE DOES NOT MATCH CAREGIVER
 PRIMARY LANGUAGE IN F11, ASK F12.
 ELSE, GO TO BOX G-1.

F12. Do you ever have difficulty communicating with (CHILD)'s parents because of the language they speak?
NAEYC-CA

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section G – Other Children in Care

G1. Do you care for other children at the same time you are caring for (CHILD)?

NEW

YES..... 1 (GO TO G2)
NO..... 2 (GO TO SECTION H)
DON'T KNOW 98 (GO TO SECTION H)
REFUSED 99 (GO TO SECTION H)

G2. How many children do you typically care for at the same time as (CHILD)?

Adapted from NCCS-CR
PROBE: Include your own children and children you care for before and after school.

NUMBER OF CHILDREN

DON'T KNOW 98
REFUSED 99

G3. We'd like to know about the other children you care for while caring for (CHILD). Are they...
NEW (CODE ALL THAT APPLY)

(CHILD)'s sibling(s), ... 1
(CHILD)'s other relatives
(e.g., cousins), ... 2
Your own child(ren), or 3
Other child(ren)? 4
DON'T KNOW 98
REFUSED 99

G4. What is the age of the oldest child you care for (in years and months)?

Adapted from NCCS-CR
(WRITE 00 IF EITHER MONTHS OR YEARS ARE NOT SPECIFIED BY CAREGIVER)
PROBE: Children you care for at the same time as (CHILD).

YEARS MONTHS

DON'T KNOW 98
REFUSED 99

G5. What is the age of the youngest child you care for (in years and months)?
 Adapted from (WRITE 00 IF EITHER MONTHS OR YEARS ARE NOT SPECIFIED BY CAREGIVER)
 NCCS-CR PROBE: Children you care for at the same time as (CHILD).

____|____| ____|____|
 YEARS MONTHS

DON'T KNOW 98
 REFUSED 99

G6. How many of the other children that you care for are ...
 ECLS-K (WRITE NUMBER ON LINE)
 PROBE: Don't include (CHILD), include only children in care with (CHILD).
 CAPI INSTRUCTION: G4 TOTAL = G1.

	<u>NUMBER</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Asian or Pacific Islander?.....	_____	98	99
b. Hispanic, regardless of race?.....	_____	98	99
c. Black, not of Hispanic origin?.....	_____	98	99
d. White, not of Hispanic origin?	_____	98	99
e. American Indian or Native Alaskan?.....	_____	98	99
f. Other (SPECIFY) _____	_____	98	99

G7. Do any of the other children you care for speak a language other than English?
 ECLS-K

YES 1
 NO 2 (GO TO G10)
 DON'T KNOW 98 (GO TO G10)
 REFUSED 99 (GO TO G10)

G8. How many of the other children you care for speak a language other than English?
 NEW

____|____| NUMBER OF CHILDREN

NONE 0 (GO TO G10)
 DON'T KNOW 98 (GO TO G10)
 REFUSED 99 (GO TO G10)

G9. Which languages other than English are spoken by the other children you care for?
 ECLS-K (CODE ALL THAT APPLY)

ENGLISH.....	1	KOREAN.....	10
ARABIC.....	2	POLISH.....	11
CHINESE.....	3	PORTUGUESE.....	12
FILIPINO LANGUAGE.....	4	SPANISH.....	13
FRENCH.....	5	VIETNAMESE.....	14
GERMAN.....	6	SOME OTHER LANGUAGE	
GREEK.....	7	(SPECIFY).....	91
ITALIAN.....	8	DON'T KNOW.....	98
JAPANESE.....	9	REFUSED.....	99

G10. How many of the other children you currently care for have special needs? This includes those
 Adapted from children with a handicap, with a chronic illness or medical problem, or with emotional problems.
 NICHD-7F **HELP AVAILABLE**

 NUMBER OF CHILDREN WITH SPECIAL NEEDS

DON'T KNOW 98
 REFUSED 99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section H - Child's Development

Now I have some questions about (CHILD).

H1. Does (CHILD) use two or more words together to express (his/her) thoughts?

NEW

YES 1 (GO TO H3)
NO 2 (GO TO H2)
DON'T KNOW 98 (GO TO H2)
REFUSED 99 (GO TO H2)

H2. Sometimes toddlers use actions or movements that let you know what they want. I'll say a list of actions and you tell me if (CHILD) does not yet do it, sometimes does it, or often does it.
PROBE: Sometimes or often. (IF RESPONDENT ANSWERS "YES")

MN-CDI

Does (CHILD) ...	<u>NOT YET</u>	<u>SOME- TIMES</u>	<u>OFTEN</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Smack (his/her) lips "yum yum" if something tasted good?	1	2	3	98	99
b. Blow kisses?	1	2	3	98	99
c. Put (his/her) finger in front of (his/her) lips to mean "hush"?	1	2	3	98	99
d. Shrug "all gone" or "I don't know"?	1	2	3	98	99

H3. Toddlers can do many things at different ages and we would like to find out what (CHILD) can do. I am going to read you some statements and I'd like you to tell me if (CHILD) can do these things or cannot do them.

Adapted from
MN-CDI

HELP AVAILABLE

Does (CHILD) ...	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Imitate sounds that you make?	1	2	98	99
b. Understand phrases such as "No No" or "All gone"?	1	2	98	99
c. Shake (his/her) head to express "No"?	1	2	98	99
d. Hand something to you when (he/she) is asked?	1	2	98	99
e. Ask for food or drink with sounds or words?	1	2	98	99
f. Say two words besides "Mama" and "Dada"?	1	2	98	99
g. Make sounds in sequence that sound like sentences?	1	2	98	99
h. Use 5 or more words as names of things?	1	2	98	99
i. Follow a few simple instructions?	1	2	98	99
j. Name a few familiar things in picture books?	1	2	98	99
k. Refer to (his/her) things as "my" or "mine"?	1	2	98	99
l. Understand what "off" and "on" mean and follow directions using these words?	1	2	98	99
m. Understand the meaning of at least three words for locations of things, such as "in," "on," "under," "beside"?	1	2	98	99
n. Follow two-part instructions, for example, "Go to your room and bring me..."?	1	2	98	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section I - Temperament

- I1. How often do you have trouble soothing or calming (CHILD) when (he/she) is crying or upset?
NLSCY Would you say ...

Almost never, ...	1
Less than half the time, ...	2
Half the time, ...	3
More than half the time, or	4
Almost always?	5
DON'T KNOW	98
REFUSED	99

- I2. How much does (CHILD) smile, laugh, or make happy sounds? Would you say ...
NLSCY

Almost never, ...	1
Less than half the time, ...	2
Half the time, ...	3
More than half the time, or	4
Almost always?	5
DON'T KNOW	98
REFUSED	99

- I3. For most caregivers, how difficult would (CHILD) be to take care of? Would you say ...
NLSCY PROBE: Compared to all the other children you've cared for.

Very difficult, ...	1
Somewhat difficult, ...	2
About average, ...	3
Not very difficult, or	4
Not at all difficult?	5
DON'T KNOW	98
REFUSED	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section J – Caregiver-Child Relationship

J1. For each statement I read, tell me how much it applies to your relationship with (CHILD). Would you say the statement (READ OPTIONS)...

Adapted from STRS PROBE: Applies means how true is it, how much it is like (CHILD).

	<u>NEVER APPLIES</u>	<u>SOMETIMES APPLIES</u>	<u>ALWAYS APPLIES</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. If upset, (CHILD) will seek comfort from me	1	2	3	98	99
b. (CHILD) and I always seem to be struggling with each other	1	2	3	98	99
c. (CHILD) is uncomfortable with physical affection or touch from me	1	2	3	98	99
d. (CHILD) remains angry or is resistant after being disciplined	1	2	3	98	99
e. When (CHILD) (arrives/wakes up) in a bad mood, I know we're in for a long and difficult day	1	2	3	98	99
f. It is easy to be in tune with or to know what (CHILD) is feeling	1	2	3	98	99

J2. For this next set of statements, please tell me how much you agree or disagree with each one. Please tell me whether you strongly disagree, disagree, disagree more or less, agree more or less, agree, or strongly agree.

CCRI

	<u>SD</u>	<u>D</u>	<u>D+/-</u>	<u>A+/-</u>	<u>A</u>	<u>SA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. I enjoy contact with this child.....	1	2	3	4	5	6	98	99
b. I feel clumsy in my contacts with this child.....	1	2	3	4	5	6	98	99
c. I am really interested in this child	1	2	3	4	5	6	98	99
d. When this child does certain things I react in a way that prevents me from understanding the child	1	2	3	4	5	6	98	99
e. I am relaxed and at ease in my contacts with this child	1	2	3	4	5	6	98	99
f. I appreciate this child	1	2	3	4	5	6	98	99
g. Sometimes I don't feel completely at ease with this child but I don't let it show	1	2	3	4	5	6	98	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section K - Parental Involvement

Now I'd like to ask you about your contact with (CHILD)'s parents.

K1. How often have one or both of (CHILD)'s (parent(s)/guardian(s)) participated in activities such as celebrating birthdays or coming for lunch? Would you say ...

Adapted from
NCCS-CR

Not at all, ...	1
Once or twice, ...	2
Three to five times, or	3
Once a month or more often?	4
NA (NO SUCH ACTIVITIES)	97
DON'T KNOW	98
REFUSED	99

K2. We understand that child care providers are often very busy and may not always have the time to do everything they would like, given their many responsibilities. How often do you get the time to tell parents something that happened during their child's day? Would you say...

CCS

Almost never, ...	1
Sometimes, ...	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

K3. How often (do/does) (CHILD)'s (parent(s)/guardian(s)) ask you how things are going with (him/her)? Would you say...

Adapted from
FACES

Almost never, ...	1
Sometimes, ...	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

K4. Some people have different feelings about when parents drop in. How difficult is it for you when parents drop in during the day unannounced? Would you say it is ...

CCS

Very difficult, ...	1
Somewhat difficult, ...	2
A little difficult, or	3
Not at all difficult?	4
NA (DON'T DROP IN)	97
DON'T KNOW	98
REFUSED	99

K5. For each of the following statements, please tell me how much you agree or disagree with it.
 PCRI Please tell me whether you strongly disagree, disagree, disagree more or less, agree more or less, agree, or strongly agree.

	<u>SD</u>	<u>D</u>	<u>D+/-</u>	<u>A+/-</u>	<u>A</u>	<u>SA</u>	<u>DK</u>	<u>R</u>
a. This parent is someone I can trust	1	2	3	4	5	6	98	99
b. This parent feels uneasy when I ask certain things or when I talk about certain things	1	2	3	4	5	6	98	99
c. I feel that this parent feels at ease with me.....	1	2	3	4	5	6	98	99
d. I have the impres-sion that this parent is bothered by some aspects of how I treat their child, that she/he doesn't tell me, and this makes our contacts awkward	1	2	3	4	5	6	98	99
e. This parent is not really interested in what I do.....	1	2	3	4	5	6	98	99
f. This parent almost always knows exactly what I mean	1	2	3	4	5	6	98	99
g. I feel this parent appreciates me	1	2	3	4	5	6	98	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section L - Caregiver Beliefs and Attitudes

Expectations for Child Development

CAPI INSTRUCTION: DO NOT ALLOW DON'T KNOW AT L1 AND L2.

This next set of questions asks about how you think most young children act, how they grow, and how to care for them.

Please answer each of the following questions based on young children in general. Do not answer about (CHILD) and how (he/she) acts. Think about what you know about young children you have had contact with or anything you have read.

L1. First, for each statement I read, please tell me whether, for most young children, you agree or disagree with the statement, or are not sure.
KIDI/EHS

NOTE: CODE "DON'T KNOW" RESPONSE AS "NOT SURE."

HELP AVAILABLE

		<u>AGREE</u>	<u>DISAGREE</u>	<u>NOT SURE</u>	<u>REFUSED</u>
a.	All infants need the same amount of sleep	1	2	3	99
b.	A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family	1	2	3	99
c.	A child thinks he is speaking correctly even when he or she says words and sentences in an unusual or different way, like "I goed to town" or "What the dollie have?"	1	2	3	99
d.	Children learn all of their language by copying what they have heard adults say	1	2	3	99

L2.
KIDI/EHS

Now, the next statements that I read are about the age at which young children can do something. If you think the age is about right, say you agree. If you don't agree, please tell me if you think an older or younger child can do it. If you aren't sure of the age, just tell me you aren't sure.

NOTE: CODE "DON'T KNOW" RESPONSE AS "NOT SURE."

PROMPT: (IF DISAGREE) Would that be an older or younger child?

		AGREE	OLDER	YOUNGER	NOT SURE	REFUSED
a.	A one-year-old knows right from wrong	1	2	3	4	99
b.	A baby will begin to respond to her name at 10 months	1	2	3	4	99
c.	Most infants are ready to be toilet trained by one year of age	1	2	3	4	99
d.	A baby of 12 months can remember toys he has watched being hidden	1	2	3	4	99
e.	One-year-olds often cooperate and share when they play together	1	2	3	4	99
f.	A baby is about 7 months old before she can reach for and grab things	1	2	3	4	99
g.	A baby usually says its first real word at six months of age.....	1	2	3	4	99

L3.
JORDAN

Now I am going to read some opinions which some people have. I'm going to read two statements at a time. Please choose the one that is closest to your own ideas, either statement 1 or 2.

- a. Once you've made rules for children, you should never go
back on them, or..... 1
It is often best not to be too strict about rules. 2
DON'T KNOW 98
REFUSED..... 99
- b. If a mother trains her baby properly, he will not need
diapers after he is one year old, or..... 1
It is better not to start toilet training a baby until he is at
least a year old 2
DON'T KNOW 98
REFUSED..... 99
- c. It is important to see that a young child does not form
bad habits, or..... 1
If a young child is happy, he will not form bad habits. 2
DON'T KNOW 98
REFUSED..... 99
- d. Most mothers nowadays let their children get away
with too much, or..... 1
Most mothers nowadays do a pretty good job of raising
their children. 2
DON'T KNOW 98
REFUSED..... 99

L4. Next I'm going to read some statements about raising children. Please tell me if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree.
CRPR

	SA	A	<u>NA</u> /D	D	SD	DK	R
a. I control a child by warning him/her about the bad things that can happen to him/her.....	1	2	3	4	5	98	99
b. I teach a child that misbehavior or breaking rules will always be punished one way or another	1	2	3	4	5	98	99
c. I do not allow a child to get angry with me	1	2	3	4	5	98	99
d. I believe that scolding and criticism makes a child improve.....	1	2	3	4	5	98	99
e. I encourage a child to be independent of me	1	2	3	4	5	98	99
f. I express my affection by hugging and holding a child	1	2	3	4	5	98	99
g. I am easygoing and relaxed with a child	1	2	3	4	5	98	99
h. There are times I just don't have the energy to make a child behave as he (or she) should.....	1	2	3	4	5	98	99
i. I have little or no difficulty sticking with my rules for a child even when close relatives are there	1	2	3	4	5	98	99
j. Once I decide how to deal with a misbehavior of a child, I follow through on it	1	2	3	4	5	98	99
k. I believe physical punishment to be the best way of disciplining.....	1	2	3	4	5	98	99

Attitudes Towards Quality of Care

L5. In taking care of children, how important to you is each of the following? Would you say it is
NAEYC-FL (READ OPTIONS) ...

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT	DON'T KNOW	REFUSED
a. Showing warmth toward children	1	2	3	98	99
b. Providing individual attention to children	1	2	3	98	99
c. Disciplining children.....	1	2	3	98	99
d. Providing interesting day to day activities	1	2	3	98	99
e. Having a small number of children to care for.....	1	2	3	98	99
f. Providing children with nutritious food	1	2	3	98	99
g. Providing a safe environment.....	1	2	3	98	99
h. Providing dependable care that is available day in and day out	1	2	3	98	99
i. Communicating with parents about their children.....	1	2	3	98	99
j. Maintaining a warm relationship to a child's family	1	2	3	98	99
k. Talking with children about things that interest them	1	2	3	98	99

Events and Hassles

L6. I am going to read a list of a number of events that routinely occur in child care (homes/centers)
CES with young children. These events sometimes make life difficult. Please tell me how often it
happens to you and then tell me how much of a "hassle" or problem you feel that it is for you.

	Does it happen ...				Is it ...				DON'T KNOW	REFUSED
	RARELY	SOME- TIMES	A LOT	CONSTANTLY	NO HASSLE	MODERATE HASSLE	BIG HASSLE			
a. Continually cleaning up messes of toys or food	1	2	3	4	5	6	7	98	99	
b. The kids are constantly underfoot, interfering with other chores.....	1	2	3	4	5	6	7	98	99	
c. Having to change your plans because of unpredicted child need.....	1	2	3	4	5	6	7	98	99	
d. The kids get dirty several times a day requiring changes of clothes	1	2	3	4	5	6	7	98	99	
e. The need to keep a constant eye on where the kids are and what they're doing	1	2	3	4	5	6	7	98	99	

L7. How would you rate the neighborhood where you care for (CHILD) as a place to raise children?
 EHS Would you say it is...

Excellent, ...	1
Very good, ...	2
Good, ...	3
Fair, or	4
Poor?.....	5
DON'T KNOW	98
REFUSED	99

L8. How often does violence or other neighborhood problems interfere with your using outside play
 CCS areas? Would you say...

Never, ...	1
Sometimes, or	2
Often?	3
NA (DON'T PLAY OUTSIDE)	97
DON'T KNOW	98
REFUSED	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section M – Learning Environment

Now, I would like to ask you a few questions about the toys and materials available to (CHILD) while in your care.

Learning Materials

M1. About how many children's books are available to (CHILD)? Would you say ...

NLSY/
HOME

None, ...	1
1 or 2 books, ...	2
3 to 9 books, or	3
10 or more books?	4
DON'T KNOW	98
REFUSED	99

M2. How often do you get a chance to read stories or look at picture books with (CHILD)? Would you say ...

NLSY/
HOME

PROBE: This includes a story time with other children.

Never, ...	1 (GO TO M4)
Several times a year, ...	2
Several times a month, ...	3
Once a week, ...	4
About 3 times a week, or	5
Every day?	6
DON'T KNOW	98
REFUSED	99

M3. How often do you ask (CHILD) specific questions about what you read to (him/her). Would you say ...

CCS

PROBE: This includes a story time with other children.

Almost never, ...	1
Sometimes, ...	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

M4. About how many, if any, cuddly, soft or role-playing toys, like a doll, are available to (CHILD)?
 NLSY/ PROBE: These toys may be shared with other children. Give your best estimate.
 HOME

|_|_|
 NUMBER OF TOYS

DON'T KNOW 98
 REFUSED 99

M5. About how many, if any, push or pull toys does (CHILD) have?
 NLSY/ PROBE: These toys may be shared with other children. Give your best estimate.
 HOME

|_|_|
 NUMBER OF TOYS

DON'T KNOW 98
 REFUSED 99

M6. On a typical day, how often do you have a chance to talk with (CHILD)? Would you say ...
 CCS

Almost never, ... 1
 Sometimes, ... 2
 Often, or 3
 Always? 4
 DON'T KNOW 98
 REFUSED 99

M7. During the last five days, how many new activities did you try — that is, activities that you had
 CCS never done before with (CHILD)?
 PROBE: Other children can be involved. Doesn't have to be one-on-one.

|_|_| NUMBER OF ACTIVITIES

DON'T KNOW 98
 REFUSED 99

M8. On average, about how many hours a day does (CHILD) watch television or videos while in
 NHES your care?

|_|_|
 NUMBER OF HOURS

NA (DON'T HAVE A TV) 97
 DON'T KNOW 98
 REFUSED 99

M9. About how many times in the past month have you done any of the following activities with
 EHS/SCS/ (CHILD)? How about ...
 SNOW PROBE: Either alone or in a group.

	ONCE A DAY OR MORE	A FEW TIMES A WEEK	A FEW TIMES A MONTH	RARELY OR NOT AT ALL	DON'T KNOW	REFUSED
a. Play peek-a-boo with (CHILD)?	1	2	3	4	98	99
b. Sing songs or nursery rhymes with (CHILD)? ...	1	2	3	4	98	98
c. Play chasing games?	1	2	3	4	98	98
d. Take (CHILD) outside for a walk or to play in the yard, a park, or playground?	1	2	3	4	98	98
e. Tell stories to (him/her)?	1	2	3	4	98	99
f. Go to a public place like a zoo or museum with (CHILD)?	1	2	3	4	98	99

Health and Safety Provisions

M10. Please tell me if you follow these practices. Do you ...
 JOBS/NEW
 HOPE/
 FACES/EHS

	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. Always use a safety seat for (CHILD) when in the car?	1	2	97	98	99
b. Keep medicines in childproof bottles and out of children's reach?	1	2	97	98	99
c. Have at least one operating smoke detector with a working battery?	1	2	97	98	99
d. Keep cleaning materials out of reach of children and/or in locked cabinets?	1	2	97	98	99
e. Have a first-aid kit available?	1	2	97	98	99
f. Keep the poison control center number and other emergency numbers by the telephone?	1	2	97	98	99
g. Always keep matches and cigarette lighters out of (CHILD)'s reach?	1	2	97	98	99
h. Have covers on all your electrical outlets that don't have plugs in them?	1	2	97	98	99
i. Use gates for the top of the stairs or use something so (CHILD) stays off them?	1	2	97	98	99

IF PATH = F ASK M11, ELSE GO TO SECTION N.

M11.
USDA

Do you serve meals or snacks to children in your care?

YES	1	(GO TO M12)
NO	2	(GO TO SECTION N)
DON'T KNOW	98	(GO TO SECTION N)
REFUSED	99	(GO TO SECTION N)

M12.
USDA

Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your care?

HELP AVAILABLE

PROBE: Is that a USDA program?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section N - Caregiver Background

Sociodemographic Information

Next I have some questions about you.

N1. (CODE IF KNOWN, OTHERWISE VERIFY)
ECLS-K Are you:

Female 1
Male 2
DON'T KNOW 98
REFUSED 99

N2. In what month and year were you born?
NHES

____ - ____
MO YEAR

DON'T KNOW 98
REFUSED 99

N3. In what country were you born?
NHES

UNITED STATES (50 STATES OR DC) 1 (GO TO N5)
U.S. TERRITORIES: PUERTO RICO, GUAM,
AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
MARIANA ISLANDS, OR SOLOMON ISLANDS 2 (GO TO N4)
(SPECIFY) _____
SOME OTHER COUNTRY 91 (GO TO N4)
(SPECIFY) _____
DON'T KNOW 98 (GO TO N5)
REFUSED 99 (GO TO N5)

N4. How old were you when you first moved to the (United States/50 states/District of
NHES Columbia)?

AGE

DON'T KNOW 98
REFUSED 99

N5. Are you of Spanish, Hispanic, or Latino origin?
CENSUS

YES 1 (GO TO N6)
NO 2 (GO TO N7)
DON'T KNOW 98 (GO TO N7)
REFUSED 99 (GO TO N7)

N6. {Are you/Is {NAME}}... CODE ALL THAT APPLY

CENSUS

Mexican, Mexican American, Chicano,...	1
Puerto Rican,.....	2
Cuban, or.....	3
Another Spanish/Hispanic/Latino group?	91
SPECIFY	
DON'T KNOW	98
REFUSED	99

N7. What is your race? (CODE ALL THAT APPLY)

CENSUS

WHITE.....	1
BLACK, AFRICAN AMERICAN, OR NEGRO	2
AMERICAN INDIAN OR ALASKA NATIVE	3
SPECIFY	
ASIAN INDIAN.....	4
CHINESE	5
FILIPINO	6
JAPANESE.....	7
KOREAN	8
VIETNAMESE	9
OTHER ASIAN	10
SPECIFY	
NATIVE HAWAIIAN	11
GUAMANIAN OR CHAMORRO	12
SAMOAN.....	13
OTHER PACIFIC ISLANDER.....	14
SPECIFY	
ANOTHER RACE	91
SPECIFY	
DON'T KNOW	98
REFUSED	99

N8. Are you ...

ECLS-K

Married	1
Separated,.....	2
Divorced, ...	3
Widowed, or	4
Have you never been married?	5
DON'T KNOW	98
REFUSED	99

N9. Do you have any children?

YES..... 1 (GO TO N10)
NO..... 2 (GO TO N12)
DON'T KNOW 98 (GO TO N12)
REFUSED 99 (GO TO N12)

N10. Do you have any children under age 16? Include birth, adopted, foster, or stepchildren.
NAEYC-CA

YES..... 1 (GO TO N11)
NO..... 2 (GO TO N12)
DON'T KNOW 98 (GO TO N12)
REFUSED 99 (GO TO N12)

N11. How many of your children under age 16 live with you full-time or part-time?
NAEYC-CA

NUMBER OF CHILDREN

DON'T KNOW 98
REFUSED 99

N12. With the exception of children's books or books required for work or school, did you read any
SPPA books in the last 12 months?
PROBE: The books could be in a language other than English.

YES..... 1 (GO TO N13)
NO..... 2 (GO TO N14)
DON'T KNOW 98 (GO TO N14)
REFUSED 99 (GO TO N14)

N13. About how many books did you read during the past 12 months?
MTF

NUMBER OF BOOKS

DON'T KNOW 998
REFUSED 999

Professional Experience, Training, and Education

N14. What is the highest level of school you have completed? (CODE ONLY ONE)

ECLS-K

- | | | |
|---|----|---------------|
| 1ST GRADE..... | 1 | } (GO TO N16) |
| 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 | 13 | |
| VOC/TECH PROGRAM AFTER GRADUATING FROM
HIGH SCHOOL BUT NO VOC/TECH DIPLOMA | 14 | |
| VOC/TECH DIPLOMA AFTER GRADUATING FROM
HIGH SCHOOL | 15 | (GO TO N15) |
| SOME COLLEGE BUT NO DEGREE | 16 | (GO TO N16) |
| ASSOCIATE'S DEGREE..... | 17 | (GO TO N15) |
| BACHELOR'S DEGREE..... | 18 | (GO TO N15) |
| GRADUATE OR PROFESSIONAL SCHOOL BUT
NO DEGREE | 19 | (GO TO N15) |
| MASTER'S DEGREE (MA, MS)..... | 20 | (GO TO N15) |
| DOCTORATE DEGREE (PHD, EDD)..... | 21 | (GO TO N15) |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 22 | (GO TO N16) |
| DON'T KNOW | 98 | (GO TO N16) |
| REFUSED..... | 99 | (GO TO N16) |

IF N14 = 15, 17, 18, 19, 20, 21, DISPLAY CORRESPONDING DEGREE
TYPE IN N15.

N15. Is your (DISPLAY DEGREE) in early childhood education or a related field?

NEW

- | | |
|------------------|----|
| YES..... | 1 |
| NO..... | 2 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

N16. Have you ever had any training or coursework specific to the care of children under 24 months?

NICHD-7E

- | | |
|------------------|----|
| YES..... | 1 |
| NO..... | 2 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

N17. Have you received any early childhood education training in the last 12 months? By training, I mean courses, workshops, or seminars?

NAEYC-CA

YES..... 1 (GO TO N18)
 NO..... 2 (GO TO N19)
 DON'T KNOW 98 (GO TO N19)
 REFUSED 99 (GO TO N19)

N18. Was that ...

NEW

Less than 15 hours, or 1
 15 or more hours? 2
 DON'T KNOW 98
 REFUSED 99

N19. Do you have a Child Development Associate (CDA) credential?

FACES

YES..... 1
 NO..... 2
 CURRENTLY WORKING ON IT 3
 DON'T KNOW 98
 REFUSED 99

N20. Do you have any other state awarded certificates or credentials pertaining to early childhood education?

NAEYC-CA

YES..... 1 (GO TO N21)
 NO..... 2 (GO TO N22)
 DON'T KNOW 98 (GO TO N22)
 REFUSED 99 (GO TO N22)

N21. Which ones do you have? (CODE ALL THAT APPLY)

NAEYC-CA

A STATE CERTIFICATE IN EARLY CHILDHOOD EDUCATION. 1
 A STATE CERTIFICATE IN ELEMENTARY EDUCATION..... 2
 A STATE CERTIFICATE IN SECONDARY EDUCATION 3
 A STATE CERTIFICATE IN SPECIAL EDUCATION..... 4
 ANOTHER STATE EDUCATION CERTIFICATE 5
 A LICENSE AS A REGISTERED NURSE (RN) 7
 A LICENSE AS A LICENSED PRACTICAL NURSE (LPN) 8
 A CERTIFICATION OR LICENSE AS A SOCIAL
 WORKER (LSW) 9
 A CERTIFICATION OR LICENSE AS A PSYCHOLOGIST 10
 A CERTIFICATE OF CLINICAL COMPETENCE/SPEECH
 PATHOLOGIST (CCC/SP) 11
 CHILDREN'S CENTER PERMIT (CALIFORNIA) 12
 OTHER LICENSE, CERTIFICATE OR CREDENTIAL 91
 (SPECIFY) _____
 DON'T KNOW 98
 REFUSED..... 99

N22. Are you currently a member of a national, state, or local professional association for early
 FACES childhood education?
 PROBE: National Association for the Education of Young Children (NAEYC), National Head
 Start Association (NHSA), National Education Association (NEA)

YES..... 1
 NO..... 2
 DON'T KNOW 98
 REFUSED 99

N23. Before you began taking care of (CHILD), what experience in child care had you had? Include
 NICHD-7J raising your own children, babysitting, etc. (CODE ALL THAT APPLY)
 PROBE: Anything else?

NONE/VERY LIMITED 1
 RAISED OWN CHILD(REN)..... 2
 LOTS OF BABYSITTING 3
 INFORMAL CARE FOR OTHER CHILDREN (INCLUDING
 GRANDCHILDREN) 4
 PROVIDED PAID HOME CARE (FAMILY DAY CARE,
 NANNY, ETC.) 5
 WORKED IN CHILD CARE CENTER/
 NURSERY SCHOOL/PRESCHOOL 6
 OTHER (SPECIFY 91

 DON'T KNOW 98
 REFUSED..... 99

N24. (Not counting raising your own children,) how long have you been providing child care or working
 NAEYC-CA in the child care field?

YEARS MONTHS

DON'T KNOW 98
 REFUSED 99

BOX N-1

IF PATH = C, ASK N25. ELSE, GO TO N26.

Experience at this Center

N25. How long have you worked at this center?
 NAEYC-CA

YEARS MONTHS

DON'T KNOW 98
 REFUSED 99

BOX N-2
IF PATH = C, GO TO BOX N-4.

Experience with Caregiving

N26. Are you registered with the city or county as a child care provider?
NICHHD-7J PROBE: Registered means you are signed up with the local government and identified in their records as a child care provider.

- YES..... 1
- NO..... 2
- NOT REQUIRED 3
- DON'T KNOW 98
- REFUSED 99

BOX N-3
IF PATH = I, GO TO BOX N-4.

N27. Do you have any kind of state or community license for providing child care?
NICHHD-7J

- YES..... 1
- NO..... 2
- NOT REQUIRED 3
- DON'T KNOW 98
- REFUSED 99

N28. Are you sponsored by a group that organizes family day care in your area?
NICHHD-J7

- YES..... 1
- NO..... 2
- DON'T KNOW 98
- REFUSED 99

Reasons for Providing Child Care

BOX N-4

ALL PATHS ASK A-D.

Next, I would like to ask you about the reasons you became a child care provider.

N29. I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason or not a reason in your decision to become a child care provider. I became a child care provider...

NICHD-J7

	<u>STRONG REASON</u>	<u>WEAK REASON</u>	<u>NOT A REASON</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. To be with young children	1	2	3	98	99
b. To make some money	1	2	3	98	99
c. To use my experience and/or education in child development.....	1	2	3	98	99
d. Because it was the only job I could find....	1	2	3	98	99

BOX N-5

IF N3 = 91 (NOT BORN IN U.S.) OR IF F10 ≠ 1 (PRIMARY LANGUAGE NOT ENGLISH), GO TO ITEM E.
ELSE, GO TO BOX N-6.

e. To have a job in the U.S.	1	2	3	98	99
-----------------------------------	---	---	---	----	----

BOX N-6

IF PATH=C, GO TO SECTION O. IF PATH=I, GO TO BOX N-7. ELSE, GO TO ITEM F.

	<u>STRONG REASON</u>	<u>WEAK REASON</u>	<u>NOT A REASON</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
f. To be able to work at home	1	2	3	98	99
g. To be my own boss (to make my own decisions and set my own hours)	1	2	3	98	99

BOX N-7

IF PATH=F OR I AND N8 = 1 (HAS OWN CHILDREN), GO TO ITEM H.
ELSE, GO TO BOX N-8.

h. To continue looking after my own children	1	2	3	98	99
---	---	---	---	----	----

N29. (Continued)

BOX N-8 IF A19 = 1 (RELATED TO CHILD), GO TO ITEM I. ELSE, GO TO SECTION O.

i. To allow the child's parent(s) to work or go to school.....	1	2	3	98	99
j. To care for (CHILD)	1	2	3	98	99
k. Because children should be cared for by a relative.....	1	2	3	98	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section O – Caregiver Health

O1. Would you say your health in general is . . .

FACES

Excellent,.....	1
Very good,.....	2
Good, ...	3
Fair, or.....	4
Poor?	5
DON'T KNOW	98
REFUSED	99

O2. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

FACES

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

O3. Do you smoke cigarettes?

NMHS

YES.....	1	(GO TO O4)
NO.....	2	(GO TO O5)
DON'T KNOW	98	(GO TO O5)
REFUSED	99	(GO TO O5)

O4. On the average, how many cigarettes do you smoke a day now?

NMHS

NUMBER OF CIGARETTES PER DAY

DON'T KNOW	98
REFUSED	99

O5. (Do you or) Does anyone smoke around (CHILD) while (he/she) is in your care?

Adapted from

NMHS

YES.....	1
NO.....	2
DON'T KNOW	98
REFUSED	99

**CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE**

Section P - Income

The next questions ask about your income.

BOX P-1 IF PATH = C, GO TO P9. ELSE, ASK P1.
--

P1. Do you charge for providing child care for (CHILD)?

Adapted from
NICHHD-7J

YES.....	1
NO.....	2 (GO TO BOX P-3)
DON'T KNOW	98 (GO TO BOX P-3)
REFUSED	99 (GO TO BOX P-3)

P2. What do you charge for (CHILD)'s care?

Adapted from
NICHHD-7J

\$ AMOUNT	 UNIT	
HOUR.....		1 (GO TO BOX P-2)
DAY.....		2
WEEK		3
MONTH.....		4
OTHER (SPECIFY).....		91
DON'T KNOW		98
REFUSED		99

P3. How many hours does that amount include?

NEW

 HOURS	 UNIT	PER DAY..... WEEK..... MONTH.....	1 2 3
OTHER (SPECIFY).....			91
DON'T KNOW			98
REFUSED			99

BOX P-2 IF G1 = 1 (CARES FOR OTHER CHILDREN), ASK P4. ELSE, GO TO BOX P-3.

P4. Is this amount for (CHILD) only or does it include other children?

ECLS-K

CHILD ONLY	1	(GO TO BOX P-3)
CHILD AND OTHER(S)	2	(GO TO P5)
DON'T KNOW	98	(GO TO BOX P-3)
REFUSED	99	(GO TO BOX P-3)

P5. How many children is this amount for, including (CHILD)?

ECLS-K

NUMBER OF CHILDREN

DON'T KNOW	98
REFUSED	99

BOX P-3

IF PATH = 1, ASK P6. ELSE, GO TO BOX P-4.

P6. Do you reside for at least 5 days a week in (CHILD)'s home?

NEW

PROBE: By reside we mean spend the night.

YES	1	(GO TO P7)
NO	2	(GO TO BOX P-4)
CHILD LIVES IN RELATIVE'S HOME	3	(GO TO BOX P-4)
DON'T KNOW	98	(GO TO BOX P-4)
REFUSED	99	(GO TO BOX P-4)

P7. Do you pay for your own room and board expenses?

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

BOX P-4

IF P1 = 2 (NO, DOES NOT CHARGE), GO TO P9.
ELSE GO TO P8.

About how much do you earn before taxes and other deductions by providing child care (or for your services)?

PROBE: For all children, not just (CHILD). Include any subsidies you receive for providing child care

\$ _____ , _____ . _____ _____
AMOUNT UNIT

PER HOUR	1
PER DAY	2
PER WEEK	3
PER BI-WEEKLY (EVERY 2 WEEKS) ...	4
PER MONTH	5
PER YEAR	6
OTHER (SPECIFY) _____	91
DON'T KNOW	98
REFUSED	99

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 (READ SET 1)
More than \$25,000	2 (READ SET 2)
DON'T KNOW	98 (GO TO P11)
REFUSED	99 (GO TO P11)

Was it ...

[SET 1]	
\$5,000 or less.....	1
\$5,000 to \$10,000.....	2
\$10,001 to \$15,000.....	3
\$15,001 to \$20,000.....	4
\$20,001 to \$25,000.....	5
DON'T KNOW	98
REFUSED	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, or.....	10
More than \$75,000?.....	11
DON'T KNOW	98
REFUSED	99

P11. I'd like to verify the spelling of your name as well as your address, that is, where you provide care
NHES for (CHILD).
[DISPLAY NAME AND ADDRESS, CORRECT ANY WRONG INFORMATION.]

P12. Would you like me to send you your check at this address?

YES..... 1 (GO TO CLOSING 1)
NO..... 2 (GO TO P13)

P13. To what address would you like me to send your check?

(SPECIFY) _____

Closing 1: Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.

Appendix H

Appendix H

Summary of Large-scale Longitudinal Studies

Appendix H. Summary of Large-scale Longitudinal Studies

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
British National Child Development Study (NCDS)	All persons born the week March 3-9, 1958, in Great Britain, about 16,500 total. In 1991 all children of a random sample of one-third of NCDS respondents (age 33) were added.	None	Five major follow-ups since 1958: • 1965 (7 years old). • 1969 (11 years old). • 1974 (16 years old). • 1981 (23 years old). • 1991 (33 years old).	Factors associated with birth outcomes. Family formation, employment, education, training, housing, income, health, smoking, drinking, voluntary activities. Children's cognitive, socio-emotional, and behavioral outcomes.	Family, school, community.	Census data; school records.	None given	Interviews with parents, teachers, spouses, cohabitees, children. Medical exams. Educational tests. Mother, children, mother figure.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Canadian National Longitudinal Survey of Children and Youth (NLSCY)	National sample of 22,831 children ages 0 to 11 in 1994 from 13,439 households in the 10 provinces (excludes Yukon and Northwest territories). (Data for Northwest and Yukon territories will be analyzed separately.) Cohorts: 0-11 months, 1 year, 2-3 years, 4-5 years, 6-7 years, 8-9 years, 10-11 years old. As the children grow older, new children ages 0-2 will be added to the sample.	Households that contained at least one child in the two youngest cohorts.	Study began in 1994; children surveyed every two years into adulthood. Cycle 1: • household collection, November 1994 to June 1995. • school collection, March to June 1995. Cycle 2: • household collection, November 1996 to April 1997. • school collection, March to June 1997.	Child development.	Parent(s). Family. School. Neighborhood.	Currently no planned linkages.	None given.	In-home: • face-to-face or telephone interviews. • main respondent is "person most knowledgeable" about the child, usually the mother. • 4-5 year olds tested face-to-face for school readiness. • 10-11 year olds completed self-administered questionnaire. In Cycle 2, 12-13 year olds also completed self-administered questionnaire. In-school (for school-age cohorts): • teachers and principals completed questionnaires sent by mail. • teachers administered math tests (also sent by mail) to children in grade 2 and above; in Cycle 2 a reading comprehension test was added.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Children and Young Adults of the National Longitudinal Surveys of Youth	All children born to female participants in the NLSY79 cohort interviewed in 1986; in addition, all children born since 1986 who reside at least part-time with their mothers. Starting in 1994, children 15 and older at date of interview in the household within the previous 2 rounds were interviewed regardless of current residence status. In 1986, 5,255 children; 4,971 assessed. In 1988, 6,543 children; 6,266 assessed. In 1990, 6,427 children; 5,803 assessed. In 1992, 7,255 children; 6,599 assessed. In 1994, 6,622 not young adults; 6,109 assessed. In 1994, 1,240 young adult children; 980 interviewed.	None.	Began in 1986; assessments are conducted biennially of both mothers and children. Since 1988, children ages 10 and over also complete a confidential self-report in addition to assessments. Starting in 1994 (and each subsequent round), children ages 15 or older as of Dec. 31 of the survey year receive a comprehensive omnibus questionnaire in lieu of assessments.	Linkages between maternal-family behaviors and attitudes and subsequent child development.	Family. Job. School. Cognitive, socio-emotional, and physiological development of each child.	Current link between child interviews and 1995 NLSY79 Child School Survey file for children 5 and older. Current link to QED data for schools identified in 1995 NLSY79 Child School Survey. Planned links to geocode data files and files on neighborhood characteristics.	None given	Paper-and-pencil personal interviews administered by National Opinion Research Center interviewers. Self-reports from older children and mothers. Starting in 1994, computer assisted personal interviews (CAPI) used for child assessments and young adult interviews. School transcripts and student and principal questionnaires used in 1995 Child School Survey.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Early Childhood Longitudinal Study • Kindergarten Class of 1998-99 (ECLS-K)	Nationally representative sample of approximately 23,000 children enrolled in 1,000 public and private kindergartens for the 1998-99 school year.	Private schools and children. Asian and Pacific Islander children. (Maybe also children with disabilities.)	Information collected twice during base year (once at beginning and once at end of 1998-99 school year). Follow-ups are planned for spring of grades 1, 3, and 5. A fall grade 1 follow-up is being planned for a 25% sample of the base-year sample (approximately 5,000 children).	Children's development and environment, specifically: • school readiness • transition to school • schooling and performance in the early grades • interaction of school, family, and community.	Interaction between: • child and family, • child and school, • family and school and community. Also, children's cognitive, social, and emotional growth.		\$100 honorarium to schools. Teachers are paid as data collectors to report on academic achievement, social skills, and special education services (\$5 per completed case). Children are given stickers and other age-appropriate gifts (e.g., children's books).	Information collected from children, parents, teachers, school, classroom, special education teachers, administrators/children's principals. Only kindergartners and first graders participate in the assessment. Beginning in grade 3, children are assessed and interviewed.
<i>(NOTE: This study is still in development stages; certain details have not been finalized).</i>	Racially/ethnically and socio-economically diverse. Will also gather information on the kindergartens that the children attend: (includes full- and part-day kindergarten programs).							

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Early Head Start Research and Evaluation Project	National sample of approximately 3,000 low-income families from diverse EHS programs in 17 communities (selected from 143 programs funded in 1995 and 1996). As families are recruited by programs, they are randomly assigned to the EHS program or to a comparison group. Sample members at intake are pregnant women or mothers with infants 12 months of age or younger.	None	Age-based child assessment, parent interview, and child care provider assessment when child is 14, 24, and 36 months old.	Effectiveness of EHS programs with varying approaches to affecting child and family outcomes (theories of change), in terms of:	Relationships and interactions among all of the following: child, parent(s), sibling(s), Early Head Start program staff, child care providers, and communities in which EHS families live and work.	National evaluation data to be linked with data collected by 15 local researchers.	Age-based assessments : \$15 plus small gift.	Data from program application and enrollment forms.
			Intake-based parent interview about services parent uses at 6, 15, 24, and 36 months after random assignment.	children's cognitive, language, and social development, health, resiliency, and parental attachment;		Potential links to other studies of current policy relevance, including welfare reform, low-income fathers, child care, and children with disabilities.	Intake-based interview: \$10.	Parent interviews.
			Site visits in 1996, 1997, and 1999.	- family development, including parent-child relationships home environment, family functioning, family health, parental involvement, and parental self-sufficiency; - staff development; and - community development, including child care quality, collaboration, and services integration.		ECLS Birth Cohort.		Direct child assessments.
								Observations of child care provider settings.
								Videotaping of mother-child interactions (at 14 and 24 months).
								Surveys of program staff.
								Site visits to programs that include interviews with all staff, observations of child development services (center and home-based), focus groups with parents, and focus groups with community representatives.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Education Longitudinal Study (NELS:1988)	National sample of 26,435 eighth graders in 1988 attending 1,057 public and private schools.	Hispanic students.	In 1988.	"Educational attainment":	Family.	ZIP codes, census codes, Integrated	None given	Sample survey.
		Asian/Pacific Islander students.	Follow-up surveys in 1990, 1992, and 1994.	• reasons for the consequences of academic success and failure.	School.	Postsecondary Data Education System (IPEDS).		School transcript records.
			Another follow-up proposed for 2000.		Classroom.			Assessment test.
		Subsamples (for each student): • one parent, • one school principal, • two teachers.			Community.			In base year, first and second follow-ups: • four cognitive tests • student, parent, teacher, school administrator questionnaires. Follow-up surveys also include dropout questionnaires.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Longitudinal Survey of Youth, 1979 (NLSY:79)	12,686 youth ages 14-21 as of January 1, 1979.	African Americans.	Annual since 1979.	Labor force experience.	Education/training.		None given	Personal interviews.
	Dropped to 11,607 in 1985 when interviewing of military sample discontinued.	Hispanics. Economically disadvantaged non-African-Americans and non-Hispanics (discontinued in 1990). Youth in the military (discontinued in 1984) (women were an oversample within the youth in the military oversample)		Factors affecting labor market behavior.	Location. Parents. Marital status. Financial. Work-related attitudes. Health problems. Discrimination.			Telephone interviews in 1987.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Longitudinal Survey of Youth, 1997 (NLSY:97).	12,000 youth ages 12-17. 2,500 disabled children ages 12-17.	None.	Initial interviews conducted January to May 1997. Annual interviews in following years.	Youths' transition into: • labor market, • adulthood, • career and family formation.	Individual. Parents. Schools.		None given	Computer-assisted personal field interviews of youth and parents. Self-administered audio CASI section. Youth in grade 9 and below will also take a Peabody Individual Achievement math test (PIAT). Survey of school administrators. School transcripts.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Institute of Child Health and Human Development (NICHD) Study of Early Child Care. Two components: Phase I Phase II (Phase I follow-up)	Phase I: National sample of 1,364 families; selected from designated hospitals at the 10 data collection sites; included only families with full-term healthy newborns; 123-150 participant families at each site. <i>During child's first year:</i> 53% of mothers worked/went to school full-time, 23% worked/went to school part-time, 24% stayed home. Ethnicity of mother: 81% white, 19% minorities (African American, Native American, Asian, Hispanic, Mixed). Homes: 86% two parents, 14% single parent. Mother's education: 11% <grade 12, 25% high school/GED, 28% some college, 24% B.A., 12% postgrad. Phase II: Includes 1,247 families of original 1,364.	None.	Phase I: - Families recruited between January and November 1991. - Children enrolled at 1 month old were studied until 3 years old - At 1, 6, 15, 24, and 36 months old, home visits. - At 15, 24, and 36 months old, lab setting assessment. - At 6, 15, 24, and 36 months old, observed in primary child care setting (if child attends more than 10 hours a week). - Telephone interviews with mother every 3 months. Phase II: - At 4 ½ years old and in grade 1, home visits, lab assessments, child care setting observation, school observation. - During kindergarten, parents and teachers complete mailed questionnaires and phone interviews.	Child care: - quality, - history of enrollment, - type, - stability, - hours. Home environment. Child development: - cognitive, - social, - attachment, - emotional. Mother's development.	Phase I: - child care, - home/family. Phase II: - child care, - home/family, - school.	No linkage.	None given	Phase I: - Face-to-face and telephone interviews. - Videotaping of play/interaction. - Observation of child, parents, primary child care setting, family setting. - Standardized tests/assessments of child development. Phase II: Same as Phase I, with the addition of observation and interviewing of teachers and schools.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Panel Study of Income Dynamics (PSID)	National sample of 5,000 households, beginning in 1968	African Americans.	Annual, since 1968.	Family structure, dynamics, and financial status, specifically: • family composition, • demographic events, • income sources and amounts, • employment, • poverty status, • public assistance, • housework time, • housing, • socioeconomic background, • health.	Economics.	Medicare records.	None given	Interviews of family members.
	8,700 households in 1996.	Hispanics in 1990-1995, with Cubans and Puerto Ricans oversampled relative to Mexican Americans			Demography. Sociological factors. Psychological factors. Family unit. Primary adult. Family members. Neighborhood.	National Death Index (NDI), Panel Study of Income Dynamics geocode. Does not have Social Security number links. Census data via address.		

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Panel Study of Income Dynamics: Child Development Supplement (CDS)	National sample of 3,500 children 0-12 years old. Includes approximately 550 immigrant children. Also: • 2,500 mothers, • 2,000 other caregivers and noncustodial parents, • 1,415 teachers, • 1,226 school administrators.	African Americans.	Began in 1997. Will follow children into adulthood.	Early human capital formation.	Cognitive development.	Census Bureau information on neighborhoods.	None given	Initial in-home interview of family members.
					Socioemotional well-being.			Telephone interviews of family members.
					Health.			Woodcock Johnson achievement test.
					Parents/family.			Self-administered questionnaires completed by child's teacher and school or child care provider.
					Neighborhood.			
					Teachers.			
					Schools.			
					Time use.			

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Project on Human Development in Chicago Neighborhoods (PHDCN)	1. CS: Split Chicago into 343 neighborhood clusters (NCs) using 1990 Census data. All clusters were in the sample for CS. Target number of interviews to complete = 9,260 (interview one person 18+ years old in each chosen household.)	None.	1. CS: Completed in 1996. 2. LCS: Study will cover 8-year period from 1995-2003. • Uses "accelerated longitudinal design" – nine different age groups (from ages 0-18) will be followed over the 8 years. • Annual interviews.	How social and physical environments affect human development, specifically origin and development of social competence vs. antisocial behavior.	Community. Neighborhood. Family. Peers. Individual characteristics. Schools.		\$30 incentive payment is given. As an added incentive, participants' names are entered in a monthly lottery of \$100.	1 CS: • Interviews with households and key community members. • Systematic observations of the communities' physical and social characteristics. • Official records. 2 LCS: • Field interviews with individuals using computer (in English, Spanish, and Polish).
Two studies in one. • Community survey (CS) • Longitudinal cohort study (LCS)	2. LCS: 7,000 children and youth (ages prenatal to 18) and their families from 80 randomly selected, representative NCs. • Seven cohorts of 1,000 each (0-1, 3, 6, 9, 12, 15, and 18 year olds in 1996). • 50% male/50% female. • Balanced representation of African American, Latino, white, and mixed communities. • Three socio-economic levels based on income. • Includes children from all social classes in each ethnic group (Added in 1994) Infant Study: 400 infants, ages 5-7 months.							

Appendix I

Appendix I

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