

9-MONTH PARENT INTERVIEW

SECTION E – MOTHER'S BACKGROUND

E1. Next are some questions about who you lived with while you were growing up. Did you live with your biological mother from the time you were born until age 16?
NSFH

YES..... 1 (GO TO E4)
NO..... 2 (GO TO E2)
DON'T KNOW 98 (GO TO E2)
REFUSED 99 (GO TO E2)

E2. Did you live with your biological mother at any time until age 16?
NEW

YES..... 1 (GO TO E3)
NO..... 2 (GO TO E4)
DON'T KNOW 98 (GO TO E4)
REFUSED 99 (GO TO E4)

E3. How old were you when you stopped living with your biological mother?
NEW

AGE

DON'T KNOW 98
REFUSED 99

E4. Did you live with your biological father from the time you were born until age 16?
NSFH

YES 1 (GO TO E7)
NO 2 (GO TO E5)
DON'T KNOW 98 (GO TO E5)
REFUSED 99 (GO TO E5)

E5. Did you live with your biological father at any time until age 16?
NEW

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

E6. How old were you when you stopped living with your biological father?
NEW

AGE

DON'T KNOW 98
REFUSED 99

E7. Did any of the people you lived with during your school years—about age 5 to age 16—ever
JOBS receive Aid to Families with Dependent Children (AFDC) {OR STATE SPECIFIC PROGRAM}
or welfare?

PROBE: AFDC is now called TANF.

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

E8. Between the ages of 5 and 16, was welfare assistance received during all, most, half, or just
JOBS some of these years?

ALL	1
MOST	2
HALF	3
SOME	4
DON'T KNOW	98
REFUSED	99

E9. Next, I have a few questions about your parents, that is, the parents you spent most of your
 ECLS-K childhood with. These parents may be your biological parents or other parent-figures such as step, adoptive, or foster parents. Tell me about the persons who were most like parents to you while you were growing up. What is the highest grade or year of regular school that your father or father-figure completed?

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

NO FORMAL SCHOOLING	0
1ST GRADE.....	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE BUT NO DIPLOMA	12
HIGH SCHOOL DIPLOMA/EQUIVALENT	13
VOC/TECH PROGRAM AFTER HIGH SCHOOL	
BUT NO VOC/TECH DIPLOMA.....	14
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15
SOME COLLEGE BUT NO DEGREE	16
ASSOCIATE'S DEGREE.....	17
BACHELOR'S DEGREE.....	18
GRADUATE OR PROFESSIONAL SCHOOL BUT	
NO DEGREE	19
MASTER'S DEGREE (MA, MS).....	20
DOCTORATE DEGREE (PHD, EDD).....	21
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	22
DON'T KNOW	98
REFUSED.....	99

E10. What is the highest grade or year of regular school your mother or mother-figure completed?
ECLS-K

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

NO FORMAL SCHOOLING	0
1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE BUT NO DIPLOMA	12
HIGH SCHOOL DIPLOMA/EQUIVALENT	13
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15
SOME COLLEGE BUT NO DEGREE	16
ASSOCIATE'S DEGREE	17
BACHELOR'S DEGREE	18
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19
MASTER'S DEGREE (MA, MS)	20
DOCTORATE DEGREE (PHD, EDD)	21
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	22
DON'T KNOW	98
REFUSED	99

E11. Now I have a few questions about your education. What is the highest grade or year of school that
ECLS-K you have completed?

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

NO FORMAL SCHOOLING	0 (GO TO SECTION F)
1ST GRADE	1 (GO TO E12)
2ND GRADE	2 (GO TO E12)
3RD GRADE	3 (GO TO E12)
4TH GRADE	4 (GO TO E12)
5TH GRADE	5 (GO TO E12)
6TH GRADE	6 (GO TO E12)
7TH GRADE	7 (GO TO E12)
8TH GRADE	8 (GO TO E12)
9TH GRADE	9 (GO TO E12)
10TH GRADE	10 (GO TO E12)
11TH GRADE	11 (GO TO E12)
12TH GRADE BUT NO DIPLOMA	12 (GO TO E12)
HIGH SCHOOL DIPLOMA/EQUIVALENT	13 (GO TO E13)
VOC/TECH PROGRAM AFTER HIGH SCHOOL	
BUT NO VOC/TECH DIPLOMA	14 (GO TO E12)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15 (GO TO E14)
SOME COLLEGE BUT NO DEGREE	16 (GO TO E12)
ASSOCIATE'S DEGREE	17 (GO TO E14)
BACHELOR'S DEGREE	18 (GO TO E14)
GRADUATE OR PROFESSIONAL SCHOOL BUT	
NO DEGREE	19 (GO TO E14)
MASTER'S DEGREE (MA, MS)	20 (GO TO E14)
DOCTORATE DEGREE (PHD, EDD)	21 (GO TO E14)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	22 (GO TO E14)
DON'T KNOW	98 (GO TO E14)
REFUSED	99 (GO TO E14)

E12. Do you have a high school diploma or its equivalent, such as a GED?
NHES

YES	1 (GO TO E13)
NO	2 (GO TO E14)
DON'T KNOW	98 (GO TO E14)
REFUSED	99 (GO TO E14)

E13. Which do you have, a high school diploma or a GED?
NLSY

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	98
REFUSED	99

E14. When you were in school, did you ever receive special help because you had trouble with reading?
NEW

PROBE: By special help, we mean tutors, special classes, or other kinds of attention. This does not include difficulties for non-native English speakers or ESL.

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

E15. Did you ever repeat a grade in school?
NHES

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

IF E11 = 8 OR LESS (8 TH GRADE OR LESS), GO TO SECTION F. ELSE, ASK E16.

E16. Now thinking about high school, what grades did you usually get?
ECLS-K

MOSTLY A'S (NUMERICAL AVERAGE OF 90-100).....	1
MOSTLY A'S AND B'S (85-89)	2
MOSTLY B'S (80-84)	3
MOSTLY B'S AND C'S (75-79)	4
MOSTLY C'S (70-74)	5
MOSTLY C'S AND D'S (65-69)	6
MOSTLY D'S AND LOWER (64 AND BELOW)	7
DON'T KNOW	98
REFUSED	99

E17. Was your high school program ...
ECLS-K

Academic or college preparatory, ...	1
Commercial or business training, or	2
Vocational or technical?	3
DON'T KNOW	98
REFUSED	99

E18. While you were in high school, did you take any of the following high school mathematics and technical courses? Did you take...
ECLS-K

	<u>TAKEN</u>	<u>NOT TAKEN</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Elementary Algebra or Algebra I?	1	2	98	99
b. Plane Geometry?	1	2	98	99
c. Business Math?	1	2	98	99
d. Intermediate Algebra or Algebra II?	1	2	98	99

IF RESPONDENT HAS NOT TAKEN INTERMEDIATE ALGEBRA OR ALGEBRA II (E18d = 2), GO TO SECTION F. ELSE, ASK E18e-g.
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e. Trigonometry?	1	2	98	99
f. Calculus?.....	1	2	98	99
g. Physics?	1	2	98	99

9-MONTH PARENT INTERVIEW

SECTION F – HOUSEHOLD COMPOSITION

IF CURRENTLY ASKING ABOUT TWIN, GO TO SECTION G.
ELSE, CONTINUE WITH F1.

F1. ECLS-K {Now I have a few questions about your household. We have listed that you and {CHILD} {and {TWIN}} currently live in this household. Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.}

{ENTER NAME OF {RESPONDENT/{NAME}.}}

{How old {are you/is {NAME}}?}

{ENTER AGE OF {NAME}.}

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

{ENTER GENDER OF {NAME}.}

{PROBE: Anyone else (living in this household)?}

{ENTER AGE AND GENDER OF RESPONDENT.}

{YOU WILL NEED TO ENTER THE NAME, AGE, AND GENDER OF EACH HOUSEHOLD MEMBER NAMED BEFORE LEAVING THE MATRIX.}

PRESS ENTER TO RECORD THE AGE AND GENDER OF THE RESPONDENT OR PRESS THE DOWN ARROW KEY TO ADD A HOUSEHOLD MEMBER.

{ENTER NAME OF HOUSEHOLD MEMBER OR PRESS ENTER ON A BLANK FIELD IF MATRIX IS COMPLETE.}

	FIRST NAME	LAST NAME	AGE	GENDER
R	{Display Respondent First Name}	[Enter Respondent Last Name - 25]	[Enter Age - 3]	[Enter Gender - M/F]
C	{Display Child First Name}	{Display Child Last Name}	{Display Age}	{Display Gender}
	[Enter First Name - 20]	[Enter Last Name - 25]	[Enter Age - 3]	[Enter Gender - M/F]
	[Enter First Name - 20]	[Enter Last Name - 25]	[Enter Age - 3]	[Enter Gender - M/F]

F2. ECLS-K Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

YES..... 1 (RETURN TO F1)
NO..... 2 (GO TO F3)
DON'T KNOW 98 (GO TO F3)
REFUSED 99 (GO TO F3)

F3. Do you have a spouse or partner who lives in this household?

ECLS-K

YES	1	(GO TO F4)
NO	2	(GO TO BOX AFTER F4)
DON'T KNOW.....	98	(GO TO BOX AFTER F4)
REFUSED.....	99	(GO TO BOX AFTER F4)

F4. Who in the household is your spouse or partner?

ECLS-K

SELECT NAME FROM ROSTER.

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

{Display Household Member Name}
{Display Household Member Name}
{Display Household Member Name}
{Display Household Member Name}

ASK F5 – F10 FOR EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT F1) WHO IS NOT THE FOCAL CHILD.
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F5. What {is your/is {NAME}'s} relationship to {CHILD}?

ECLS-K

MOTHER/FEMALE GUARDIAN.....	1	(GO TO F6)
FATHER/MALE GUARDIAN	2	(GO TO F7)
SISTER	3	(GO TO F8)
BROTHER.....	4	(GO TO F9)
GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN.....	5	(GO TO BOX BEFORE F11)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN.....	6	(GO TO BOX BEFORE F11)
GRANDMOTHER	7	(GO TO BOX BEFORE F11)
GRANDFATHER	8	(GO TO BOX BEFORE F11)
AUNT	9	(GO TO BOX BEFORE F11)
UNCLE	10	(GO TO BOX BEFORE F11)
COUSIN	11	(GO TO BOX BEFORE F11)
OTHER RELATIVE.....	12	(GO TO BOX BEFORE F11)
OTHER NONRELATIVE	13	(GO TO F10)
DON'T KNOW	98	(GO TO BOX BEFORE F11)
REFUSED	99	(GO TO BOX BEFORE F11)

F6. {Are you/Is {NAME}} {CHILD}'s ...

ECLS-K

Birth mother, ...	1	(GO TO F11)
Adoptive mother, ...	2	(GO TO F11)
Step mother, or	3	(GO TO F11)
Foster mother or female guardian?	4	(GO TO F11)
DON'T KNOW	98	(GO TO F11)
REFUSED	99	(GO TO F11)

F7. {Are you/Is {NAME}} {CHILD}'s ...

ECLS-K

Birth father, ...	1	(GO TO F11)
Adoptive father, ...	2	(GO TO F11)
Step father, or	3	(GO TO F11)
Foster father or male guardian?	4	(GO TO F11)
DON'T KNOW	98	(GO TO F11)
REFUSED	99	(GO TO F11)

F8. {Are you/Is {NAME}} {CHILD}'s ...

ECLS-K

Full sister, ...	1	(GO TO BOX BEFORE F11)
Half sister, ...	2	(GO TO BOX BEFORE F11)
Step sister, ...	3	(GO TO BOX BEFORE F11)
Adoptive sister, or	4	(GO TO BOX BEFORE F11)
Foster sister?	5	(GO TO BOX BEFORE F11)
DON'T KNOW	98	(GO TO BOX BEFORE F11)
REFUSED	99	(GO TO BOX BEFORE F11)

F9. {Are you/Is {NAME}} {CHILD}'s ...

ECLS-K

Full brother, ...	1	(GO TO BOX BEFORE F11)
Half brother, ...	2	(GO TO BOX BEFORE F11)
Step brother, ...	3	(GO TO BOX BEFORE F11)
Adoptive brother, or	4	(GO TO BOX BEFORE F11)
Foster brother?	5	(GO TO BOX BEFORE F11)
DON'T KNOW	98	(GO TO BOX BEFORE F11)
REFUSED	99	(GO TO BOX BEFORE F11)

F10. 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

ASK F11 AND F12 FOR EACH F5 = 1, 2, 5, OR 6 (MOTHER, FATHER, GIRLFRIEND/PARTNER, OR BOYFRIEND/PARTNER) AND FOR THE FOCAL CHILD. ELSE, GO TO SECTION G.

F11. {Are you/Is {NAME}} of Spanish, Hispanic, or Latino origin?

ECLS-K

YES	1 (GO TO F12)
NO	2 (GO TO F13)
DON'T KNOW	98 (GO TO F13)
REFUSED	99 (GO TO F13)

F12. {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

F13. 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

9-MONTH PARENT INTERVIEW

SECTION G – MARRIAGES AND PARTNER RELATIONSHIPS

G1. Next are a few questions about your marital history. Are you now...

ECLS-K

Married, ...	1
Separated, ...	2
Divorced, ...	3
Widowed, or	4
Have you never been married?	5
DON'T KNOW	98
REFUSED	99

IF G1= 1-4 (MARRIED, SEPARATED, DIVORCED, OR WIDOWED), GO TO G2;
 ELSE IF F3=1 (LIVING WITH A PARTNER), GO TO G3;
 ELSE GO TO G6.

G2. How many times have you been married?

NEW

TIMES

IF G1=1 (MARRIED) OR F3=1 (LIVING WITH A PARTNER), GO TO G3;
 ELSE IF F3 = 2 (NOT LIVING WITH PARTNER), GO TO G5.

G3. When did you first start living with (NAME OF CURRENT SPOUSE/ PARTNER)?

ECLS-K

MONTH YEAR

DON'T KNOW 98
 REFUSED 99

IF G1 = 1 (MARRIED) OR G1=2 (SEPARATED), GO TO G4;
 ELSE IF G1=3 (DIVORCED), OR 4 (WIDOWED) AND F3 = 1 (LIVING WITH PARTNER NOT CHILD'S BIOLOGICAL FATHER), GO TO G5;
 ELSE IF G1=5 (NEVER MARRIED) AND F7=1 (LIVING WITH PARTNER WHO IS BIOLOGICAL FATHER), GO TO G14;
 ELSE GO TO G6;

G4. When did you marry (NAME OF CURRENT SPOUSE)?

ECLS-K

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

DON'T KNOW 98

REFUSED 99

IF F7 = 1 (LIVING WITH CHILD'S BIOLOGICAL FATHER), GO TO G14.
ELSE, GO TO G5.

G5. Were you ever married to (CHILD)'s biological father?

ECLS-K

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

IF F7 = 1 (LIVING WITH CHILD'S BIOLOGICAL FATHER), GO TO G14.
ELSE, GO TO G6.

G6. (Before you got married,) Did you ever live together with (CHILD)'s biological father in a marriage-like relationship?

NEW

YES 1 (GO TO G7)

NO 2 (GO TO BOX BEFORE G8)

DON'T KNOW 98 (GO TO BOX BEFORE G8)

REFUSED 99 (GO TO BOX BEFORE G8)

G7. When did you start living together with (CHILD)'s biological father?

ECLS-K

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

DON'T KNOW 98

REFUSED 99

IF F7 = 1 (LIVING WITH CHILD'S BIOLOGICAL FATHER), GO TO G14.
ELSE IF G5=1 (EVER MARRIED TO BIOLOGICAL FATHER) GO TO G8.
ELSE GO TO G10.

G8. When did you marry (CHILD)'s biological father?

ECLS-K

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

DON'T KNOW 98

REFUSED 99

G9. Was your marriage to (CHILD)'s biological father ended by...

ECLS-K

Death, ... 1 (GO TO G11)

Divorce, ... 2

Separation, or 3

Annulment? 4

DON'T KNOW 98

REFUSED 99

G10. Is (CHILD)'s biological father still living?

NEW

YES 1 (GO TO BOX BEFORE G11)

NO 2 (GO TO G11)

DON'T KNOW 98 (GO TO BOX BEFORE G11)

REFUSED 99 (GO TO BOX BEFORE G11)

IF G6 = 2 (NEVER LIVED WITH CHILD'S BIOLOGICAL FATHER), GO TO
BOX BEFORE G14. ELSE, GO TO G12.

G11. When did (CHILD)'s biological father pass away?

NEW

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

DON'T KNOW 98

REFUSED 99

IF F7 NE 1 (LIVING WITH PARTNER WHO IS NOT CHILD'S BIOLOGICAL
FATHER), GO TO G14.
ELSE IF F3 = 2 (NOT LIVING WITH PARTNER), GO TO SECTION H.
ELSE, GO TO G12.

G12. When did you stop living with (CHILD)'s biological father?

ECLS-K

MONTH YEAR

DON'T KNOW 98

REFUSED 99

IF G1 = 3 (DIVORCED) AND F7 NE 1 (LIVING WITH PARTNER WHO IS NOT CHILD'S BIOLOGICAL FATHER), GO TO G13.
 ELSE IF F3 = 2 (NOT LIVING WITH PARTNER), GO TO SECTION H.
 ELSE, GO TO G14.

G13. What month and year did your marriage to (CHILD)'s biological father legally end in divorce?

NEW

MONTH YEAR

DON'T KNOW 98

REFUSED 99

IF G1=1 (MARRIED) OR F3=1 (LIVING WITH A PARTNER), GO TO G14.
 ELSE, GO TO SECTION H.

G14. 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

G15. 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

G16. Couples deal with serious disagreements in different ways. When you have a serious disagreement with your (husband/partner), how often do you:
 ECLS-K/
 FF

	<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

G17. Some people are afraid that their spouse or partner will hit them if they argue with (him/her) or 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

9-MONTH PARENT INTERVIEW

SECTION H – EXPECTATIONS FOR CHILD DEVELOPMENT

CAPI INSTRUCTION: DO NOT ALLOW DON'T KNOW AT H1 AND H2.

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, not 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.

H1. 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

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

SHOW
CARD
H1

		<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

H2. Now, the next statements 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.

KIDI/EHS

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

PROBE: (IF DISAGREE: Would that be an older or younger child?)

SHOW
CARD
H2

		<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.	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 by six months of age	1	2	3	4	99

9-MONTH PARENT INTERVIEW

SECTION I – HOME EDUCATIONAL ACTIVITIES AND LANGUAGE ENVIRONMENT

The next questions are about the language you speak and reading you do at home.

I1. Is any language other than English regularly spoken in your home?

ECLS-K

YES	1 (GO TO I2)
NO	2 (GO TO I7)
DON'T KNOW	98 (GO TO I7)
REFUSED	99 (GO TO I7)

I2. What languages other than English are spoken in your home? CODE ALL THAT APPLY

ECLS-K

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

I3. Is English also spoken in your home?

ECLS-K

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

ASK I4 IF MORE THAN ONE LANGUAGE SPOKEN AT HOME.
ELSE, GO TO I5.

I4. What is the primary language spoken in your home? CODE '14' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ECLS-K

ENGLISH	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH	12
FRENCH	4	VIETNAMESE	13
GERMAN	5	CANNOT CHOOSE	14
GREEK	6	SOME OTHER LANGUAGE	
ITALIAN	7	(SPECIFY)	91
JAPANESE	8	DON'T KNOW	98
		REFUSED	99

15. How well do you do the following? Would you say very well, pretty well, not very well, or not well at all? How well do you . . .

ECLS-K

	<u>VERY WELL</u>	<u>PRETTY WELL</u>	<u>NOT VERY WELL</u>	<u>NOT WELL AT ALL</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Speak English?	1	2	3	4	98	99
b. Read English?	1	2	3	4	98	99
c. Write English?	1	2	3	4	98	99
d. Understand someone speaking English?	1	2	3	4	98	99

16. How often do you (or another adult in the household) use ((NON-ENGLISH LANGUAGE)/a language other than English) in speaking to (CHILD)? Would you say never, sometimes, often, or very often?

ECLS-K

IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often do you use all languages, other than English, in speaking to (CHILD)?

PROBE: We just need to know in general.

NEVER.....	1
SOMETIMES	2
OFTEN	3
VERY OFTEN.....	4
DON'T KNOW	98
REFUSED	99

17. About how many different magazines, including parenting magazines, do you look at or read on a regular basis?

NHES

NUMBER

DON'T KNOW	98
REFUSED	99

18. Have you used any books or magazines about babies or parenting to help you with (CHILD)?

NEW

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

19. How often do you get a chance to read stories to or look at picture books with (CHILD)?
 NLSY/ Would you say . . .
 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

Now I have some questions about the types of things you may do with (CHILD).

110. In the past month, how often did you do the following things with (CHILD)? Was it more than
 EHS/ once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?
 SNOW How often do you ...
 PROBE: Rarely would be once a month or less.

SHOW
 CARD
 110

	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. Do things like tickle (CHILD), blow on (his/her) belly, or move (his/her) arms and legs around in a playful way? ...	1	2	3	4	5	6	98	99
c. Sing songs or nursery rhymes to (him/her)?.....	1	2	3	4	5	6	98	99
d. Take (CHILD) outside for a walk or to play in the yard, a park, or a playground?.....	1	2	3	4	5	6	98	99
e. Take (CHILD) shopping or on errands with you? ...	1	2	3	4	5	6	98	99

9-MONTH PARENT INTERVIEWER

SECTION J – PARENT BEHAVIORS AND ATTITUDES

J1. Next, I'm going to read some opinions which some parents 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. | You can spoil a tiny baby by picking him up every time he cries, or..... | 1 |
| | You cannot spoil a tiny baby by picking him up every time he cries. | 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. | Small babies should be fed when they are hungry, or..... | 1 |
| | Small babies should be fed on a regular schedule. | 2 |
| | DON'T KNOW..... | 98 |
| | REFUSED..... | 99 |
| d. | 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 |
| e. | 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 |

9-MONTH PARENT INTERVIEW

SECTION K-N – 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 K1.
ELSE, GO TO K2.

K1. Does (TWIN) currently have the same child care arrangements as (CHILD)?

ECLS-K

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

Relative Care

K2. 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 K4)
NO	2	(GO TO K3)
DON'T KNOW	98	(GO TO K3)
REFUSED	99	(GO TO K3)

K3. Has (CHILD) ever received care from a relative on a regular basis?

ECLS-K

YES	1	(GO TO K4)
NO	2	(GO TO L1)
DON'T KNOW	98	(GO TO L1)
REFUSED	99	(GO TO L1)

K4. 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

K5. (Not including your current arrangement,) how many past arrangements has (CHILD) had with a
NEW relative on a regular basis?

NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK K6 IF RESPONDENT HAS CURRENT RELATIVE ARRANGEMENT.
ELSE, GO TO L1.

K6. How many different regular care arrangements do you currently have with relatives for
ECLS-K (CHILD)?

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

K7. (Let's talk about the relative who provides the most care for (CHILD) now.) Is that relative
ECLS-K (CHILD)'s...

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

K8. Is the care provided by ((CHILD)'s (RELATIVE)/ that relative) in your home or another home?
ECLS-K

OWN HOME 1 (GO TO K9)
OTHER HOME 2 (GO TO K10)
BOTH/VARIES 3 (GO TO K9)
DON'T KNOW 98 (GO TO K9)
REFUSED 99 (GO TO K9)

K9. Does (CHILD)'s (RELATIVE) who provides this care live in your household?
NHES

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

K10. Is the care that (CHILD) receives from [(his/her) RELATIVE/that relative] regularly scheduled
ECLS-K at least once each week?

YES 1 (GO TO K11)
NO 2 (GO TO L1)
DON'T KNOW 98 (GO TO L1)
REFUSED 99 (GO TO L1)

K11. During those times in the day when (CHILD) is in {(his/her) (RELATIVE)'s/that relative's} care,
NEW how long does it take 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

K12. 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

K13. 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

K14. 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

K15. 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 K5 = 0 (NO PAST ARRANGEMENTS), GO TO K17. ELSE, ASK TO K16.

K16. How old was (CHILD) in months when this particular regular care arrangement with (his/her)
NHES (RELATIVE) began?
[(CHILD) WAS MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY RELATIVE.]

 OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

K17. 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

K18. Is there any charge or fee for the care (CHILD) receives from [(his/her)(RELATIVE)/that relative], paid either by you or someone else? Does [(RELATIVE)/that relative] charge a fee for caring for (CHILD)?

YES	1 (GO TO K19)
NO	2 (GO TO L1)
DON'T KNOW	98 (GO TO L1)
REFUSED	99 (GO TO L1)

K19. Do any of the following people or organizations help to pay for [(CHILD)'s RELATIVE/that relative] to care for (him/her)? How about . . .

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
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

K20. 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
DON'T KNOW	98
REFUSED	99

ASK K21 IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD.
ELSE GO TO L1.

K21. Is this amount for (CHILD) only or does it include other children in your household?

CHILD ONLY	1	(GO TO L1)
CHILD AND OTHER(S)	2	(GO TO K22)
DON'T KNOW	98	(GO TO K22)
REFUSED	99	(GO TO K22)

K22. How many children is this amount for, including (CHILD)?
ECLS-K

NUMBER

DON'T KNOW 98
REFUSED 99

Non-Relative Care

L1. 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 L3)
NO..... 2 (GO TO L2)
DON'T KNOW 98 (GO TO L2)
REFUSED 99 (GO TO L2)

L2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

ECLS-K

YES..... 1 (GO TO L3)
NO..... 2 (GO TO M1)
DON'T KNOW 98 (GO TO M1)
REFUSED 99 (GO TO M1)

L3. 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

L4. (Not including your current arrangement,) how many past arrangements has (CHILD) had with a nonrelative on a regular basis?

NEW

NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK L5 IF RESPONDENT HAS CURRENT NONRELATIVE ARRANGEMENT. ELSE, GO TO M1.
--

L5. 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

L6. (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 L7)
OTHER HOME 2 (GO TO L8)
BOTH/VARIES 3 (GO TO L7)
DON'T KNOW 98 (GO TO L7)
REFUSED 99 (GO TO L7)

L7. Does this person who cares for (CHILD) live in your household?
NHES

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

L8. Is the care that (CHILD) receives from that person regularly scheduled at least once each
ECLS-K week?

YES 1 (GO TO L9)
NO 2 (GO TO M1)
DON'T KNOW 98 (GO TO M1)
REFUSED 99 (GO TO M1)

L9. During those times in the day when (CHILD) is in care at that person's home, how long does it take
NEW 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

L10. How many days each week does (CHILD) receive care from that person?
ECLS-K

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

L11. How many hours each week does (CHILD) receive care from that person?
ECLS-K

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

L12. 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

L13. 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 L4 = 0 (NO PAST ARRANGEMENTS), GO TO L15. ELSE, ASK TO L14.

L14. How old was (CHILD) in months when this particular care arrangement began?
[(CHILD) WAS ____ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY NONRELATIVE.]

NHES

____ OR ____
MONTHS WEEKS

DON'T KNOW 98

REFUSED 99

L15. 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

L16. Is there any charge or fee for the care (CHILD) receives from this person, paid either by you or someone else?

ECLS-K

YES 1 (GO TO L17)
NO 2 (GO TO M1)
DON'T KNOW 98 (GO TO M1)
REFUSED 99 (GO TO M1)

L17.
NHES

YES NO 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 |

L18.
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 L19 IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD.
ELSE, GO TO M1.

L19.
ECLS-K

CHILD ONLY	1 (GO TO M1)
CHILD AND OTHER(S)	2 (GO TO L20)
DON'T KNOW	98 (GO TO L20)
REFUSED	99 (GO TO L20)

L20.
ECLS-K

NUMBER

DON'T KNOW 98
REFUSED 99

Center-Based Care

M1. Is (CHILD) now attending a child care center on a regular basis?

ECLS-K

YES..... 1 (GO TO M3)
NO..... 2 (GO TO M2)
DON'T KNOW 98 (GO TO M2)
REFUSED 99 (GO TO M2)

M2. Has (CHILD) ever attended a child care center on a regular basis?

ECLS-K

YES..... 1 (GO TO M3)
NO..... 2 (GO TO N1)
DON'T KNOW 98 (GO TO N1)
REFUSED 99 (GO TO N1)

M3. 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

M4. (Not including your current arrangement,) how many past arrangements has (CHILD) had with a child care center on a regular basis?

ECLS-K

NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

ASK M5 IF M1 = 1 (CURRENTLY GOES TO CENTER). ELSE, GO TO N1.
--

M5. 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

M6. (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 M7)
NO..... 2 (GO TO N1)
DON'T KNOW 98 (GO TO N1)
REFUSED 99 (GO TO N1)

M7. 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

M8. How many days each week does (CHILD) go to that program?
ECLS-K

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

M9. How many hours each week does (CHILD) go to that program?
ECLS-K

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

M10. 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

M11. 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 M4 = 0 (NO PAST ARRANGEMENTS), GO TO M13.
ELSE, ASK TO M12.

M12. How old was (CHILD) in months when (he/she) started going to this particular program?
NHES [(CHILD) WAS ____ MONTHS OLD WHEN FIRST ATTENDED ANY CENTER OR PROGRAM.]

|_|_|_| OR |_|_|_|
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

M13. 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

M14. Is there any charge or fee for the program, paid by either you or someone else?
ECLS-K

YES 1 (GO TO M15)
NO 2 (GO TO N1)
DON'T KNOW 98 (GO TO N1)
REFUSED 99 (GO TO N1)

M15. Do any of the following people or organizations help to pay for (CHILD) to go to the program? How
ECLS-K about . . .

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for the program?	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

ASK N1 ONLY ONCE PER HOUSEHOLD FOR ALL SAMPLED CHILDREN.

N1. 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...

	VERY <u>IMPORTANT</u>	SOME- WHAT <u>IMPORTANT</u>	NOT <u>IMPORTANT</u>	DON'T <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

9-MONTH PARENT INTERVIEW

SECTION O – CHILD HEALTH

Now, I'd like to ask you about (CHILD)'s health.

O1. Would you say (CHILD)'s health is . . .

ECLS-K

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

O2. Since (CHILD) was born, how many times has (he/she) gone for well-baby checkups?

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

|_|_| (IF > 0, GO TO O3)
NUMBER OF TIMES

NEVER	0	(GO TO O4)
DON'T KNOW	98	(GO TO O4)
REFUSED	99	(GO TO O4)

O3. What kind of place do you usually take your baby for well-baby care?

NMHS

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

O4. Has (CHILD) ever had (his/her) hearing tested? CODE ALL THAT APPLY.

NEW

YES, IN BIRTH HOSPITAL	1
YES, AFTER GOING HOME	2
NO	3
DON'T KNOW	98
REFUSED	99

O5. Thinking back to when (CHILD) was born until now, has (he/she) ever needed to see a medical specialist or has your pediatrician or regular doctor ever sent your child to be seen by someone else?
NMIHS

YES..... 1 (GO TO O6)
NO..... 2 (GO TO O7)
DON'T KNOW 98 (GO TO O7)
REFUSED 99 (GO TO O7)

O6. When (CHILD) has gone to a medical specialist or place for special care, did (he/she) need approval or a referral?
NMIHS

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

O7. Sometimes babies are sent home from the hospital with an apnea monitor if they have problems with their breathing. Was an apnea monitor ever prescribed or recommended for use with (CHILD) at home?
NEW

YES..... 1 (GO TO O8)
NO..... 2 (GO TO O9)
DON'T KNOW 98 (GO TO O9)
REFUSED 99 (GO TO O9)

O8. Did you ever use an apnea monitor at home for (CHILD) for one week or more?
NEW

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

O9. While at home, has (CHILD) ever stopped breathing to the extent of turning blue or needing stimulation to begin breathing again? (Do not include times when your baby stopped breathing after prolonged coughing or crying, or while in the hospital).
NEW

YES..... 1 (GO TO O10)
NO..... 2 (GO TO O12)
DON'T KNOW 98 (GO TO O12)
REFUSED 99 (GO TO O12)

O10. How many times did this happen?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

O11. Following any of these times did you talk to your doctor or other medical professional about the fact
NEW that your baby stopped breathing?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O12. Has your doctor, nurse, or other medical professional ever told you that (CHILD) has asthma, or
NEW any other severe breathing problem, usually with wheezing or chronic cough, that required medication?

YES 1 (GO TO O13)
NO 2 (GO TO O17)
DON'T KNOW 98 (GO TO O17)
REFUSED 99 (GO TO O17)

O13. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

O14. Was (CHILD) first treated for this problem in the last 3 months?
NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O15. How was (CHILD)'s most recent asthma or severe breathing problem treated by your doctor, nurse, or other medical professional? CODE ALL THAT APPLY.

NEW

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

O16. Has (CHILD) ever been hospitalized for at least one night because of asthma or a severe breathing problem?

NEW

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

O17. Has your doctor, nurse, or other medical professional ever told you that (CHILD) had a severe respiratory illness, such as bronchitis, pneumonia, or bronchiolitis (RSV: respiratory syncytial virus)?

NEW

YES 1 (GO TO O18)
 NO 2 (GO TO O21)
 DON'T KNOW 98 (GO TO O21)
 REFUSED 99 (GO TO O21)

O18. How many times?

NEW

 NUMBER OF TIMES

DON'T KNOW 98
 REFUSED 99

O19. How was (CHILD)'s most recent severe respiratory illness treated by your doctor, nurse, or other medical professional? CODE: MARK ALL THAT APPLY:

NEW

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

O20. Has (CHILD) ever been hospitalized for at least one night because of a severe respiratory
NEW infection?

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

O21. Has a doctor, nurse, or other medical professional ever told you that (CHILD) had an ear infection?
NEW

YES..... 1 (GO TO O22)
NO..... 2 (GO TO O26)
DON'T KNOW 98 (GO TO O26)
REFUSED 99 (GO TO O26)

O22. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

O23. How old was (CHILD) when (he/she) had the first ear infection?
NEW

 OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

IF O22 = 2 OR MORE (CHILD HAS HAD MORE THAN ONE EAR INFECTION DIAGNOSED
BY A DOCTOR, NURSE, OR OTHER MEDICAL PROFESSIONAL), ASK O24 FOR EACH
DIAGNOSED OCCURRENCE. ELSE, GO TO O25.

O24. 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 (SPECIFY) _____ 91
DON'T KNOW 98
REFUSED 99

O25. NMIHS How many other times do you think (CHILD) has 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

O26. NEW Has your doctor, nurse, or other medical professional ever told you that (CHILD) has a severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea or dehydration?

YES..... 1 (GO TO O27)
 NO..... 2 (GO TO O30)
 DON'T KNOW 98 (GO TO O30)
 REFUSED 99 (GO TO O30)

O27. NEW How many times?

 NUMBER OF TIMES

DON'T KNOW 98
 REFUSED 99

O28. NEW How was (CHILD)'s most recent severe gastrointestinal illness treated by your doctor, nurse, or other medical professional? CODE: MARK 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

O29. NEW Has (CHILD) ever been hospitalized for at least one night because of a severe gastrointestinal illness?

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

O30. Now, I want to ask you about any injuries (CHILD) has had. Since (CHILD) came home after birth,
NEW how many times has (he/she) seen a doctor or other medical professional or visited a clinic or
emergency room for an injury?

NEVER.....	0
ONCE.....	1
TWICE.....	2
THREE OR MORE	3
DON'T KNOW	98
REFUSED	99

IF O30 = 0 (NEVER AN INJURY), GO TO O36. ELSE, ASK O31.

O31. Tell me about the most serious injury. What was the cause of this injury?
NEW

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

O32. Did it occur in the last 3 months?
NEW

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

O33. Where did this happen? CODE ALL THAT APPLY
SECC

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 (SPECIFY) _____ 91
DON'T KNOW 98
REFUSED 99

O34. Were you (or (CHILD)'s other parent) caring for (CHILD) when this injury occurred?
NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O35. Was (CHILD) hospitalized at least one night because of this injury?
NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

O36. Has a doctor ever told you that (CHILD) has the following conditions? Does (he/she) have...
NMIHS/
OSEP

	YES	NO	DON'T KNOW	REFUSED
a. Difficulty seeing or blindness?	1	2	98	99
b. Difficulty hearing or deafness?	1	2	98	99
c. Cleft lip/palate?	1	2	98	99
d. Heart defect?	1	2	98	99
e. Failure to thrive?	1	2	98	99
f. Developmental delay?	1	2	98	99
g. A problem with mobility or using (his/her) legs to get around?	1	2	98	99
h. A problem with using (his/her) arms or hands?	1	2	98	99
i. Down's Syndrome?	1	2	98	99
j. Turner's Syndrome?	1	2	98	99
k. Spina Bifida?	1	2	98	99
l. Does (he/she) have any other types of special needs or limitations?	1	2	98	99
(SPECIFY) _____				

IF ANY OF O36a-I = YES, ASK O37. ELSE, GO TO O40.

O37. 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. Has anyone in your household ever received...

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

IF ANY OF O37a-h = YES, ASK O38. ELSE, GO TO O40.

O38. OSEP 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.)

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

O39. NHES Is (CHILD) currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from . . .

	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) _____				

O40. NHIS Was there ever a time when (CHILD) needed care, but you couldn't obtain it?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

The next questions are about the health insurance plans for (CHILD). For this kind of insurance, people often pay part of the premium and they may obtain it through work, purchase it directly, or receive it through a state or local government program or community program.

O41. What kind of health insurance or health care coverage does (CHILD) have? By health insurance I mean any kind of coverage that pays for health care expenses. Please do not include private plans that only provide extra cash while hospitalized. Does (he/she) have coverage through...

	YES	NO	DON'T KNOW	REFUSED
SHOW CARD O41 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 O41a-c = 1 (HAS HEALTH INSURANCE), GO TO NEXT BOX. ELSE, ASK O41F.

f. No health insurance	1	2	98	99
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IF O41F = 2 (NO HEALTH INSURANCE), ASK O42. ELSE, GO TO BOX BEFORE O44.

O42. Have you heard of (STATE SPECIFIC CHIP/your state's CHIP program)?

YES	1 (GO TO O43)
NO	2 (GO TO BOX BEFORE O44)
DON'T KNOW	98 (GO TO BOX BEFORE O44)
REFUSED	99 (GO TO BOX BEFORE O44)

O43. Why are you not a participant? CODE ALL THAT APPLY

a. DIDN'T KNOW I COULD QUALIFY	1
b. DIDN'T KNOW HOW TO JOIN IT	2
c. TRIED BUT DID NOT QUALIFY FOR CHIP	3
d. TOO MUCH TROUBLE TO GET ON PROGRAM	4
f. CHILD WAS NOT SICK	5
g. OTHER	91
SPECIFY _____	
h. DON'T KNOW	98
i. REFUSED	99

IF O41a = 1 (PRIVATE HEALTH INSURANCE), ASK O44. IF O41f = 1 (NO HEALTH INSURANCE), GO TO BOX BEFORE O46. ELSE, GO TO O49.

O44. Who pays for this health insurance? CODE ALL THAT APPLY.
NHIS

SELF OR FAMILY 1
 EMPLOYER OR UNION..... 2
 SOMEONE OUTSIDE THE HOUSEHOLD 3
 MEDICAID 4
 CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) 5
 STATE OR LOCAL GOVERNMENT OR COMMUNITY
 PROGRAMS 6
 OTHER (SPECIFY) 91

 DON'T KNOW 98
 REFUSED 99

O45. Is this private health insurance plan an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provided Organization), a POS (Point-of-Service), Fee For Service (FFS), or is it some other kind of plan?
NHIS

HMO/IPA 1
 PPO 2
 POS 3
 FFS 4
 OTHER (SPECIFY) 91
 REFUSED 98
 DON'T KNOW 99

ASK O46 ONLY IF O41f = 1 (NO HEALTH INSURANCE). ELSE, GO TO O49.

O46. Since (he/she) was born, has (CHILD) ever had health care coverage or health insurance?
NHIS

YES 1 (GO TO O47)
 NO 2 (GO TO O48)
 DON'T KNOW 98 (GO TO O48)
 REFUSED 99 (GO TO O48)

O47. About how many months has it been since (CHILD) last had health care coverage or health insurance?
NHIS

 NUMBER OF MONTHS

DON'T KNOW 98
 REFUSED 99

O48. Looking at this list, please tell me the reasons (he/she) isn't covered by health insurance?
 NHIS CODE ALL THAT APPLY.

SHOW
CARD
O48/O51

PERSON IN FAMILY WITH HEALTH INSURANCE LOST
 JOB OR CHANGED EMPLOYERS 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
 LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW
 JOB OR INCREASE IN INCOME 6
 LOST MEDICAID (OTHER REASON) 7
 BECAME INELIGIBLE FOR CHIP 8
 OTHER (SPECIFY) 91
 DON'T KNOW 98
 REFUSED 99

GO TO SECTION P.

O49. Since (CHILD) was born, was there any time when (he/she) did not have any health insurance or
 NHIS coverage?

YES 1 (GO TO O50)
 NO 2 (GO TO SECTION P)
 DON'T KNOW 98 (GO TO SECTION P)
 REFUSED 99 (GO TO SECTION P)

O50. About how many months was (CHILD) without health insurance or health care coverage?
 NHIS

MONTHS

DON'T KNOW 98
 REFUSED 99

O51. Looking at this list, please tell me the reasons (he/she) was not covered by health insurance for this
 NHIS period of time? CODE ALL THAT APPLY.

SHOW CARD O48/O51

- PERSON IN FAMILY WITH HEALTH INSURANCE LOST
- JOB OR CHANGED EMPLOYERS 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
- LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW
- JOB OR INCREASE IN INCOME 6
- LOST MEDICAID (OTHER REASON) 7
- BECAME INELIGIBLE FOR CHIP 8
- OTHER (SPECIFY) _____ 91
- DON'T KNOW 98
- REFUSED 99

9-MONTH PARENT INTERVIEW

SECTION P – FAMILY HEALTH

Let's talk now about the health of your family.

P1. Do any (other) household members have a special need, delay, or disability?
NEILS

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

P2. 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

P3. 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

P4. 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

P5. Do you smoke cigarettes (now)?

NMIHS

YES..... 1 (GO TO P6)
NO..... 2 (GO TO P7)
DON'T KNOW 98 (GO TO P7)
REFUSED 99 (GO TO P7)

P6. 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

P7. (Other than yourself,) how many people smoke at home now?

NMIHS

NUMBER

NONE..... 00
DON'T KNOW 98
REFUSED 99

IF P5 = 1 (RESPONDENT SMOKES) OR P7 > 0 (OTHER HOUSEHOLD MEMBER SMOKES), ASK P8. ELSE, GO TO P9.

P8 Do (you/they) smoke inside the house?

NEW

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

P9. Do you currently drink any alcoholic beverages?

NEW

YES..... 1 (GO TO P10)
NO..... 2 (GO TO P12)
DON'T KNOW 98 (GO TO P12)
REFUSED 99 (GO TO P12)

P10. 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

P11. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?
NEW

TIMES

NONE/NO TIMES.....	0
DON'T KNOW	98
REFUSED	99

P12. Now, I am going to read a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time? How often during the past week have you felt...

SHOW
CARD
P12

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)	DON'T KNOW	REFUSED
a. Bothered by things that usually don't bother you?	1	2	3	4	98	99
b. You did not feel like eating; your appetite was poor?.....	1	2	3	4	98	99
c. That you could not shake off the blues, even with help from your family and friends?	1	2	3	4	98	99
d. You had trouble keeping your mind on what you were doing?.....	1	2	3	4	98	99
e. Depressed?	1	2	3	4	98	99
f. That everything you did was an effort?	1	2	3	4	98	99
g. Fearful?.....	1	2	3	4	98	99
h. Your sleep was restless?	1	2	3	4	98	99
i. You talked less than usual?	1	2	3	4	98	99
j. Lonely?	1	2	3	4	98	99
k. Sad?	1	2	3	4	98	99
l. You could not get "going"?.....	1	2	3	4	98	99

P13. In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for
NHIS any emotional or psychological problem?

YES..... 1 (GO TO P15)
NO..... 2 (GO TO P14)
DON'T KNOW 98 (GO TO P14)
REFUSED 99 (GO TO P14)

P14. During the past 12 months, 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

P15. Which of these, if any, have happened to you in your whole life?
EHS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Have you ever been suspended or expelled from school?.....	1	2	98	99
b. Have you ever been fired or laid off from a job because of behavior, attitude, or work performance?	1	2	98	99
c. Have you ever been in a facility overnight for a psychological or mental health problem?	1	2	98	99
d. Have you ever had a drinking or drug problem or have other people thought you had one?.....	1	2	98	99
e. Have you ever been convicted of driving while intoxicated or drunk driving?	1	2	98	99
f. Have you ever been put in jail, arrested or convicted of a crime, other than drunk driving?.....	1	2	98	99

9-MONTH PARENT INTERVIEW

SECTION Q – HOUSEHOLD FOOD SUFFICIENCY

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

Q1. Which of these statements best describes the food eaten in your household in the last 12 months, that is, since (CURRENT MONTH) of last year?
USDA

- | | |
|--|---------------|
| We have enough to eat and the kinds of food we want..... | 1 (GO TO Q4) |
| We have enough to eat, but not always the KINDS of food we want..... | 2 (GO TO Q3) |
| Sometimes we don't have enough to eat, or | 3 (GO TO Q2) |
| Often we don't have enough to eat | 4 (GO TO Q2) |
| DON'T KNOW | 98 (GO TO Q4) |
| REFUSED..... | 99 (GO TO Q4) |

Q2. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why you don't always have enough to eat.
USDA

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
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 Q4.

Q3. Here are some reasons why people don't always have the kind of food they want or need. For each one, please tell me if that is a reason why you don't always have the kinds of food you want or need.
USDA

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
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

Q4.
USDA

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 12 months, that is, since last (CURRENT MONTH). (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 <u>Know</u>	<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 12 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 12 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 12 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 12 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 12 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 12 months?.....	1	2	3	98	99

IF ANY Q4 a-f = 1 OR 2 OR Q1= 3 OR 4 (SOMETIMES/OFTEN NOT ENOUGH TO EAT), ASK Q5. ELSE GO TO SECTION R.
--

Q5.
USDA

In the last 12 months, since last (CURRENT MONTH), 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 Q6)
NO	2 (GO TO Q7)
DON'T KNOW	98 (GO TO Q7)
REFUSED	99 (GO TO Q7)

Q6. 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

Q7. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough
USDA money to buy food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

Q8. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough
USDA food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

Q9. In the last 12 months, did you lose weight because you didn't have enough money for food?
USDA

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

IF Q5 = 1 (MEAL SIZE CUT/MEALS SKIPPED) OR ANY OF Q7 – Q9 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK Q10. ELSE, GO TO SECTION R.
--

Q10. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day
USDA because there wasn't enough money for food?

YES 1 (GO TO Q11)
NO 2 (GO TO Q12)
DON'T KNOW 98 (GO TO Q12)
REFUSED 99 (GO TO Q12)

Q11. 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.)

Q12. In the last 12 months since (CURRENT MONTH) of last year, did you ever cut the size of
USDA ((CHILD)'s/any of the children's) meals because there wasn't enough money for food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

Q13. In the last 12 months, did ((CHILD)/any of the children) ever skip a meal because there wasn't
USDA enough money for food?

YES 1 (GO TO Q14)
NO 2 (GO TO Q15)
DON'T KNOW 98 (GO TO Q15)
REFUSED 99 (GO TO Q15)

Q14. 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

Q15. In the last 12 months (was (CHILD)/were the children) ever hungry but you just couldn't afford more
USDA food?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

Q16. In the last 12 months did ((CHILD)/any of the children) ever not eat for a whole day because there
USDA wasn't enough money for food?

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

9-MONTH PARENT INTERVIEW

SECTION R – 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:

R1. 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 R1/R2/ R3	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

R2. What if you had to borrow some money for a few weeks because of an emergency? Who would you ask?
PSID-CDS

SHOW CARD R1/R2 R3	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

R3. Suppose that you had an emergency in the middle of the night and needed help. Who would you call?
PSID-CDS

SHOW CARD R1/R2 R3	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

R4. Do you have someone who could give you advice or information about the care of (CHILD)?
SSSII

YES.....	1 (GO TO R5)
NO.....	2 (GO TO R6)
DON'T KNOW	98 (GO TO R6)
REFUSED	99 (GO TO R6)

R5. Who would you ask for help or advice? [CODE ALL THAT APPLY.]
SSSII IF R NAMES ONLY ONE PERSON, PROBE: Anyone else?

SHOW CARD R5	MY HUSBAND/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

Now I have some questions about your biological mother and father.

R6. How old is your biological mother now?

NEW

AGE (GO TO R9)

MOTHER NO LONGER LIVING 1 (GO TO R7)
ADOPTED/NEVER KNEW MOTHER 2 (GO TO R9)
DON'T KNOW 98 (GO TO R9)
REFUSED 99 (GO TO R9)

R7. How long ago did she pass away?

NEW

NUMBER UNITS

YEARS 1
MONTHS 2
DON'T KNOW 98
REFUSED 99

R8. How old was she when she passed away?

NEW

AGE

DON'T KNOW 98
REFUSED 99

R9. How old is your biological father now?

NEW

AGE (GO TO R12)

FATHER NO LONGER LIVING 1 (GO TO R10)
ADOPTED/NEVER KNEW FATHER 2 (GO TO R12)
DON'T KNOW 98 (GO TO R12)
REFUSED 99 (GO TO R12)

R10. How long ago did he pass away?

NEW

NUMBER UNITS

YEARS 1
MONTHS 2
DON'T KNOW 98
REFUSED 99

R11. How old was he when he passed away?

NEW

___ AGE

DON'T KNOW 98

REFUSED 99

(Now I have a few questions about the parents you spent most of your childhood with.)

R12. How close (do/did) you feel to your mother or mother-figure? Would you say...

NSC

Extremely close, ... 1

Quite close, ... 2

Fairly close, or 3

Not very close? 4

NOT APPLICABLE 5

DON'T KNOW 98

REFUSED 99

R13. How close (do/did) you feel to your father or father-figure? Would you say...

NSC

Extremely close, ... 1

Quite close, ... 2

Fairly close, or 3

Not very close? 4

NOT APPLICABLE 5

DON'T KNOW 98

REFUSED 99

9-MONTH PARENT INTERVIEW

SECTION S – COMMUNITY SUPPORT

These questions ask about your community involvement.

S1. Since (CHILD) was born, how often do you and your (husband/partner) get together socially with
NSFH friends or neighbors? Would you say. . .

Never, ...	0
Less than once a month,.....	1
About once or twice a month, ...	2
About once a week, or	3
Several times a week?	4
DON'T KNOW	98
REFUSED	99

S2. How often did you attend religious services in the past year? Was it . . .
NHES

Never, ...	0
About once or twice, ...	1
Several times during the year,.....	2
About once or twice a month, or.....	3
Nearly every week or more?	4
DON'T KNOW	98
REFUSED	99

S3. Do you participate in any ongoing community service activity, for example, volunteering at a school,
NHES coaching a sports team, or working with a church or neighborhood association?

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

S4. Now I have some questions about your household's experiences with various community agencies. I would like to know about services your household has received since you became pregnant with (CHILD). Since you became pregnant with (CHILD), have you or anyone in your household received...

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

9-MONTH PARENT INTERVIEW

SECTION T – FAMILY ROUTINES

The next questions are about your routine when it's time to put (CHILD) to bed.

T1. First, when you put (CHILD) to bed, is (he/she) usually awake or asleep?

NEW

AWAKE	1
ASLEEP	2
DON'T KNOW	98
REFUSED	99

T2. Do you usually put (CHILD) to bed with a bottle?

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

T3. When (CHILD) was about 3 months old, in what position did you usually put (him/her) to sleep?

NCHS

LYING ON STOMACH WITH FACE TO SIDE	1
LYING ON STOMACH WITH FACE DOWN	2
LYING ON BACK	3
LYING ON SIDE	4
PROPPED IN A SITTING POSITION	5
OTHER	91
SPECIFY _____	
DON'T KNOW	98
REFUSED	99

T4. When (CHILD) was newborn, in what position did you put (him/her) to sleep?

NCHS

LYING ON STOMACH WITH FACE TO SIDE	1
LYING ON STOMACH WITH FACE DOWN	2
LYING ON BACK	3
LYING ON SIDE	4
PROPPED IN A SITTING POSITION	5
OTHER	91
SPECIFY _____	
DON'T KNOW	98
REFUSED	99

ASK T5 IF MOTHER'S SPOUSE/PARTNER IS PRESENT IN HOUSEHOLD.
ELSE, GO TO BOX BEFORE U1.

- T5. The next questions are about the types of things [(CHILD)'s father/your husband/your partner] may do with (CHILD). In the past month, how often did [(CHILD)'s father/your husband/your partner] do the following things with (him/her)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all? How often did he ...

EHS PROBE: Rarely means once a month or less

SHOW
CARD
T5

	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	N/A
a. Change (CHILD)'s diaper?	1	2	3	4	5	6	98	99	00
b. Feed (CHILD) or give (him/her) a bottle?	1	2	3	4	5	6	98	99	00
c. Play peek-a-boo with (CHILD)?...	1	2	3	4	5	6	98	99	00
d. Read or tell stories to (CHILD) or look at picture books together? ...	1	2	3	4	5	6	98	99	00
e. Hold (him/her)?	1	2	3	4	5	6	98	99	00
f. Do things like tickle (CHILD), blow on (his/her) belly, or move (his/her) arms and legs around in a playful way?	1	2	3	4	5	6	98	99	00
g. Sing songs or nursery rhymes to (CHILD)?	1	2	3	4	5	6	98	99	00
h. Put (CHILD) to sleep?	1	2	3	4	5	6	98	99	00
i. Wash or bathe (CHILD)?	1	2	3	4	5	6	98	99	00
j. Take (CHILD) outside for a walk or to play in the yard, a park or playground?	1	2	3	4	5	6	98	99	00
k. Take (CHILD) to or from the sitter or day care center?	1	2	3	4	5	6	98	99	00

- T6. When the following things happen or need to be done, how often is [(CHILD)'s father/your husband/your partner] the one who does them? Is it always, often, sometimes, rarely, never do them?

SHOW
CARD
T6

	<u>ALWAYS</u>	<u>OFTEN</u>	<u>SOME- TIMES</u>	<u>RARELY</u>	<u>NEVER</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>	<u>N/A</u>
a. Get up with (CHILD) when (he/she) wakes up during the night?	1	2	3	4	5	98	99	00
b. Soothe (CHILD) when (he/she) is upset?	1	2	3	4	5	98	99	00
c. Take (CHILD) to the doctor?	1	2	3	4	5	98	99	00
d. Stay home to care for (CHILD) when (he/she) is ill?	1	2	3	4	5	98	99	00

9-MONTH PARENT INTERVIEW

SECTION U – BIOLOGICAL FATHER'S INFORMATION

IF BIOLOGICAL FATHER LIVES IN HH, GO TO U3. IF G10 = 2 (BIOLOGICAL FATHER IS NO LONGER LIVING), GO TO BOX BEFORE U7. ELSE, GO TO U1.

Next, I have some questions about (CHILD)'s biological father.

U1. First, I would like to verify some information about (CHILD)'s biological father. I understand he is
NEW not living in this household, is that correct?

YES 1 (GO TO U2)
NO 2 (GO TO BOX BEFORE U2)
DON'T KNOW 98 (GO TO SECTION V)
REFUSED 99 (GO TO SECTION V)

DISPLAY HOUSEHOLD ROSTER ALONG WITH THE FOLLOWING
INTERVIEWER INSTRUCTION.

[REVIEW HOUSEHOLD ROSTER WITH RESPONDENT. IF BIOLOGICAL FATHER IS LISTED ON THE HOUSEHOLD ROSTER, CORRECT HOUSEHOLD ROSTER INFORMATION AS NECESSARY AND CODE RELATIONSHIP AS "BIRTH FATHER." IF BIOLOGICAL FATHER IS NOT LISTED ON THE HOUSEHOLD ROSTER, ADD HIM AS PART OF THE HOUSEHOLD.]

GO TO U3.

CAPI INSTRUCTION: SET FLAG TO INDICATE THAT BIOLOGICAL FATHER WAS IDENTIFIED IN SECTION U.

U2. Has (CHILD)'s father ever lived with you since (CHILD) was born?
NEW

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

U3. Has (CHILD)'s father always lived with you since (CHILD) was born?
NEW

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

U4. Since (CHILD) was born, how many months (did/has) he (live/lived) with you?
NEW

MONTHS

DON'T KNOW 98
REFUSED 99

IF U1 = 2 (FATHER LIVES IN HOUSEHOLD), GO TO U6. ELSE, ASK U5.

U5. When did (CHILD)'s biological father stop living in the household?
NEW

MONTH ____
YEAR

DON'T KNOW 98
REFUSED 99

U6. What is (CHILD)'s biological father's date of birth?
NHES

MONTH ____
DAY YEAR

[IF DK, ASK FOR FATHER'S AGE]
OR

AGE

DON'T KNOW 98
REFUSED 99

IF BIOLOGICAL FATHER LIVES IN HOUSEHOLD, GO TO U10. ELSE, GO TO U7.

U7. Is (CHILD)'s biological father of Spanish, Hispanic, or Latino origin?
CENSUS

YES 1 (GO TO U8)
NO 2 (GO TO U9)
DON'T KNOW 98 (GO TO U9)
REFUSED 99 (GO TO U9)

U8. Is he... [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

U9. What is his 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

U10. What is the highest grade or year of school that he has completed?
ECLS-K

NO FORMAL SCHOOLING	0 (GO TO BOX AFTER U12)
1ST GRADE	1 (GO TO U11)
2ND GRADE	2 (GO TO U11)
3RD GRADE	3 (GO TO U11)
4TH GRADE	4 (GO TO U11)
5TH GRADE	5 (GO TO U11)
6TH GRADE	6 (GO TO U11)
7TH GRADE	7 (GO TO U11)
8TH GRADE	8 (GO TO U11)
9TH GRADE	9 (GO TO U11)
10TH GRADE	10 (GO TO U11)
11TH GRADE	11 (GO TO U11)
12TH GRADE BUT NO DIPLOMA	12 (GO TO U11)
HIGH SCHOOL DIPLOMA/EQUIVALENT	13 (GO TO U12)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14 (GO TO U11)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15 (GO TO BOX AFTER U12)
SOME COLLEGE BUT NO DEGREE	16 (GO TO U11)
ASSOCIATE'S DEGREE	17 (GO TO BOX AFTER U12)
BACHELOR'S DEGREE	18 (GO TO BOX AFTER U12)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19 (GO TO BOX AFTER U12)
MASTER'S DEGREE (MA, MS)	20 (GO TO BOX AFTER U12)
DOCTORATE DEGREE (PHD, EDD)	21 (GO TO BOX AFTER U12)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	22 (GO TO BOX AFTER U12)
DON'T KNOW	98 (GO TO BOX AFTER U12)
REFUSED	99 (GO TO BOX AFTER U12)

U11. Does he have a high school diploma or its equivalent, such as a GED?
NHES

YES	1 (GO TO U12)
NO	2 (GO TO BOX AFTER U12)
DON'T KNOW	98 (GO TO BOX AFTER U12)
REFUSED	99 (GO TO BOX AFTER U12)

U12. Which does he have, a high school diploma or a GED?
NLS

HIGH SCHOOL DIPLOMA	1
GED	2
DON'T KNOW	98
REFUSED	99

IF BIOLOGICAL FATHER LIVES IN HH, GO TO U13. ELSE, GO TO U30.

U13. During the past week, did (CHILD)'s father work at a job or business for pay?
NHES

YES 1 (GO TO BOX BEFORE U15)
NO 2 (GO TO U14)
DON'T KNOW 98 (GO TO U14)
REFUSED 99 (GO TO U14)

U14. Was he on leave or vacation from a job or business?
ECLS-K

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

IF U13 = 1 (WORKED LAST WEEK) OR U14 = 1 (ON LEAVE OR VACATION), GO TO U15. ELSE GO TO U25.
--

U15. How many jobs does (CHILD)'s father have now?
ECLS-K

NUMBER OF JOBS

DON'T KNOW 98
REFUSED 99

U16. About how many total hours per week does (CHILD)'s father usually work for pay (counting all
ECLS-K jobs)? [IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.]

NUMBER OF WEEKLY HOURS

DON'T KNOW 98
REFUSED 99

U17. (Counting all jobs) about how much does (CHILD)'s father 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 (SPECIFY)..... 91		
DON'T KNOW 98		
REFUSED 99		

U18. Is (CHILD)'s father eligible for the following benefits through (any of) his current job(s)? How about ...
EHS

		DON'T			
		YES	NO	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

U19. Which of the following best describes the hours (CHILD)'s father usually works (at his 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 (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

U20. As part of his (main) job, does (CHILD)'s father 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

U21. For whom does he 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

U22. 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

U23. What kind of work is he doing?

ECLS-K

PROBE: For example: electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

DON'T KNOW	98
REFUSED	99

U24. What are his most important activities or duties on this job? What does he actually do at this job?

ECLS-K

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

IMPORTANT DUTY _____

DON'T KNOW	98
REFUSED	99

GO TO BOX BEFORE U37.

U25. Has (CHILD)'s father been actively looking for work in the past 4 weeks?

ECLS-K

YES	1 (GO TO U26)
NO	2 (GO TO U27)
DON'T KNOW	98 (GO TO U27)
REFUSED	99 (GO TO U27)

U26. What has (CHILD)'s father 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 (SPECIFY)	7

DON'T KNOW	98
REFUSED	99

IF U26 = 1-5, GO TO U28. ELSE, GO TO U27.

U27. What was (CHILD)'s father 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 U29.

U28. 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

U29. Is he planning to go to work at a job for pay within the next 9 months?

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

GO TO BOX BEFORE U37.

U30. How many minutes does (CHILD)'s (biological) father live from (him/her)?
EHS USE CATEGORIES AS 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

U31. 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

U32. How long has it been since (CHILD)'s (biological) father last saw (CHILD)?
NHES

NUMBER UNIT

DAYS 1
WEEKS 2
MONTHS 3
FATHER HAS NEVER SEEN CHILD 4 (GO TO U35)
DON'T KNOW 98 (GO TO U37)
REFUSED 99 (GO TO U37)

IF U32 IS GREATER THAN 3 MONTHS OR GREATER THAN OR EQUAL TO
13 WEEKS OR GREATER THAN 90 DAYS THEN GO TO U34.

U33. In the last 3 months, on how many days has (CHILD)'s father seen (CHILD)?
ECLS-K PROBE: Your best guess is fine.

NONE 0
1 TO 6 DAYS 1
7 TO 14 DAYS 2
15 OR MORE DAYS 3
DON'T KNOW 98
REFUSED 99

IF U32 IS GREATER THAN OR EQUAL TO 2 MONTHS OR GREATER THAN 4 WEEKS OR 30 DAYS, ASK U34. ELSE, GO TO U37.

U34. You said that (CHILD)'s father last saw (CHILD) (FILL LENGTH OF TIME FROM U32) ago. Why
DADS hasn't he seen (CHILD) more recently? Is it because....

YOU DO NOT WANT HIM TO SEE
(CHILD) 1 (GO TO U37)
HE DOES NOT WANT TO SEE
(CHILD) 2 (GO TO U37)
HE HAS BEEN UNABLE TO SEE
(CHILD) 3 (GO TO U36)
DON'T KNOW 98 (GO TO U37)
REFUSED 99 (GO TO U37)

U35. You said that (CHILD)'s father has never seen (CHILD). Why hasn't he seen (CHILD)? Is it
NEW because....

YOU DO NOT WANT HIM TO SEE
(CHILD) 1 (GO TO U37)
HE DOES NOT WANT TO SEE
(CHILD) 2 (GO TO U37)
HE HAS BEEN UNABLE TO SEE
(CHILD) 3 (GO TO U36)
DON'T KNOW 98 (GO TO U37)
REFUSED 99 (GO TO U37)

U36. Why has he been unable to see (CHILD)? Is it because....
NEW

HE LIVES TOO FAR AWAY 1
HE IS SICK OR DISABLED 2
HE IS IN THE MILITARY 3
HE IS IN JAIL OR PRISON 4
SOME OTHER REASON 91
SPECIFY _____
DON'T KNOW 98
REFUSED 99

U37. In the last 3 months, how often have you been in touch with (CHILD)'s father, either by phone,
NEW letter, or other means? Is it...

Every day or almost every day 1
Several times a week 2
About once a week 3
Two or three times a month 4
About once a month 5
Less often 6
DON'T KNOW 98
REFUSED 99

IF U32 GREATER THAN 1 MONTH, 4 WEEKS, OR 30 DAYS GO TO U39.

U38. In the past month, how often has (CHILD)'s (biological) father looked after (him/her) while you did
EHS other things? Was it . . .
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

U39. How often has he done any of the following for (CHILD)? Has he (READ ITEM) often, sometimes,
EHS or never? CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	<u>OFTEN</u>	<u>SOME- TIMES</u>	<u>NEVER</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
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, not including child support?	1	2	3	98	99
d. Helped pay for (CHILD)'s child care expenses?	1	2	3	98	99

U40. Thinking about child support, do you have a legal agreement, an informal agreement, or no
EHS arrangement at all with (CHILD)'s (biological) father?

LEGAL..... 1
INFORMAL..... 2
NOT NEEDED, STILL MARRIED
TO FATHER..... 3
NO ARRANGEMENT..... 4
DON'T KNOW 98
REFUSED 99

IF BIOLOGICAL MOTHER IS LIVING WITH, BUT IS NOT MARRIED TO, BIOLOGICAL FATHER OR WAS NOT MARRIED TO HIM AT TIME OF CHILD'S BIRTH, ASK U41. ELSE, GO TO SECTION V.

U41. Did (CHILD)'s father ever sign the application for (CHILD)'s birth certificate or sign a statement that
EHS legally says he is (CHILD)'s father?

YES 1 (GO TO BOX BEFORE U43)
NO 2 (GO TO U42)
DON'T KNOW 98 (GO TO U42)
REFUSED 99 (GO TO U42)

U42. Did you have to go to court to establish that he was (CHILD)'s legal father?
EHS

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

GO TO U43 IF U40 = 1 OR 2 (HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT). ELSE GO TO SECTION V.

U43. How much per month is he supposed to pay for (CHILD)'s support?
EHS PROBE: Your best estimate will be fine.

\$|_|, |_|_| PER MONTH

DON'T KNOW 98
REFUSED 99

U44. How much per month do you usually get for (CHILD)'s support?
NEW PROBE: Your best estimate will be fine.

\$|_|, |_|_| PER MONTH

DON'T KNOW 98
REFUSED 99

9-MONTH PARENT INTERVIEW

SECTION V – MOTHER'S EDUCATION, EMPLOYMENT AND INCOME

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK V1. ELSE, GO TO V8.

V1. The next questions are about your education, training, and employment. Did you work any time during the 12 months before (CHILD) was born?
NMIHS

PROBE: Include active duty in the Armed Forces.

YES 1 (GO TO V2)
NO 2 (GO TO V8)
DON'T KNOW 98 (GO TO V8)
REFUSED 99 (GO TO V8)

V2. During the 12 months before (CHILD) was born, for how many months did you work?
NMIHS

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

V3. About how many hours per week did you usually work for pay at that job?
NMIHS

HOURS PER WEEK

DON'T KNOW 98
REFUSED 99

V4. Did you ever take maternity leave, paid or unpaid, from a job you held when you were pregnant with (CHILD)?
NSFG

PROBE: Maternity leave is any leave (paid or unpaid) due to pregnancy and child birth that a woman takes from a job to which she expects to return, at least when she starts the leave.

YES 1 (GO TO V6)
NO 2 (GO TO V5)
DON'T KNOW 98 (GO TO V5)
REFUSED 99 (GO TO V5)

V5. Was this because you were not employed during the pregnancy, were employed but quit before
NSFG you delivered, or some other reason?

NOT EMPLOYED DURING PREGNANCY 1 (GO TO V8)
EMPLOYED, BUT QUIT BEFORE DELIVERY 2 (GO TO V8)
OTHER (SPECIFY) 91 (GO TO V8)
DON'T KNOW 98 (GO TO V8)
REFUSED 99 (GO TO V8)

V6. In total how many weeks of maternity leave, paid or unpaid, did you take?

NSFG

NUMBER OF WEEKS

DON'T KNOW 98
REFUSED 99

V7. Some women receive pay from their jobs during their maternity leave, through vacation, sick pay,
NSFG maternity benefits, and other kinds of paid leave. In total, how many weeks of paid leave did you
receive from your job while you were on maternity leave?

NUMBER OF WEEKS

DON'T KNOW 98
REFUSED 99

V8. 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 V14)
NO 2 (GO TO V9)
DON'T KNOW 98 (GO TO V9)
REFUSED 99 (GO TO V9)

V9. Were you on leave or vacation from a job or business?

ECLS-K

YES 1 (GO TO V14)
NO 2 (GO TO V10)
DON'T KNOW 98 (GO TO V10)
REFUSED 99 (GO TO V10)

V10. Have you actively been looking for work in the past 4 weeks?

ECLS-K

YES 1 (GO TO V11)
NO 2 (GO TO V12)
DON'T KNOW 98 (GO TO V12)
REFUSED 99 (GO TO V12)

V11. 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 V11 = 1-5, GO TO V13. ELSE, GO TO V12.
--

V12. 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?	5
(SPECIFY)	
DON'T KNOW	98
REFUSED	99

GO TO V25.

V13. 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

GO TO V25.

V14. How many jobs do you have now?
ECLS-K

NUMBER OF JOBS

DON'T KNOW	98
REFUSED	99

V15. 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

V16. Which of the following best describes the hours you usually work (at your main job)?
CPS PROBE: Main job is the job where you work the most hours.

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 6
SPECIFY _____
DON'T KNOW 98
REFUSED 99

V17. 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

IF V8 = 1 (CURRENTLY WORKING) OR V9 = 1 (ON LEAVE OR VACATION), GO TO V18. ELSE, GO TO V25.
--

V18. 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

V19. 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

V20. What kind of work are you doing?
ECLS-K PROBE: What is (your/(NAME)'s) job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

DON'T KNOW 98

REFUSED 99

V21. What are your most important activities or duties on this job? What do you actually do at this job?
ECLS-K PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTY _____

DON'T KNOW 98

REFUSED 99

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK V22. ELSE, GO TO V23.

V22. Is it the same job you had before (CHILD) was born?
NEW

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

V23.
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 (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

V24.
EHS

		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

V25.
ECLS-K

YES.....	1	(GO TO V26)
NO.....	2	(GO TO V27)
DON'T KNOW	98	(GO TO V27)
REFUSED	99	(GO TO V27)

V26.
ECLS-K

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

V27. Are you currently participating in a job-training or on-the-job-training program?
ECLS-K

YES 1 (GO TO V28)
NO 2 (GO TO V29)
DON'T KNOW 98 (GO TO V29)
REFUSED 99 (GO TO V29)

V28. About how many hours a week do you spend in that program?
ECLS-K

HOURS PER WEEK

DON'T KNOW 98
REFUSED 99

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK V29. ELSE, GO TO
SECTION W.

V29. Thinking about the time when (CHILD) was born, were you planning to (go back to work/find a job
NEW for pay)?

YES 1 (GO TO V30)
NO 2 (GO TO BOX BEFORE V31)
DON'T KNOW 98 (GO TO BOX BEFORE V31)
REFUSED 99 (GO TO BOX BEFORE V31)

V30. How old did you want (CHILD) to be before you started working at a job (again)?
NEW

AGE UNITS

MONTHS 1
YEARS 2
DON'T KNOW 98
REFUSED 99

IF V8 = 1 (DID NOT WORK LAST WEEK) AND V9 = 2 (NOT ON LEAVE OR
VACATION), GO TO V31. ELSE, GO TO V32.

V31. Have you gone (back) to work at a job since (CHILD) was born?
NEW

YES 1 (GO TO V32)
NO 2 (GO TO V33)
DON'T KNOW 98 (GO TO V33)
REFUSED 99 (GO TO V33)

V32. How old was (CHILD) in months when you first went (back) to work at a job?
NEW

AGE IN MONTHS

DON'T KNOW 98
REFUSED 99

V33. There are a number of reasons why mothers (do not) go (back) to work after the birth of a child.
NCCS What is your main reason for (not) going (back) to work?

[SET A. FOR MOTHERS CURRENTLY WORKING]

INCOME/NEED THE MONEY 1
CAREER/PERSONAL FULFILLMENT 2
GET OUT OF THE HOUSE/SPEND TIME WITH ADULTS 3
OTHER 91
(SPECIFY)
DON'T KNOW 98
REFUSED 99

[SET B. FOR MOTHERS NOT CURRENTLY WORKING]

PREFERS NOT TO WORK WHILE CHILD IS YOUNG 1
CAN'T AFFORD CHILD CARE 2
PROBLEMS FINDING SATISFACTORY CHILD CARE 3
CAN'T FIND A JOB 4
NOT INTERESTED IN WORKING/DON'T NEED THE MONEY .. 5
HUSBAND DOES NOT WANT WIFE TO WORK 6
NEVER WORKED/LACK JOB SKILLS 7
FAMILY MEMBER HAS SPECIAL NEEDS 8
ILLNESS/HEALTH REASONS 9
MOVED/RELOCATED 10
IN SCHOOL OR TRAINING 11
OTHER 91
(SPECIFY)
DON'T KNOW 98
REFUSED 99

IF V8 = 1 (NOT WORKING LAST WEEK)) AND V9 = 2 (NOT ON LEAVE OR VACATION), GO TO V34. ELSE, GO TO SECTION W.

V34. Are you planning to go to work at a job for pay within the next 9 months?
NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

9-MONTH PARENT INTERVIEW

SECTION W – WELFARE AND OTHER PUBLIC ASSISTANCE

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

W1. At any time since (CHILD) was born, have you (or anyone else in your household) received Food
USDA Stamps?

YES..... 1 (GO TO W2)
NO..... 2 (GO TO W3)
DON'T KNOW 98 (GO TO W3)
REFUSED 99 (GO TO W3)

W2. For how many months since (CHILD) was born did you (or anyone else in your household) receive
NEW Food Stamps?

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

W3. At any time since (CHILD) was born, have you (or anyone else in your household) received TANF
USDA (state specific) or welfare? (TANF is Temporary Assistance for Needy Families.)

YES..... 1 (GO TO W4)
NO..... 2 (GO TO W5)
DON'T KNOW 98 (GO TO W5)
REFUSED 99 (GO TO W5)

W4. For how many months since (CHILD) was born did you (or anyone else in your household) receive
NEW TANF (state specific) or welfare?

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

W5. At any time since (CHILD) was born, have you (or anyone else in your household) received
USDA Medicaid benefits?

YES..... 1 (GO TO W6)
NO..... 2 (GO TO W7)
DON'T KNOW 98 (GO TO W7)
REFUSED 99 (GO TO W7)

W6. For how many months since (CHILD) was born did you (or anyone else in your household)
NEW receive Medicaid?

NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

W7. While you were pregnant with (CHILD), did you use WIC vouchers to buy food for yourself?
USDA WIC is the Women, Infants, and Children nutrition program.

YES 1 (GO TO W8)
NO 2 (GO TO W9)
DON'T KNOW 98 (GO TO W9)
REFUSED 99 (GO TO W9)

W8. How many months pregnant were you when you first started to receive WIC vouchers?
USDA

1 TO 3 MONTHS (1st TRIMESTER) 1
4 TO 6 MONTHS (2nd TRIMESTER) 2
7 TO 9 MONTHS (3rd TRIMESTER) 3
DON'T KNOW 98
REFUSED 99

W9. During the first 6 months after (CHILD) was born, did you use WIC vouchers to buy food for
USDA yourself?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

W10. In the last 30 days, did you use WIC vouchers to buy food for yourself?
USDA

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

W11. 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 W12 IF OTHER CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD.
ELSE, GO TO X1.

W12. In the last 30 days, did you use WIC vouchers to buy food for any other child in your
USDA household?

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

9-MONTH PARENT INTERVIEW

SECTION X – HOUSEHOLD INCOME AND ASSETS

X1. Including yourself, how many adults contribute to your household income?

FACES

NUMBER OF ADULTS

DON'T KNOW 98

REFUSED 99

X2. 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 X5)

REFUSED 99 (GO TO X5)

X3. 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 X4 IF
(NUMBER IN HH=2 AND X3 ≤3) OR
(NUMBER IN HH=3 AND X3 ≤3) OR
(NUMBER IN HH=4 AND X3 ≤4) OR
(NUMBER IN HH=5 AND X3 ≤4) OR
(NUMBER IN HH=6 AND X3 ≤5) OR
(NUMBER IN HH=7 AND X3 ≤5) OR
(NUMBER IN HH=8 AND X3 ≤6) OR
(NUMBER IN HH≥9 AND X3 ≤7).
ELSE, GO TO BOX BEFORE X5.

```

X4. What was your total income last year, to the nearest thousand?
NHES

\$|_|_|_|_|_|_|_|_|_|_| . |_|_|
TOTAL INCOME

DON'T KNOW 98
REFUSED 99

INTERVIEWER: CODE X5 IF OBVIOUS. ELSE ASK RESPONDENT.

X5. 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

ECLS-K

Own your own house, townhouse, or condominium, ...	1	(GO TO BOX BEFORE X8)
Rent your house or apartment,.....	2	(GO TO X7)
Exchange services for housing,.....	3	(GO TO X7)
Not pay for housing,.....	4	(GO TO X7)
Live in temporary housing or a shelter, or	5	(GO TO X7)
Have another type of housing arrangement?	91	(GO TO X7)
SPECIFY		
DON'T KNOW	98	(GO TO X7)
REFUSED	99	(GO TO X7)

X7. 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?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

IF X6 = 1 (OWNS HOME), ASK X8. ELSE, GO TO X9.

X8. Could you tell me what the present value of your (house/apartment) is – I mean about how much would it bring if you sold it today?

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

DON'T KNOW 98
REFUSED 99

X9. Do you (or anyone in your household) own a car or truck?
PSID

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

X10. 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?

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

X11. 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

9-MONTH PARENT INTERVIEW

SECTION Y - WOODCOCK-JOHNSON LETTER WORD IDENTIFICATION TEST

Instructions

Now we are going to do something a little bit different. One thing that helps us understand a baby's language development is to know more about the parent's use of language.

I am going to show you some words and ask you to say each word aloud. You do not need to spell the words or even know what they mean. I just want to see how you read them aloud. Some are very easy and others might be very hard. Usually, no one pronounces them all the same way, so just relax and do your best.

DO NOT PENALIZE A SUBJECT FOR MISPRONUNCIATIONS RESULTING FROM SPEECH DEFECTS, DIALECTS, OR REGIONAL SPEECH PATTERNS.

START	ADMINISTER FIRST SET OF ITEMS BASED ON EDUCATION LEVELS								
	<table><tr><td><u>EDUCATION LEVEL</u></td><td><u>STARTING POINTS</u></td></tr><tr><td>GRADES 3 TO 4</td><td>ITEM 24</td></tr><tr><td>GRADES 5 TO 9</td><td>ITEM 30</td></tr><tr><td>GRADE 10 AND UP</td><td>ITEM 36</td></tr></table>	<u>EDUCATION LEVEL</u>	<u>STARTING POINTS</u>	GRADES 3 TO 4	ITEM 24	GRADES 5 TO 9	ITEM 30	GRADE 10 AND UP	ITEM 36
<u>EDUCATION LEVEL</u>	<u>STARTING POINTS</u>								
GRADES 3 TO 4	ITEM 24								
GRADES 5 TO 9	ITEM 30								
GRADE 10 AND UP	ITEM 36								
BASAL	TEST BY COMPLETE PAGES UNTIL THE 6 LOWEST-NUMBERED ITEMS ADMINISTERED ARE CORRECT.								
	ARE ITEMS 24-29/30-35/36-41 CORRECT?								
	YES..... 1 (GO TO NEXT HIGHER SET)								
	NO..... 2 (GO TO NEXT LOWER SET)								
CEILING	Test by complete pages until the 6 highest-numbered items administered are failed or until the page with the last test item has been administered.								

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9-MONTH PARENT INTERVIEW

SECTION Z – 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 when (CHILD) is about 18 months old, I'd like to ask a few questions about how to find you.

Z1. Is there a second telephone number, such as a work number, a friend or relative's number, or a
ECLS-K pager, beeper or cell phone number where you can sometimes be reached?

YES 1 (GO TO Z2)
NO 2 (GO TO Z4)
DON'T KNOW 98 (GO TO Z4)
REFUSED 99 (GO TO Z4)

Z2. What is that telephone number?
ECLS-K

()) - ext.

DON'T KNOW 98
REFUSED 99

Z3. 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

Z4. 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 Z5)
NO 2 (GO TO BOX BEFORE Z8)
DON'T KNOW 98 (GO TO BOX BEFORE Z8)
REFUSED 99 (GO TO BOX BEFORE Z8)

Z5. 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: _____

Z6. Aside from (PERSON IN Y5), 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 Z7)
NO	2	(GO TO BOX BEFORE Z8)
DON'T KNOW	98	(GO TO BOX BEFORE Z8)
REFUSED	99	(GO TO BOX BEFORE Z8)

Z7. What is the name, address, and telephone number of this person?
ECLS-K

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

Z8. Do (you/(CHILD)'s parents/(CHILD)'s (mother/father)) plan to move to a new home before the
ECLS-K summer of 2001?

YES	1	(GO TO Z9)
NO	2	(GO TO BOX BEFORE Z11)
DON'T KNOW	98	(GO TO BOX BEFORE Z11)
REFUSED	99	(GO TO BOX BEFORE Z11)

Z9. What is the address and telephone number where (you/(CHILD)'s (mother/father)) plan to
ECLS-K move?

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

Z10. CODE IF OBVIOUS, OTHERWISE ASK: Are (you/(CHILD)'s (mother/father)) planning to
ECLS-K move . . .

To a new state.....	1
To a new city or town in the same state, or, ...	2
To a new home in the same city or town?	3
DON'T KNOW	98
REFUSED	99

IF NONRESIDENT BIOLOGICAL FATHER IS LIVING, GO TO NEXT BOX.
ELSE, GO TO CLOSE.

IF NONRESIDENT BIOLOGICAL FATHER HAS SEEN CHILD IN THE LAST
MONTH, ASK Z11. ELSE, GO TO NEXT BOX.

IF NONRESIDENT BIOLOGICAL FATHERS HAS NEVER SEEN CHILD
(U32=NEVER SEEN CHILD) AND MOTHER DOES NOT WANT HIM TO
SEE CHILD (U35=1) GO TO CLOSE. ELSE GO TO NEXT BOX.

IF NONRESIDENT BIOLOGICAL FATHER HAS NOT SEEN CHILD IN
MORE THAN 1 MONTH (U32 GREATER THAN 1 MONTH, 4 WEEKS, OR
30 DAYS) AND MOTHER DOES NOT WANT HIM TO SEE CHILD (U34=1)
GO TO CLOSE. ELSE GO TO NEXT BOX.

IF:

- 1) NONRESIDENT BIOLOGICAL FATHER HAS NOT SEEN CHILD IN
LAST 2 OR 3 MONTHS (U32 ≥ 2 AND ≤ 3 MONTHS OR U32 > 4 AND ≤ 13
WEEKS OR U32 > 30 AND ≤ 90 DAYS)
OR
- 2) NONRESIDENT BIOLOGICAL FATHER HAS NOT SEEN CHILD IN
MORE THAN 1 MONTH (U32 > 1 MONTH OR > 4 WEEKS OR > 30 DAYS)
AND MOTHER HAS BEEN IN TOUCH WITH FATHER AT LEAST ONCE
A MONTH IN THE PAST 3 MONTHS (U37 ≥ 1 AND ≤ 5)
OR
- 3) (NONRESIDENT BIOLOGICAL FATHER HAS NEVER SEEN CHILD
(U32=4) OR MOTHER REFUSED TO ANSWER OR DIDN'T KNOW
HOW LONG SINCE NON-RESIDENT FATHER LAST SAW CHILD
(U32=98 or U32=99)) AND MOTHER HAS BEEN IN TOUCH WITH
FATHER AT LEAST ONCE A MONTH IN THE PAST 3 MONTHS (U37
 ≥ 1 AND ≤ 5),
GO TO Z11. ELSE, GO TO CLOSE.

Z11. Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study. As I promised you earlier, this interview is completely confidential and we won't share any information with anyone else.

As part of this study, we are very interested in fathers as well as mothers. I would like your permission to contact (CHILD)'s father for an interview. I won't tell (CHILD)'s father anything you've told me in this interview. I'll just tell him that you are participating in this important study and you gave me his name and number. If he doesn't want to participate, we'll respect his decision – it's entirely up to him. Do I have your permission to contact him?

PROBE: We will be asking him about things fathers do with their children and attitudes about things fathers should do for their children.

YES..... 1 (GO TO Z12)
NO..... 2 (GO TO Z13)
DON'T KNOW..... 98 (GO TO Z13)
REFUSED..... 99 (GO TO Z13)

Z12. What is the name, address, and telephone number of (CHILD)'s father?

ECLS-K

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE 1: (____)____-_____
LOCATION OF TEL1: _____
BEST TIME TO CALL: _____
TELEPHONE 2: (____)____-_____
LOCATION OF TEL2: _____
BEST TIME TO CALL: _____

DON'T KNOW..... 98 (GO TO Z13)
REFUSED..... 99 (GO TO CLOSE)

Z13. (In case I can't reach him at the number(s) you've given me,) Is there someone else I could talk to who might know how to get in contact with (CHILD)'s father?

ECLS-K

YES..... 1 (GO TO Z14)
NO..... 2 (GO TO CLOSE)
DON'T KNOW..... 98 (GO TO CLOSE)
REFUSED..... 99 (GO TO CLOSE)

Z14. What is the name, address, and telephone number of this person, and are they a friend or a
ECLS-K relative of (CHILD)'s father?

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

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

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APPENDIX B

Divider Title: _____

Appendix B

Early Childhood Longitudinal Study
Birth Cohort 2000

Protocol for 9- and 18-Month
Direct Child Assessments Protocol

PROTOCOL FOR 9- AND 18-MONTH DIRECT CHILD ASSESSMENTS

Protocol for 9-Month Direct Child Assessments

BSID-II Scales of Infant Development (BSID-II)

Administration of the BSID-II can occur at any time during the home visit. Preferably when the infant is awake and most active. Ask the caregiver when the infant last ate, and what time the infant usually begins to get hungry. Determine the best starting time for the BSID-II based upon that information. Expect the entire testing procedure to take about 20 minutes for 9-month-olds and 35 minutes for 18-month-olds.

All materials necessary for testing the child come with the BSID-II test kit except several sheets of blank white paper, facial tissues, three plastic bags, and a stopwatch. These extra materials and antibacterial "WetOnes" for cleaning the testing materials after administration will be added to the kits received from Psychological Corporation.

The following steps are followed for the administration of the BSID-II:

1. **First build a rapport with the infant.** Infants should be approached slowly, in a friendly and engaging manner. Often the best approach is to focus your initial attention on the infant's caregiver and put him or her at ease. This initiation period allows the infant to observe your nonthreatening interaction with the caregiver. Observing the caregiver's relaxed interaction with you can facilitate the infant's feeling of comfort with you and with the testing situation. During the initiation period, glance toward and smile at the infant. If the infant attempts to interact with you, respond to him or her in a calm and friendly manner. Never sweep the infant from the caregiver's arms and immediately begin testing; such behavior will most likely negatively affect the infant's performance.

It is possible to observe stranger anxiety in infants as young as 9 months of age. You may need to take special measures to establish rapport with an infant experiencing stranger anxiety. Allowing the infant to sit in the caregiver's lap while being tested and enlisting the caregivers assistance in retrieving test materials may reduce the infant's apprehension toward you. You may also allow the infant's caregiver to console or encourage the infant; however, be certain that any tactic employed does not change the nature or difficulty of the task.

2. **Determine the child's chronological age.** The BSID-II specifies sets of items to administer to a child depending on his or her chronological age. To choose the appropriate item set based on the child's chronological age, round the child's calculated age to the nearest whole month (e.g., a 9-month, 18-day-old child should be started in the 10-month item set). To calculate the child's exact age on the date of testing, enter the date of testing and the child's birth date in the appropriate spaces on the Mental Scale and Motor Scale Record Forms. Subtract the date of birth from the date of testing. For these computations, all months are assumed to have 30 days. Round the child's calculated age to the nearest whole month (e.g., a 9-month 18-day-old child should be started in the 10-month item set). In general, if the calculated age is 15 days or less, round downward; if the calculated age is 16 days or more, round upward to the nearest whole month. If you are testing a premature child, one additional calculation is necessary to compute the child's age. This computation involves subtracting the amount of time (in months and days) the child was premature from the chronological age to compute the corrected age.
3. **To administer the BSID-II, the examiner begins with the first item in the administration booklet.** For example, for a 9-month-old child, this would be item 66—Rings Bell Purposely (an example of the booklet page for this item follows). Included on each page are directions for administering the items and tips on what to do if the child does not immediately engage in the item. The item page also gives instructions for the number of times an item can be readministered and the scoring criteria for that item. Each item page contains explicit instructions with all of the information necessary to administer that item properly. The entry for each item contains specific directions for positioning the child and yourself, presenting the stimulus materials, timing, scoring the child's performance on related items and administering related items.
4. **Score each item as you move through the booklet.** At the bottom of each page the examiner records the score for that item by placing a mark in the box reflecting the child's score. The standard abbreviations used by the BSID-II provide a useful convention for recording a child's performance without using terms such as pass or fail, which have negative connotations for caregivers. (A copy of the scoring forms for the BSID-II Mental and Motor Scales are presented at the end of this protocol.)

C (Credit)	The child responded or performed correctly and received credit for the item.
NC (No Credit)	The child responded or performed incorrectly and did not receive credit for the item.
RF (Refused)	The child refused to perform the task and does not receive credit for the item.
O (Omit)	The item was omitted either inadvertently or intentionally. The child does not receive credit for the item.

**RPT
(Caregiver
Report)**

The caregiver reports that the child has displayed at some other time the behavior or skill that the item tests. The child does not receive credit for that item.

5. **Checkpoints are inserted in the administration booklet to determine if the basal and ceiling levels have been reached.** If the basal level has not been reached (i.e., the child has not received credit for six or more items on the mental scale) then the administration booklet tells the interviewer which item number to move to in the "basal not reached booklet" and continue testing until a basal level is reached.

Likewise, if a ceiling has not been reached (i.e., the child has not received **no credit** for three or more items on the mental scale) then the administration booklet will instruct the interviewer to continue with the testing until a ceiling is reached.

6. **Several items on the BSID-II are incidental observation items.** These items are contained in a separate booklet titled "Observational Items." For example, item 68—Uses Gestures to Make Wants Known—is an incidental item in the 9-month item set. Throughout the examination the interviewer should be watching to see if the infant uses a gesture to try to communicate with the interviewer or the caregiver. If this occurs, give the child credit in the administration booklet, and record the gesture(s) the infants makes.

Nursing Child Assessment Teaching Scale (NCATS)

Nursing Child Assessment Satellite Training (NCAST) is the name of the entire package consisting of two interaction tasks with six subscales scored for each task, as well as a set of assessment and early intervention programs that train service providers to assess and intervene to improve parent-child interactions in clinical settings. The two tasks and the scoring systems for each task are named the Nursing Child Assessment Feeding Scale (NCAFS) and the NCATS. For ECLS-B, only the teaching scale will be videotaped at both the 9- and 18-month home visits. The purpose of the videotaping is to capture and record parent-child interactions during the NCAST Teaching Task that will allow for more extensive coding of all NCAST Teaching Scales following the home visit. The administration and videotaping of the teaching task will average approximately 5 minutes and will be performed as follows:

Step 1. Preparation and Setup

Materials

1. Portable camcorder-type video recorder that will record using the smaller 8mm format
2. Spare, fully-charged battery pack

3. NCATS Child Activity Card (9- or 18- month version)
4. Teaching kit

Before Arrival at the Home

1. Test the camcorder, making sure all functions work and the battery is fully charged.
2. Clean all of the teaching kit materials using alcohol wipes.
3. Become thoroughly familiar with the types of teaching activities listed on the activity card that are approximately close to the child's age.

Step 2. Administration and Videotaping of the NCATS

1. The teaching task is done immediately following the BSID-II. Introduce the NCATS to the parent and present the written consent form to the parent. If the parent agrees to the videotaping and signs the consent form, proceed with videotaping the NCATS.
2. Select either a low table top or an open play area for parent and child interaction. You may want to discuss this need with the parent at the beginning to make sure the space is appropriate for a teaching task.
3. Assess the space for proper lighting levels. The camera is designed to sense and adjust for different lighting levels. Unobtrusively turn on the camera if you are not sure there is enough light, telling the parent that you are just testing your equipment. If you cannot see clearly through the viewfinder, then the lighting levels are too low. You have two options: (a) Ask the parent to turn on some additional lights if possible for low-light conditions, or (b) use the light supplied with the camera, but ask the parent first and test it now to make sure it does not unduly distress the child before starting the teaching task.
4. If there are other children present, give a brief instruction asking the parent to make sure these children are out of [CHILD]'s view and away from where the teaching task will be done. Just ask the parent once, and if the other children continue to intervene, you must continue to record the teaching task. Do not stop recording the interaction while it is going on, even if other children in the household intervene.
5. Try to remember the kinds of tasks the baby was able to perform on the BSID-II to use as a guide for helping the parent select the most appropriate teaching task from the activity card
6. Introduce the teaching task as follows: "Now we have something a little different that we would like you and [CHILD] to do together. First, I want to make sure you are aware that you have already agreed to allow me to use a video camera to record what

we are doing. The camera will be recording only for the next few minutes. [SHOW THE VIDEO CAMERA TO PARENT]. [THEN SHOW 9-/18-MONTH ACTIVITY CARD TO PARENT AND SAY:] Here is a list of activities that some children who are in the same age group as [CHILD] can do. Please read through the list and show me the first activity your child cannot do."

7. Make sure the caregiver has chosen an activity that you know, from the BSID-II, the child has NOT performed successfully. If the parent has chosen an activity that you have seen the child perform successfully on the BSID-II, say the following: "Remember that I want you to choose an activity that you know your child cannot yet do. I think we just saw [CHILD] do this in the last games that I played with him/her. Please pick another activity. It is okay if the [CHILD] doesn't know how to do this because you are going to help him/her."
8. If the parent does not know whether a child can or cannot perform an activity, then you should guide them in choosing an activity that you have not seen the child perform successfully on the BSID-II. Remember that the activities are listed in order of developmental age from youngest to oldest, so if you help the parent, choose the next youngest activity that you know the child cannot do, based on his/her performance on the BSID-II.
9. Once the caregiver has selected the task, give the parent the materials from the teaching kit needed for that task (**DO NOT** leave them on the table or hand them to the child) and say: "See if you can teach [CHILD] to [DESCRIBE THE ACTIVITY AS IT LISTED ON THE ACTIVITY CARD]. Take as long as you like. It's okay if [CHILD] doesn't learn this right now, we just want to see what he/she can do. Please let me know when you are done. I cannot help you or say anything to you, but I will just sit over here and record what you are doing using this camcorder."
10. [BEFORE TURNING ON THE VIDEO CAMERA] Ask: "Before we start, do you have any questions?" Answer any questions, and then sit in an ideal location to view the interaction using the video camera, making sure that you are not in the way. Begin recording. Make sure you have the interaction framed properly by looking through the camera viewfinder. Make sure that you are holding the camera as steady as possible, and that you have an unobstructed view of the faces and upper-bodies of both the parent and child. Record until the parent says, "We are done," or "That's it, he's finished." If 6 minutes have elapsed and the parent has not said they are finished or done, then ask, "Are you finished yet or do you want to continue?"
11. If the parent wants to continue, keep recording. If the parent says he/she is finished, then stop recording. There will be very few instances where a parent will go over the 6 minutes, but if this does happen, continue recording and, after another 2 minutes (approximately) ask the parent again if the parent is finished. You must wait for the parent to indicate that the teaching episode is finished.
12. If the caregiver begins the teaching episode and then stops for any reason, disregard that teaching and have them select another activity. Start the recording over with the new activity (record over the first episode as this is not counted in the scoring). Do not combine two separate tasks for one observation. It is very important to see the

flow of interaction from the beginning of the teaching to the end for a single activity or teaching task.

13. When the parent is finished with the teaching task, thank the parent and say you want to take a few minutes to make sure the video camera properly recorded the interaction. If the parent wants to watch the playback, you can permit this.
14. Before moving on to the next assessment task, it is very important that you briefly rewind the tape and play it back, looking at the monitor, to make sure that the camera was recording.
15. Once you are satisfied that the teaching task was properly recorded, eject the tape from the camera, and place a child ID label on the tape. Make sure the camera is turned off and stow it away in your materials bag.
16. Make sure you have collected all of the teaching task materials and that these are properly stowed (for cleaning when you return from the visit).
17. Move to the next item in the assessment procedure.

Step 3. After the Home Visit

1. Complete the hard-copy case transmittal indicating the tape has been successfully done.
2. Make sure the tape is properly labeled with the child ID label and date of recording.
3. Mail the tape to the Westat home office along with the rest of the completed non-computer-assisted-personal-interview (CAPI) assessment forms.
4. Make sure you have the full set of teaching kit materials for the next home visit.
5. Recharge the video camera battery.

Activities for Children (9-month version)

Here is a list of activities children roughly 9-months old, give or take a few months, can do. Please read the list. Let me know the first activity your child **cannot** do.

1. Child can turn the pages of the book.
2. Child can pull the car by the string.
3. Child can play pat-a-cake.
4. Child can stack two blocks on top of each other.
5. Child can pretend to drink from the cup.

Activities for Children (18-month version)

Here is a list of activities children roughly 18-months old, give or take a few months, can do. Please read the list. Let me know the first activity your child **cannot** do.

1. Child can pretend to drink from the cup.
2. Child can take the lid off the small container.
3. Using the picture book, child can point to a body part (hand, foot, eye, and nose) when asked.
4. Child can imitate a line on the paper using a crayon.
5. Child can string beads.
6. Child can put together the three-piece puzzle.

Physical Growth Measurements

Weight and Length. Taking the child's physical growth measurements should ideally be done after the BSID-II and the NCAST. The child should be wearing only a clean diaper. The equipment needed for the weighing and measuring are a plastic measuring apparatus and a weigh scale. The caregiver should assist the interviewer by helping to sooth and calm the child while the measurement is being taken. The following directions should be followed for measuring infant length:

- Select a firm surface, such as a kitchen or bathroom floor. Do not use a carpeted floor! Fully unfold "measure mat," smoothing it out by hand.
- Place the child on mat facing upwards, with top of child's head touching headboard of measure mat. Be sure child's body is exactly perpendicular to headboard.
- Holding child's knees together and pressing them gently against mat with one hand, bring footboard up against child's heels.
- Making sure that footboard is parallel to headboard, read measurement along each of measure mat.
- After using, wipe clean with antibacterial tissues supplied and store by placing footboard and headboard flat against each other, then folding mat material into the angle they form.

The following directions should be followed for measuring infant weight:

- Place the scale on a flat, firm surface. Do not place on a rug or carpet.
- Ask the caregiver to stand on the scale and record her weight.
- Ask the caregiver to hold the baby and stand upright on the scale. Try to minimize the amount of movement by the infant by asking the caregiver to smile at and soothe the infant.
- Record the weight of both the baby and caregiver.
- After the home visit, subtract the caregiver's weight from the combined weight to produce a weight for the infant. Make sure all three weights are recorded.

If the caregiver is not agreeable to be weighed, then the interviewer may perform the same procedure while holding the baby.

Middle Upper Arm Circumference (MUAC). For measuring MUAC, the child may sit in the parent's lap. To reliably measure MUAC, it is first necessary to measure the upper arm length in order to locate and mark the midpoint. This is done by flexing the child's right arm to 90 degrees at the elbow with the palm facing up. On the right scapula, the uppermost edge of the posterior border of the acromion process is located and marked with a horizontal line. Holding the measuring tape at this mark, the tape is extended down the posterior surface of the arm to the tip of the olecranon process (the bony part of the mid-elbow). This length is recorded, meanwhile keeping the tape in position. The distance is divided in half to locate the midpoint, which is then marked at the posterior aspect of the arm. MUAC is measured at the midpoint and perpendicular to the long axis of the upper arm. During measurement, the child is upright, with shoulders relaxed, and the right arm hanging loosely. It is important that the muscle of the arm not be flexed or tightened by the child, or that the assessor compress the skin and underlying subcutaneous tissue, both of which would result in an inaccurate reading.

Head Circumference. This measurement is obtained with the baby sitting in the parent's lap and with any hair ornaments or braids removed. The measuring tape is placed across the frontal bones just above the eyebrows, around the head above the ears on each side, and over the occipital prominence at the back of the head (See Figure 1). The examiner holds the tape snugly around the head. The tape is moved up and down over the back of the head to locate the maximal circumference of the head. The tape

should be perpendicular to the long axis of the face and should be pulled firmly to compress the hair and underlying soft tissues. Head circumference is then recorded.

Measuring Handicapped Babies

Length, weight, and head circumference can be recorded in the same manner as other babies. MUAC can also be measured in the same manner as long as the right arm is not restricted in any way.

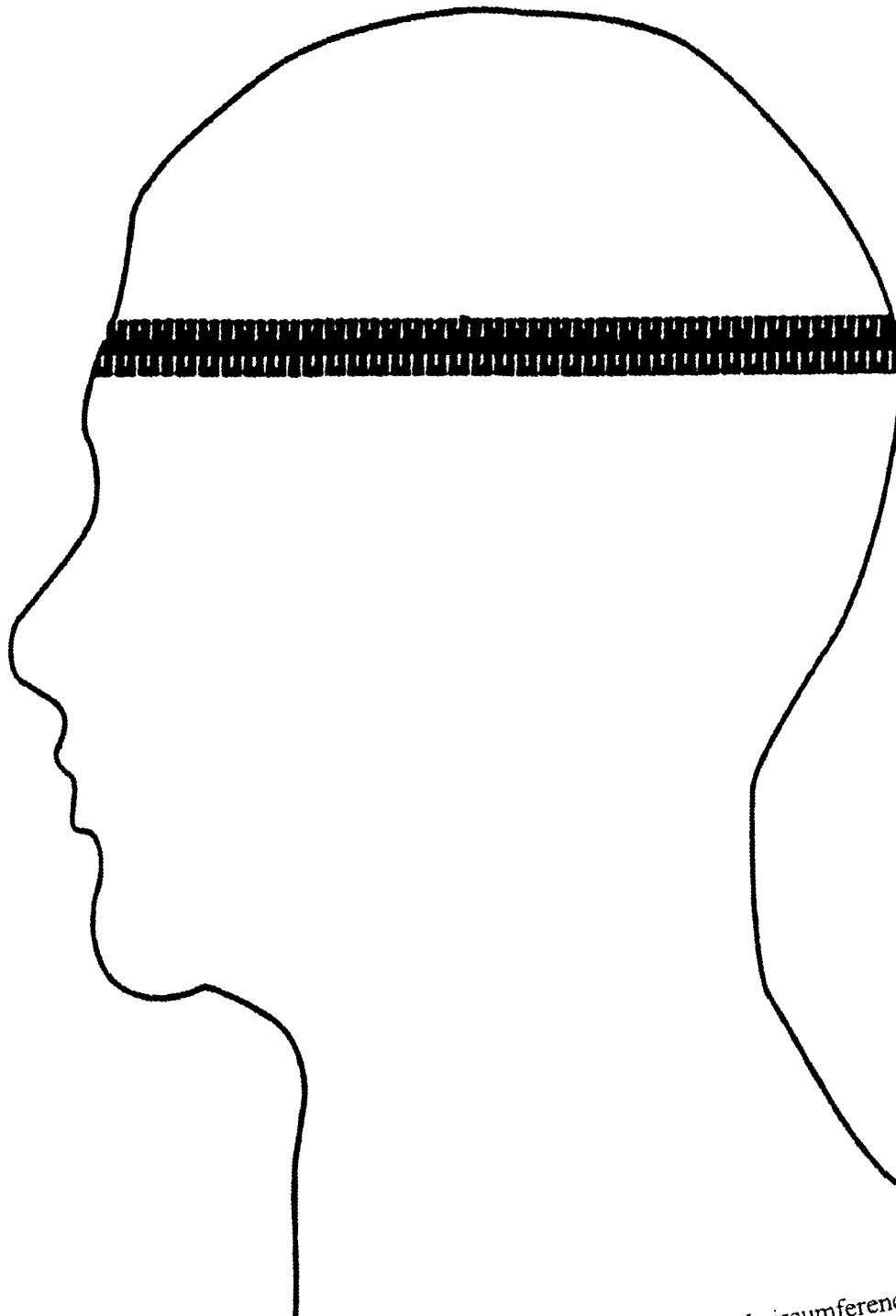


Figure 1. Measuring tape position for head circumference

Protocol for 18-Month Direct Child Assessments

Please refer to the 9-month detailed procedures of the Bayley Scales of Infant Development (BSID-II) and the Nursing Child Assessment Teaching Scale (NCATS).

Physical Growth Measurements

Taking the child's physical growth measurements should ideally be done after the Bayley and the NCAST. The child should be wearing only a clean diaper or underclothes. The equipment needed for the weighing and measuring are a plastic "measure mat," ruler, and a weigh scale. Measurement of middle upper arm circumference requires a tape measure.

Weight and Length. The following directions should be followed for measuring toddler length:

1. Place the plastic measuring tape against the wall in an uncarpeted doorway (i.e. bathroom or kitchen).
2. Affix the measuring tape at the top and bottom to the doorjamb. Make sure that it is straight.
3. Ask the child to stand with his back against the doorjamb.
4. Place the ruler flat on the child's head and against the doorjamb.
5. Make a mark on the measuring tape with a pen where the ruler meets the measuring tape.
6. Record the child's height.

The following directions should be followed for measuring toddler weight:

1. Place the scale on a flat, firm surface. Do not place on a rug or carpet.
2. Ask the child to stand upright on the scale. Try to minimize the amount of movement by asking the toddler to stand still.
3. Record the weight of the child.

Middle Upper Arm Circumference (MUAC). For measuring MUAC, the child may stand up by himself or herself or may sit in the parent's lap. To reliably measure MUAC, it is first necessary to measure the upper arm length in order to locate and mark the midpoint. This is done by flexing the child's right arm to 90 degrees at the elbow with the palm facing up. On the right scapula, the uppermost edge of the posterior border of the acromion process is located and marked with a horizontal line. Holding the measuring tape at this mark, the tape is extended down the posterior surface of the arm to the tip of the olecranon process (the bony part of the mid-elbow). This length is recorded, meanwhile keeping the tape in position. The distance is divided in half to locate the midpoint, which is then marked at the posterior aspect of the arm. MUAC is measured at the midpoint and perpendicular to the long axis of the upper arm. During measurement, the child is upright, with shoulders relaxed, and the right arm hanging loosely. It is important that the muscle of the arm not be flexed or tightened by the child, or that the assessor compress the skin and underlying subcutaneous tissue, both of which would result in an inaccurate reading.

Attachment Q-Sort

Given the time and burden constraints likely to be imposed by the home visits at 9- and 18-months, we propose employing *both* maternal- and observer-completed Q-Sorts, but using a reduced set of Q-Sort items. The strategy of having both the mother and the interviewer complete Q-Sorts will boost the validity of the attachment measure (Vaughn, personal communication; Teti and McGourty, 1994) while the reduced Q-item set would minimize the burden to either parents or observers. Validity is boosted by corroborating the parent's reports of their child's attachment security at the 18-month home visit with the observer's Q-Sort following the home visit. In this way, we will not be relying solely on parent's reports for information on the child's socio-emotional development and we can assess issues of reliability and validity of the procedure across different sources (observer and parent).

Although the use of both maternal- and observer-completed Q-Sorts in the same study has been well-used by attachment researchers, the use of a reduced set of Q-Sort items, rather than the standard 90-item set, is relatively new. We are aware of a 40-item set developed by German Posada as well as a 16-item set by Richard Tremblay and a 30-item set by John Kirkland in New Zealand. Of these, Kirkland's set appears the most promising and has received the endorsement of one of the key researchers

who assisted in the development of the AQS measure, Dr. Brian Vaughn, from Auburn University.¹ Dr. Vaughn and Dr. Everett Waters, the developer of the AQS, are consultants to the ECLS-B and will help to ensure that this reduced item set is both valid and reliable. Further, we will conduct some pilot/cognitive testing of these approaches to determine their feasibility within the larger plans for the home visits, and their measurement characteristics. A final "go/no go" decision about using the AQS should be withheld until after this work is completed.

In an earlier "think-piece" about the feasibility of using the AQS, we recommended that the Q-Sort be done by a trained observer at the home office viewing the videotape record of the entire home visit, rather than by the home visitor following the visit. This was based on our view that the interviewer's work during the home visit is already very burdensome and will likely detract from their ability to accurately observe mother-child interactions. But further investigation suggests that a reduced set of Q-Sort items would be sufficient to minimize the interviewer's burden. Discussions with Dr. Vaughn support the view that a shorter Q-Sort requiring approximately 15 minutes of the interviewer's time (after completing the home visit) would yield useful data and would not overly burden the interviewer. He also agrees that the interviewer will be able to observe sufficient amounts of the child's and mother's behavior within all the activities currently planned for the home visit.

In the sections below, we describe the general procedure that would be followed for both the parent- and observer-completed Q-Sorts. We then describe the adjustments to this general procedure that would be required for each type of rater (parent and observer). In these sections we also describe the specific ways in which these procedures would be implemented in the proposed study.

General Q-Sort Procedure

The Q-Sort materials consist of a deck of 3 x 5 index cards with typed descriptions of parent or child behavior that has been theoretically and empirically validated as a key indicator of attachment security. The procedure for completing the Q-Sort is almost identical when the rater is either the parent or an outside observer and consists of the following two-step sorting scheme.

¹ Brian Vaughn raised concern that a Q-Sort item set with too few items may not have enough secure-base variance to properly assess meaningful variations in attachment. We have attempted contact with Tremblay (who is a consultant to the Canadian National Longitudinal Study of Children and Youth), but we have not been able to reach him as of this writing.

During the first step, the rater (either the parent or the observer) is asked to place each of the cards into one of three stacks according to whether the item is characteristic, uncharacteristic or neither characteristic nor uncharacteristic of the child. At this stage, it does not matter how many cards are placed in each pile. Then each pile is further subdivided into three piles according to whether these items are characteristic of the child, not characteristic or neither and the rater must move cards from pile to pile until there are an equal number of cards in each of the nine piles (this produces a standard "rectangular" distribution). The piles of cards are ordered from #1 to #9 corresponding to a Likert-type scale from #1 for "least characteristic" to #9 "most characteristic." The observer then enters the pile number and the card identifying numbers that comprise the pile (the order of the cards within each final pile is not important).

The following are a list of the 30 items used in the Kirkland Q-Sort:

- When child returns to mother after playing, he is sometimes fussy for no clear reason.
- Child is more interested in people than in things.
- When child is near mother and sees something he wants to play with, he fusses or tries to drag mother over to it.
- When child cries, he cries hard.
- Child is lighthearted and playful most of the time.
- Child often hugs or cuddles against mother without her asking or inviting him to do so.
- When the child is upset by mother's leaving, he continues to cry or even gets angry after she is gone.
- Child quickly loses interest in new adults if they do anything that annoys him.
- When mother tells child to bring or give her something, he obeys. (Do not count refusals that are playful or part of a game unless they clearly become disobedient.)
- When mother sits with other family members or is affectionate with them, child tries to get mom's affection for himself.
- Child is easy for mother to lose track of when he is playing out of her sight.
- Child cries when mother leaves him at home with baby-sitter, father, or grandparent.
- Child enjoys relaxing in mother's lap.

- Child wants to be the center of mother's attention. If mom is busy or talking to someone, he interrupts.
- When mother says "no" or punishes him, child stops misbehaving (at least at that time). Doesn't have to be told twice.
- Child is independent with mother. Prefers to play on his own; leaves mother easily when he wants to play.
- Child is demanding and impatient with mother. Fusses and persists unless she does what he wants right away.
- When mother says to follow her, child does so. (Do not count refusals or delays that are playful or part of a game unless they clearly become disobedient.)
- Child stays closer to mother or returns to her more often than the simple task of keeping track of her requires.
- Child asks for mother to and enjoys having her hold, hug, and cuddle him.
- Child enjoys dancing or singing along with music.
- Child has trouble handling small objects or putting small things together.
- Child puts his arms around mother or puts his hand on her shoulder when she picks him up.
- Child becomes shy or loses interest when an activity looks like it might be difficult.
- When child finishes with an activity or toy, he generally finds something else to do without returning to mother between activities.
- When child is in a happy mood, he is likely to stay that way all day.
- Even before trying things himself, child tries to get someone to help him.
- Rarely asks mother for help.
- When mother doesn't do what child wants right away, he behaves as if mom were not going to do it at all. (Fusses, gets angry, walks off to other activities, etc.)
- At home, child gets upset or cries when mother walks out of the room. (May or may not follow her.)
- When mother asks child to do something, he readily understands what she wants. (May or may not obey.)
- Child cries as a way of getting mother to do what he wants.

- When child is bored, he goes to mother looking for something to do.

It is interesting to note that none of the studies using the attachment Q-Sort have applied a CAPI (computer-assisted personal interview) system, although we have found some examples of CAPI approaches for other Q-Sort types of measures. We would like to consider the feasibility of developing a CAPI system for the parent Q-Sort procedure with the expectation that this would reduce the amount of time and instruction required for parents to complete this assessment.

Parent-completed Q-Sort Procedure

We suggest following the parent-completed Q-Sort procedure outlined by Teti and McGourty (1994), but which draws on earlier AQS work with parents described in a host of research reports that makeup the seminal SRCD Monograph by Waters, Vaughn, Posada and Kondo-Ikemura (1995).

Approximately 1 week before the home visit, the parent (primary caregiver) will be mailed the Q-Sort cards and a set of instructions asking to familiarize himself or herself with the items with regard to the child's current behavior. However, parents are not asked to complete the sort at that time. They are simply asked to read the cards and note the child's behavior relative to the descriptions on the cards. The actual sorting procedure would be done after the parent interview but before the NCAST procedure so that the sorts are not biased by what occurred during the teaching task. Instruction to help parents understand the Q-Sort items should be done before the home visit because the parent has to take the time to observe the child with the items in mind before actually completing the sort. We would also like to test the possibility of having a telephone conversation with the parent approximately 2 to 3 days before the visit to help the parent become familiar with the Q-Sort items and to answer any questions that arise. A 30-item Q-Sort is estimated to require approximately 20 minutes of the parent's time, although for parent raters the procedure might require up to 40 minutes (not including the initial training time).

In a parent-completed Q-Sort, the interviewer communicates a set of instructions such as "here are some cards that have descriptions of children about the same age as yours. Please sort these cards into three groups." "Pile A has cards that are not like your child, pile C for those cards that are very much like your child, and pile B (the middle pile) for those cards that you are undecided". Then, the standard sorting procedure, described earlier, is followed. According to Brian Vaughn, the interviewer must be trained to provide assistance to the parent to help them do the sort correctly. The interviewer

must answer the parent's questions about the meaning of each descriptor and must help the parent with the sort, as required. While some of the questions will be relatively standard where answers can be easily programmed in a CAPI application, the interviewer must be trained well-enough to provide correct but spontaneous answers at the level for the parent to understand (Vaughn, personal communication). When the parent has completed the sort (a 30-item set should take approximately 15 to 20 minutes) the interviewer enters the card piles and scores in a computerized scoring program.

Interviewer-completed Q-Sort Procedure

Many studies using the AQS have varied the actual procedures in the home and these variations do not seem to affect the reliability of the results from different researchers. Researchers have reported reliable and valid assessments with single, two-hour observations by single observers (Waters, 1995). As mentioned earlier, the AQS seems to be particularly robust and yields reliable data across a range of settings, observers and procedures.

In home-based AQS protocols used by many researchers, the first hour of the home visit is devoted to structured activity between the parent and the child, followed by one hour of unstructured time where the observer watches the child's behavior while the mother is present. In the proposed study procedures for the ECLS-B home visits at 18 months, there are both structured and unstructured opportunities to observe mother-child interaction. An example of an unstructured opportunity is when the mother is interviewed and the child is in the room playing or attempting to get the mother's attention, while another structured opportunity would occur when observing the mother and child interact during the Bayley. Further, the use of the NCAST Teaching Task at 18-months would provide additional data directly relevant to the interviewer's observations of the parent-child relationship.² Finally, the length of the proposed home visit, approximately 1.5 hours, is not that different from the two-hour length typically used by observers in the AQS protocol. Each Q-Sort would require approximately 15 minutes of the interviewer's time following the home visit.

To assist the interviewer in recalling key aspects of the visit that relate to the Q-Sort items, we would provide them with a brief checklist form that lists the Q-Sort items and allows them to briefly

² The downside to using observations of other measures for conducting the Q-sort is that the Q-sort data may not be independent from these other measures. However, since the Q-sort covers a wide range of behaviors across the entire home visit, and since the Q-sort items require a high level of inference, it can be argued that the independence of the data may be preserved.

score these items "on the fly" during the visit while providing a place for them to make additional notes. Such a form can also be programmed within CAPI as a pop-up window, thereby allowing the observer to make notes from which to recall key events later when doing the Q-Sort. It can be argued that the interviewer will have too much to do during the home visit to make observational notes. We would test this procedure in the pilot/cognitive test phase and also in the field test to determine its useability.

The interviewers would be asked to complete their Q-Sorts within an hour or two of the home visit, to make sure they can accurately recall events that occurred during the visit, and the completed Q-Sorts would be entered into a CAPI application that can be programmed to score it. Everett Waters has developed a computerized scoring program for the 90-item Q-Sort and we would work with him in customizing it for application in this study.

Scoring and Analysis of the Q-Sort Data

Following the sorting, the Q-Sort data can be scored in several ways. Individual items can be compared across subgroups of children to provide important descriptive information about the secure-base behavior of two (or more) reference groups, such as boys vs. girls. Summary scales can be derived from items with related content, using either factor analysis to identify factors or using "a priori" judgments of item groupings followed by internal consistency analysis using Cronbach's Alpha. In one factor-analytic approach, four factors were derived as follows: smooth interactions with mother, proximity to mother, physical contact with mother, and interactions with other adults (Posada, Waters, Crowell and Lay, 1995). In a study using a priori item groupings, eight scales were determined as follows (with the Cronbach Alpha's in parentheses): proximity/exploration balance (.83), differential responsiveness to caregiver (.84), positive affect (.85), sociability (.88), independence (.84), social perceptiveness (.73), endurance (.74), and object use (.26).

Additionally, a child's security score can be obtained by correlating his or her composite Q-Sort description with a criterion profile of the prototypical "optimally secure" child developed by a set of experts. The experts had previously conducted their own Q-Sort to describe this hypothetical extreme, and these "expert sorts" are averaged to produce a composite criterion definition. Attachment security is the dimension of interest and it was described, for the composite extreme child, as one whose "secure-based behavior is smoothly organized, with an appropriate balance maintained between proximity seeking and exploration away from the caregiver" (Posada, Gao, et al, 1995). The correlation between the

individual child's profile and this composite "optimally secure" criterion profile indicates the extent to which the child's behavioral profile uses the mother as a secure base for comfort and exploration. Researchers typically interpret these correlations as "security scores" that fall along a linear continuum of attachment security that permit studies of individual differences (Vaughn and Waters, 1990). Waters (1987) also provides criterion sorts for the constructs "security" and "dependency." Finally, cluster analytic techniques have been used with the Q-Sort items to identify three clusters of children in samples that appear to correspond to the three main attachment classifications (the classic A, B, C patterns) obtained from the Strange Situation (Strayer, Verissimo, Vaughn and Howes, 1995).

Child's Gender _____



Bayley Scales of Infant Development Second Edition

	Year	Month	Day
Date of Testing			
Date of Birth			
Chronological Age			
Adjustment for Prematurity			
Corrected Age			

[illegible]

Dev. Age	Cognitive	Dev. Age	Language	Dev. Age	Social	Dev. Age	Motor	Dev. Age	De Age
	Mental	Motor	Mental	Motor	Mental	Motor	Mental	Motor	
42	155, 156, 157, 158, 159, 160 161, 162, 163, 164, 165, 166, 167 168, 169, 170, 171, 172, 173 174, 175, 176, 177, 178	104, 105, 111	155, 156, 159 164, 165, 167, 172, 177		158	98	165, 169	98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111	4
41									4
40								97	40
39									39
38									38
37									37
36								96	36
35									35
34									3
33								95	3
32								92, 93, 94	32
31									3
30								91	3
29									29
28									2
27								88	27
26								86, 89, 90	2
25								87	2
24									24
23								83, 84, 85	23
22									22
21								80, 82	21
20									20
19								79, 81	19
18								75	18
17								74, 78	16
16								76, 77	1
15								73	1
14									
13								71, 72	
12								65, 67, 68, 69, 70	12
11								66	11
10								63, 64	10
9								58, 59, 61	
8								60	8
7								48, 50, 51	
6								42, 43, 44, 45, 46, 47, 48	
5								34, 36, 37, 38, 39, 40, 41	
4								22, 30, 31, 32, 33, 35	
3								19, 21, 22, 23, 24	
2								7, 11, 12, 13, 15, 16, 17, 18, 20	
1								1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15	

Item	Position	Materials	Next Item		Previous Item in Series	Comments/ Scoring Criteria/ Trial & Counted Information	Score C, NC, RF, RPT, O
			Scored	Admin.			
1. Regards Person Momentarily	Supine		14, 19, 21				
2. Quiets When Picked Up	Supine						
3. Responds to Voice	Supine						
4. Inspects Surroundings							
5. Eyes Follow Moving Person	Supine						
6. Regards Ring for 3 Seconds	Supine	Ring with String		15			
7. Habituates to Rattle	Supine	Rattle		8		Trial 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
8. Discriminates Between Bell and Rattle	Supine	Bell			7		
9. Searches with Eyes for Sound	Supine, head propped	Bell & Rattle			8		
10. Vocalizes Four Times							
11. Becomes Excited In Anticipation	Supine		12		2		
12. Adjusts in Anticipation of Being Lifted	Supine				11		
13. Visually Recognizes Caregiver	Supine		20	20			
14. Smiles When Examiner Speaks	Supine		19, 21, 33		1		
15. Eyes Follow Ring (Horizontal Excursion)	Supine	Ring with String		16	6		
16. Eyes Follow Ring (Vertical Excursion)	Supine	Ring with String		17	15		
17. Eyes Follow Ring (Circular Path)	Supine	Ring with String		18	16		
18. Eyes Follow Ring (Arc)	Supine, head propped	Ring with String		37	17		
19. Smiles When Examiner Smiles	Supine		21, 33		14		

☐ Incidental Observation

Number of Items
Child Received Credit (C)
for This Page

Begin
3 & 4
months

End
1 & 2
months

Age Group	Item	Position	Materials	Next Item		Previous Item in Series	Comments/ Scoring Criteria/ Trial & Counted Information	Score C, NC, RF RPT. 0
				Scored	Admin.			
3 months	20. Reacts to Disappearance of Face	Supine				13		
	21. Vocalizes When Examiner Speaks	Supine		33		19		
1 month	22. Vocalizes Two Different Vowel Sounds					10		
	23. Glances from Bell to Rattle	Supine, head propped	Bell & Rattle		35	9	Scoring Criterion: 2 of 3	
	24. Head Follows Ring	Seated	Ring with String			18		
	25. Regards Cube for 3 Seconds	Seated	1 Cube					
	26. Habituates to Visual Stimulus 30 seconds	Seated	Card 26. Easel. & 		27			
	27. Discriminates Novel Visual Pattern 10 seconds per card	Seated	Cards 27A-B. Easel. & 		28	26	Scoring Criterion: 2 of 2 Card 27A ____ 27B ____	
	28. Displays Visual Preference 15 seconds per card	Seated	Cards 28A-B. Easel. & 		29	27	Scoring Criterion: 2 of 2 Card 28A ____ 28B ____	
	29. Prefers Novelty A: 20 seconds B: 10 seconds C: 10 seconds	Seated	Cards 29A-C. Easel. & 			28	Scoring Criterion: 2 of 2 Card 29A  29B ____ 29C ____	
2 months	30. Turns Head to Sound	Seated	Bell & Rattle			23		
	31. Vocalizes Attitude						Pleasure ____ Displeasure ____ Eagerness ____ Satisfaction ____ Others _____	
	32. Eyes Follow Ball Rolling Across Table	Seated	Ball					
	33. Vocalizes When Examiner Smiles	Supine				21		
	34. Inspects Own Hand(s)							
	35. Plays with Rattle	Supine	Rattle					
	36. Eyes Follow Rod	Supine	Rod					
2 months	37. Manipulates Ring	Supine	Ring with String	40	38			

 Incidental Observation

Number of Items
Child Received Credit (C)
for This Page

Begin
5, 6 & 7
months

End
3 & 4
months

Age
Group

3 months

5 months

6 months

4 months

Item	Position	Materials	Next Item		Previous Item in Series	Comments/ Scoring Criteria/ Trial & Counted Information	Score C, NC, RF, RPT, O
			Scored	Admin.			
38. Reaches for Suspended Ring	Supine	Ring with String	39		37		
39. Grasps Suspended Ring	Supine	Ring with String			38		
40. Carries Ring to Mouth		Ring with String			39		
41. Approaches Mirror Image	Seated	Mirror	49, 50				
42. Reaches for Cube	Seated	3 Cubes	44, 45, 53, 57, 58, 65				
43. Reaches Persistently	Seated	Cube, Rabbit or Other Small Toy					
44. Uses Eye-Hand Coordination in Reaching	Seated	3 Cubes	45, 53, 57, 58, 65		42		
45. Picks Up Cube	Seated	3 Cubes	53, 57, 58, 65 (M) 31		44		
46. Fixates on Disappearance of Ball for 2 Seconds	Supine	Shield & Ball					
47. Displays Awareness of Novel Surroundings							
48. Plays with String	Seated	Ring with String	62	62			
49. Smiles at Mirror Image	Seated	Mirror	50		41		
50. Responds Playfully to Mirror Image	Seated	Mirror			49		
51. Regards Pellet	Seated	Sugar Pellet	(M) 41, (M) 32				
52. Bangs in Play	Seated	Spoon or Other Hard Object					
53. Reaches for Second Cube	Seated	3 Cubes	57, 58, 65		45		
54. Transfers Object from Hand to Hand		Rattle, Ring with String, Spoon, or Other Hard Object					
55. Lifts Inverted Cup	Seated	Cup, Cube, Rabbit or Other Small Toy	67				
56. Looks for Fallen Spoon	Seated	Mirror & Spoon					

☐ Incidental Observation

Number of Items
Child Received Credit (C)
for This Page

Begin
8, 9, 10
11 & 12
months

End
5, 6 & 7
months

Age Group	Item	Position	Materials	Next Item		Previous Item in Series	Comments/ Scoring Criteria/ Trial & Counted Information	Score C, NC, RF RPT, C
				Scored	Admin.			
	57. Picks Up Cube Deftly	Seated	3 Cubes	58, 65, (M) 31, (M) 37		53		
	58. Retains Two Cubes for 3 Seconds	Seated	3 Cubes	65		57		
8 months	59. Manipulates Bell, Showing Interest in Detail	Seated	Bell	66				
	60. Attends to Scribbling	Seated	Crayon & Paper					
	61. Vocalizes Three Different Vowel Sounds					22	Vowel Sounds:	
9 months	62. Pulls String Adaptively to Secure Ring	Seated	Ring with String	82	82	48		
	63. Imitates Vocalization							
10 months	64. Cooperates in Game	Seated	Shield					
	65. Retains Two of Three Cubes for 3 Seconds	Seated	3 Cubes	75		58		
11 months	66. Rings Bell Purposefully	Seated	Bell			59		
5 months	67. Lifts Cup by Handle	Seated	Cup: Cube, Rabbit, or Other Small Toy			55		
	68. Uses Gesture to Make Wants Known						Gesture(s):	
	69. Looks at Pictures in Book	Seated	Picture Book	73				
	70. Listens Selectively to Two Familiar Words							
12 months	71. Repeats Vowel-Consonant Combination					61	Vowel-Consonant Combination(s):	
	72. Looks for Contents of Box	Seated	2 Square Beads & Box (no lid)					
6 & 7 months	73. Turns Pages of Book	Seated	Picture Book			69		
	74. Puts One Cube in Cup	Seated	Cup & 9 Cubes	85, 95			Number of Cubes in Cup _____	

 Incidental Observation

Number of Items
Child Received Credit (C)
for This Page