

Appendix F

JUSTIFICATION FOR 18-MONTH PARENT INTERVIEW*

Some General Notes on Dependent Interviewing

Dependent interviewing is an aspect of longitudinal studies that can require considerable design, programming, and testing resources. Essentially, dependent interviewing is defined as the use of data from a previous interview in the current interview. A limited example of dependent interviewing is contained in the introduction to the 9-month parent interview, where we propose to confirm key data from the birth certificate. However, the 18-month parent interview presents many more opportunities for dependent interviewing: household composition, parents' employment, child illnesses and use of health services, health insurance, public program participation, and the questions that help to locate the child and the parent for future waves of data collection.

Dependent interviewing in a computer-assisted personal interviewing/computer-assisted telephone interviewing (CAPI/CATI) context can take the baseline/change approach described in W.S. Edwards *et al.* (1992), first confirming that the data recorded in the last interview are correct, then collecting changes that have occurred since the last interview. This has the advantage of distinguishing between true changes and corrections of data errors. Alternatively, the previous data can be presented without confirmation, and the interviewer merely records any current differences from the previous recorded state. Where the data error rate is expected to be very low, this second method may be preferred, because it is easier to design, program, and implement. Both methods in a computer-assisted instrument can bound recall and reduce seam effects by anchoring the respondent in the data reported last time.

The alternative to dependent interviewing is to re-ask the item, without presenting the previous data to the respondent. Areas that are not prone to telescoping errors in respondent recall or to seam effects, where the amount of change appears exaggerated at the seam of the interview date (Moore and Kasprzyk, 1984), may not need to take advantage of dependent interviewing approaches. For some items, it may be appropriate to use a time reference such as "Since the last interview in (MONTH),..."

* In preparing the justification of the proposed content for the parent interview, we have made free use of a report that Kristin Moore and others at Child Trends produced for NCES entitled *Rationales for Proposed Birth Cohort Study*. We wish to acknowledge the tremendous amount of work that they invested in preparing that useful report.

We have carefully considered these tradeoffs in thinking about updating information in the 18-month parent interview. We propose to update the household composition (Section B), the parents' employment (in Sections D and E), the disability condition of siblings (in Section N), the residence of the biological father (in Section U), and the tracing questions (Section X). We recommend the approach that does not explicitly confirm the baseline information.

The household composition is critical for a number of areas, both operationally in the interview and analytically, in constructing poverty groups and program eligibility, social support networks, and so on. We believe its importance justifies the effort to create a dependent interviewing approach. However, we believe the 9-month data are not likely to contain many errors, and we can assume that deletions and additions in the 18-month parent interview reflect true change in household composition. Where there are exceptions, the interviewer can make a comment at the appropriate items to explain the problem.

The parent's employment is a problematic area. The series is extensive, costly to record and code, and prone to seam effects and telescoping errors. However, it is costly to design a complete review of the previous data because it has so many facets. We have chosen a compromise, presenting the previously reported employer (in D25), and if the respondent reports working for the same employer, we skip the questions about the name of the company and the type of business or industry. This reduces respondent burden and coding effort and minimizes seam effects but still allows us to capture change in jobs with the same employer.

In section N, we carry forward the information about a sibling's disability and ask if the special need, delay, or disability still exists. The design and programming are straightforward. Asking the question in this way allows us to be sensitive to the family context, and is a gentler approach than merely re-asking the question.

In Section U, we select the appropriate series of questions based on the biological father's residence status at the 9-month interview and in the current interview. This allows us to avoid collecting redundant information.

The information obtained in the tracing items in Section X could be entirely redundant with the 9-month data if we merely re-asked the questions. The previous data are easy to present to the respondent. We propose to display it and ask if it is still accurate.

We examined the child care questions, the health insurance items, and the program participation items. None of them are intended to create a continuous timeline between the two interview dates. All are expected to exhibit a fair amount of change over the course of a 9-month period. Developing a dependent interviewing approach for each of them could present difficulties in design and programming. Re-asking the items may facilitate benchmarking to other estimates, such as Current Population Survey (CPS) health insurance coverage. Therefore, we recommend the approach of re-asking the 9-month questions in these areas for the 18-month parent interview.

Section B – Update Household Composition

As mentioned in the above notes about dependent interviewing, household composition is important information to keep current for a number of reasons. These include the analytic issues of defining familial socioeconomic status and constructing poverty groups and program eligibility, ethnicity, social support networks, and so on. In addition, family structure has implications for the economic, social and psychological resources that are available to the family for child rearing purposes. For example, single-mother families are more likely to be poor (Garfinkel and McLanahan, 1986) and to stay persistently poor (Bane and Ellwood, 1983). In addition, the children of unmarried mothers are likely to experience a variety of living arrangements and household transitions (Aquilino, 1996). On the other hand, children who grow up in stable, two-parent families are more likely to have more positive outcomes in school (Thompson, Entwisle, Alexander and Sundius, 1992).

Because household composition is important for determining the child rearing resources that can be focused on the child and because household composition can be variable over time, a series of questions are included in this section that obtain information about household members, their ethnicity, and their relation to the child.

Section C – Child's Development

This section as a whole focuses on key aspects of child behavior and competencies that are directly relevant to the major accomplishments of child development in the toddler period, which include the several major developmental milestones, the acquisition of language, and the formation of attachment relationship with primary caregivers.

Developmental Milestones (Items C1-C4)

Developmental milestones are included in the 18-month measurement period in order to assess the child's growth during the period between the 9- and 18-month intervals. Four items from the Minnesota Child Development Inventory (MN-CDI) were selected because they are developmentally appropriate for 18-month-olds. The items were adapted to conform to the same format, and according to the same criteria, as those used at 9 months. A detailed rationale and background for the developmental milestones was provided in the 9-Month Parent Interview Rationale and will not be repeated here. The items include how old the child was when he/she: (1) took his/her first steps; (2) started saying first words; (3) started playing with other children; and (4) started feeding him/herself. By 18 months, most children will have taken their first steps and saying their first words. Playing with other children, however, is less likely to have happened at this age. These items will approximately cover a broad range of competencies that some 18-month children will have accomplished while the repetition of the "feeding self" item forms the bridge between 9-months and 18-months.

Early Communication (Items C5-C7)¹

The transition from preverbal to verbal communication is a critical developmental milestone for children. At 18 months, the age at which children are typically making this transition, early communication will be measured by the expressive language and language comprehension subscales of the MN-CDI (MN-CDI; Ireton, 1992) and by the "Early Words" and "Words Children Use" subscales of the MacArthur Communication Development Inventory (M-CDI; Fenson, Dale, Reznick, Bates, Thal, and Pethick, 1994).

Child Development Inventory. Originally developed some 20 years ago as the MN-CDI (Ireton and Thwing, 1972, 1974), the MN-CDI was recently revised and re-normed as the Child Development Inventory (Ireton, 1992). It was originally designed to provide a systematic way of obtaining in-depth information from parents about their children's development in order to screen children for developmental problems. The MN-CDI measures the present development of young children based on the mother's report of what she has seen the child do. Although the inventory norms are based on maternal reports, another caregiver can complete the inventory if

¹ Because of the similarity of the acronyms, we will refer to the Child Development Inventory by Ireton according to its original name, the Minnesota Child Development Inventory (MN-CDI) and the Communication Development Inventory as the M-CDI.

they have observed the child's behavior extensively. The inventory assesses development in eight areas, including social, self-help, gross motor, fine motor, expressive language, language comprehension, letters, and numbers. The MN-CDI is designed for children from 15 months to 6 years of age and the infant version, the Minnesota Infant Development Inventory covers the birth to 21-month ages, with a number of items bridging the two versions.

Only two construct areas, expressive language and language comprehension, will be included at 18 months due to time constraints. All of the expressive language and language comprehension items will be administered and no adaptations have been made to these items, unlike in the previous developmental milestones section. In addition, the items selected for inclusion at 18 months were chosen according to instructions in the MN-CDI manual, which is to begin with items at half the child's age and continue to those questions that are one-half more than the child's age. In addition, items present in the MN-CDI were not selected if they were also present in the M-CDI so that there is no item overlap between the two. The result is 15 items from the MN-CDI expressive language and language comprehension areas. Given the importance of the 18-month period as a time when the child is developing emergent language skills, we felt it was important to include additional measures of this construct, hence, the choice of these subscales from the MN-CDI. Further, the MN-CDI items were chosen over those in the Vineland or other developmental inventories because they are clearly written and designed for parents to understand and answer easily.

The MN-CDI was normed on a sample of 568 children ranging up to 6 years of age. School census information, from a public school system in which the mean eighth-grade score on the Sort Form Test of Academic Aptitude was 100, was used to identify age eligible children. The norm sample was obtained in a white, working class, urban community and was a fairly average sample in terms of parental education level with an average of 13.4 years of education.

The manual describes three methods of establishing validity, two of which are relevant for present purposes. First, the MN-CDI is designed to measure the developmental progress of young children from infancy to school age. This means that it includes items that differentiate the development of younger children from that of older children. To be valid, therefore, the MN-CDI scales must be sensitive to developmental changes and one method of establishing that sensitivity is by correlating children's age with their MN-CDI scores. For the expressive language scale, the correlation with children's age was $r = .83$ and for the language comprehension scale it was $r = .84$. Using Cronbach's alpha as the measure of internal

consistency, the expressive language and language comprehension scores show high reliabilities at 18 months (Cronbach's alphas were .94 and .92, respectively).

A second method of assessing validity that is described in the manual is establishing the rate at which the MN-CDI identifies developmental problems and delays. The percentages of norm group children who obtained low scores for their age was determined, low scores being defined as the percentage of children who score within 25-30 percent below age range, and greater than 30 percent below age range. This was done for each scale and for the overall MN-CDI score. For the two language scales, which are our primary concern in ECLS-B, the MN-CDI identified approximately 3 percent of toddlers in the 15-24 month age range as being 25 percent or more below age range on the expressive language scale and 4.5 percent on the language comprehension scale.

The MN-CDI appears to be especially useful for the identification of children with disabilities and has been widely used for the past two decades as a screening tool in a variety of applied settings, such as preschool programs and pediatric clinics. The settings in which it has been used include the Colorado Spring Early Head Start Program where both the MN-CDI and its infant version are used to screen and to track children's development after admission into the program. Colorado Springs' Child Find, a collaborative effort of school districts, community agencies and parents, also uses the MN-CDI as a screening tool to identify children at risk for developmental problems or who have special needs. In Minnesota, the Washington County Early Intervention Network uses the MN-CDI to help determine whether children need additional assessments: if a child scores below 20 percent in more than two areas on the MN-CDI, an overall assessment is usually done. Several school districts also use this inventory to screen children with significant hearing loss, with communication problems, and with autism for developmental delays and problems. In addition, it is used widely in pediatric practices and clinics as a general indicator of developmental well-being, as well as to screen for developmental problems in medically fragile children, in low birth weight children and in children with serious medical problems, such as end-stage renal disease, lead toxicity and structural deformities. In addition, the inventory has been adapted for use in many different cultures, such as Armenia, Chile, Russia and China, which attests to its applicability across cultures.

MacArthur Communication Development Inventory. The major portion of Part I of the M-CDI ("Early Words" and "Words Children Use") consists of vocabulary checklists organized into semantic categories. Part II ("Actions and Gestures") focuses on actions and gestures, offering an opportunity to obtain appraisals of a range of early communicative and

representational skills that are not dependent on verbal expression. While the M-CDI has been used in studies with much younger children, it was felt that this would be overly burdensome to administer at the 9-month home visit. If it could be administered at only one of these two time periods, we felt (based on advice from our consultants) that it should be administered at the 18-month period, which is seen as the earliest time where emergent literacy can be reasonably assessed.

Items were selected from the M-CDI based on Table C1 in Fenson's SRCD monograph (Fenson, Dale, Reznick, Bates, Thal and Pethick, 1994). At 18 months, all items passed by 50 percent of 12 to 18-month-olds were included. However, we are considering the feasibility of developing an adaptive version of the M-CDI, with assistance from Dr. Fenson. Therefore, we propose including 49 words that are commonly used by the average 18-month-old, as well as 6 communicative gestures, as presented in the Child Instrument section.

There is some concern among a few researchers that the M-CDI may not be appropriate for low-income families because parents may underreport the words the child knows. In our discussions, Dr. Fenson has indicated that he has obtained additional data that suggest this may not be true and that specific methods of probing during the interview can be used to elicit a comprehensive set of words that the child knows. In addition, the M-CDI has been used effectively with several nationally representative samples or with low-income samples. These include the NICHD Early Child Care Study, the Health Steps study, and The Caring for Children Study. These studies involved large populations with cross-sections of income groups, minorities, and SES groups that are similar to those included in ECLS-B. Positive results from these studies indicate that the M-CDI will be appropriate for the ECLS-B population as well. In addition, clinical researchers may argue that the number of words the child know is sufficient and that it is not necessary to go into the detail of vocabulary content that the M-CDI does. However, it is important to employ a reliable and accurate measure that assesses the child's establishment of a strong foundation for vocabulary growth.

The M-CDI has been widely used in both basic and applied research and has been used in several national or large scale studies. In addition, its strong psychometric properties further support its use in ECLS-B. The internal consistency of the M-CDI, using Cronbach's Coefficient Alpha is .95, .96, and .96, respectively for infant comprehension, infant production, and toddler production. The test-retest reliability is also strong. With an average lag of 1.35 months, the Pearson coefficients between the two administrations were .87, .95, and .86 for comprehension, production, and gesture, respectively. The concurrent validity ranges from .33 to

.85 (median=.61). The highest of these were for the observed vocabulary and the Expressive One Word Picture Vocabulary Test (EOWPVT). The multiple correlation between these two laboratory tests was higher (.79) than either of the simple correlations, and a multiple regression analysis confirmed that each was related to a distinct, significant portion of the variance in M-CDI vocabulary.

Attachment: Separation and Reunion Behaviors (Items C8-C12)

Attachment, the child's formation of an enduring affective bond with the primary caregiver, is a hallmark of the child's socio-emotional development in early childhood, and by 18 months the child's organization with respect to his/her relationships with key parental caregivers is relatively stable. As discussed in the section describing the Attachment Q-Sort, there are a variety of methods for measuring this construct, and we recommend a relatively low-cost parent report method that can complement data obtained from the Attachment Q-Sort.

The NICHD study of the quality of early child care used a multicomponent parent and alternate caregiver report of the child's and parent's separation and reunion behaviors when the child is left with the child care provider. For ECLS-B, we propose adapting two of the rating scales assessing the child's behavior in separations from and reunions with the parent.² The first rating scale, Caregiver Ratings of Parent-Child Behaviors When Parent Leaves, consists of 22 items scored on a 4-point Likert scale. The parent, or child care provider, is asked to describe the child's behavior at various points during the separation from the parent and the subsequent reunion. In order to allow this scale to be applicable to families where the child is not yet in a form of alternate child care, the question was changed to include any separation from the parent lasting over an hour when another adult is put in charge of the child. The second rating scale, Caregiver Ratings of Parent-Child Behaviors When Parent Returns, consists of 19 items, each item again scored on a 4-point Likert scale. In this scale the parent is asked to describe the child's behavior when the parent returns from brief separations (again the question was slightly reworded to apply to any separation from the parent lasting more than one hour). Although the original scales included a component addressing both the child's and the parent's behavior during separations and reunions, for ECLS-B we will only ask the parent about the child's behavior.

² Data in support of these instruments have not yet been published. We are, however, in contact with project members who have informed us that preliminary results should be available in the coming months.

These two scales offer the advantage of having been used effectively in a large-scale national study on a sample with characteristics similar to the ECLS-B. The practical constraints of carrying out a large-scale, national study of the dimensions of ECLS-B make these two rating scales a reasonable approach for evaluating attachment-related behavior. In conjunction with the Attachment Q-Sort, ECLS-B would have a set of complementary measures of an important construct in the socio-emotional development domain, which is often not as well measured as the cognitive or language domains due to the lack of reliable and valid instruments. This study would go a long way in establishing the construct validity of these measures, and hence the utility of the domain, by assessing the relationship between attachment security on the Q-Sort with the children's and caregivers' separation and reunion behaviors.

Due to time and budget constraints, it was not feasible to use the full set of 41 items for the separation and reunion scales. A short set of items were selected by eliminating the parent behavior items and asking only those items that have direct bearing on determining the child's attachment classification from his/her behavior during parental leave-taking and reunions. In addition, we further reduced the number of items by ensuring that the distribution of secure vs. insecure descriptors of the child's behavior conform to the distribution of attachment styles in normal populations. Since secure attachment accounts for approximately 60 percent of attachment styles, we selected more items that describe secure attachment styles and fewer items that assessed avoidant and ambivalent styles. While this strategy may inadvertently reduce the variability of attachment classifications, the insecure item descriptors appeared somewhat redundant and thus no additional variability would have been gained by adding more of these items to the set.

The items that describe secure attachment include:

- C8a. When you introduce the person who will watch child, does he/she greet the sitter enthusiastically?
- C10b. While you are leaving, does child say goodbye in some way?
- C11a. When you return does child greet you as soon as possible?
- C11e. When you return, does child cooperate in dressing to go home or to leave?
- C12a. When the sitter leaves or when you and the child leave the sitter, does child say goodbye to the sitter, such as by smiling or waving?

The items that assess the Avoidant (Type A) attachment classification include:

C10c. While you are leaving, does child ignore you?

C11c. When you return, does child try to stay in physical contact with you?

C11d. When you return, does child ignore or avoid you?

The items that capture the Resistant/Ambivalent (Type C) attachment classification include:

C9a. While you are still there, does child cling to you or stay right next to you?

C10a. While you are leaving, does child misbehave (hit, have a tantrum, yell)?

C11b. When you return, does child misbehave (hitting, biting, throwing things)?

Thus, the result is that the original 41-item separation and reunion measure from the NICHD Early Child Care Study are reduced to the above 13-item set for inclusion in the 18-month parent interview in ECLS-B.

Sections D and E – Update Mother's and Resident Father's Education, Employment, and Income

Parental education is first an indicator of knowledge attained as a result of formal schooling. It also reflects the "status origins" of the family. Parental education is also strongly associated with the probability that a child will attain a given level of education (e.g., finishing high school or college (Hauser and Mossel, 1985; Bowles and Gintis, 1976)). In addition, parental education predicts positive outcomes for children in terms of school success in the early grades (Alexander and Entwisle, 1988). There are various ways that parental education can exert its effects on child outcome, including inherited ability, provision of access to educational resources, and differences in values and emphases placed on education for the child.

Parental employment determines the availability of material and nonmaterial resources for the child. Gottfried (1984), for example, conducted a meta-analysis of several studies and concluded that socioeconomic status, as measured by parental education and occupation, is positively associated with the quality of stimulation that parents provide their infants and preschoolers.

As discussed in the justification for the 9-month parent interview, mother's education is one of the strongest predictors of positive child outcomes making it imperative, therefore, to update information about her current and any previous enrollment in schools, colleges and vocational training since the 9-month visit. Additionally, because maternal employment and its implications for increased family earnings power are such influential predictors of family well-being, maternal well-being and child outcomes, it is important also to update information about her current income, current employment status and her employment history during the intervening 9 months.

Less is known about the direct effects of father's education and employment on children's development beyond their relationship to household income. There is some research to suggest that when fathers are able to contribute to the family financially, they are more likely to be involved with their children and with their spouse/partner. McAdoo (1988), for example, concluded that fathers who are able to provide financially for their family are more likely to interact nurturantly with children than are fathers who are unable to provide financial support.

Sections D and E obtain parallel information about the education, employment and income of both the mother and the resident father. Information is also obtained about the characteristics of their employment, including the hours worked and whether the employer offers certain benefits such as medical coverage, tuition reimbursement, child care assistance, etc.

Section F – Home Educational Activities and Environment

Early preliteracy and subsequent literacy development have been shown to be related to family social interactions that are both intended to support language acquisition (e.g., joint mother-child book reading) and those that are not necessarily intended to foster language development (e.g., shopping) (Snow, 1983; Heath, 1982; Teale, 1984). In addition to the beneficial effects of joint mother-child book reading, there is also evidence that parents who read more for themselves tend to have children who read at earlier ages (Teale, 1984). This may be because children who observe their parents reading to themselves may become more motivated to learn to read, and to actually read themselves, than are children whose parents do not read. In addition to verbal interaction, engaging young children in shared activities is another form of cognitive stimulation for children. Clarke-Stewart (1980) found that fathers who were able to keep their infants interested in games such as peek-a-boo, ball toss, and bouncing had more

cognitively advanced children. Another activity is taking outings, such as to parks and playgrounds, to provide children with opportunities for exploration, exercise, and social interaction.

An environment that is rich in stimulating materials also positively influences cognitive development and subsequent achievement for children. For example, the number of books in the home has been found to be positively associated with children's literacy (Teale, 1984). Other valuable materials include toys that provide opportunities for muscular activity (e.g., push-pull toys), visual and auditory feedback (e.g., jack-in-the-box, musical toys), exercising eye-hand coordination (e.g., stacking toys, building blocks), pretend play (e.g., cuddly toys, dolls), and creative activity (e.g., crayons). Having appropriate play materials during infancy has been found to have a strong relationship to child IQ at age 5 (Lozoff et al., 1995). Questions F1 to F9 obtain information about the literacy environment and activities of the family, the presence of toys and other learning materials and the family's and child's engagement in stimulating activities in order to examine their relationship to the child's acquisition of significant language-related milestones.

Safety is an important aspect of the home environment that is associated with children's well-being and this information is obtained in questions F10 through F14. In order to allow the child to explore the home environment safely, it is necessary to "child-proof" the home as much as possible. This is particularly important in the toddler period when increased mobility may mean increased risk to the child. Child-proofing includes covering electrical outlets, putting cleaning products and other chemicals in child-proof cabinets, and using gates to restrict access to stairs. Parents also need to ensure that toys are age appropriate and safe, and that other general safety practices are used, such as having working smoke detectors in the home, and using a car seat for the infant when traveling by car. Child safety is also ensured when the parent knows what to do in certain emergency situations that may suddenly occur, such as the ingestion of poison.

Section G – Expectations for Child Development

Parents' knowledge about child development (items G1 and G2) may have implications for individual child development. Parents' knowledge about typical infant and toddler behaviors and the age at which children typically achieve common developmental milestones has implications for the child (MacPhee, 1983). In general, knowledge of child

development affects parents' child rearing practices, for example by influencing how parents structure their interactions with their children as well as how they organize the child's environment.

Parents' expectations for children's later academic achievement (item G3) have been identified as important predictors of later school achievement (Brooks-Gunn, Guo, and Furstenberg, 1993). Parents' expectations for their children's school performance and their ideas about children's ability are also powerful predictors of children's ideas about their own academic ability in elementary grades (Entwisle and Baker, 1983; Parsons, Adler, and Kaczala, 1982). Because educational aspirations for children may be affected by children's level of development and change with family experiences, it is important to measure aspirations and expectations over time. Measurement of these aspirations has been proposed for the 18-month time point.

Section H – Marriages and Partner Relationships

Because marital relations and structure so strongly influences child development and outcomes, we will update the marital history data we gathered in the 9-month interview. Questions ask about the current marriage or living arrangement as well as marital happiness and conflict.

Sections I-L – Child Care Arrangements

In the past several decades, the number of children receiving some form of substitute care, either from a daycare provider or an early education program, has soared. From 1940 to 1989, the percentage of preschoolers (under 6 years of age) who needed substitute childcare increased from 9 percent to 51 percent (Hernandez, 1995). And, by 1995 60 percent of preschoolers (under age 5) were in some form of substitute care, either nonparental care or an early education program (Hofferth, 1996). As a consequence of the entry of women and mothers into the labor force, children as a group experience a wide variety of childcare and preschool arrangements, often beginning at a very young age. The NICHD Early Child Care Research Network (1996), for example, found that 64 percent of their sample were in some form of nonmaternal care by the age of 6 months. Furthermore, children often experience multiple forms of care on a regular basis and/or may experience multiple changes in their primary form of care through the preschool years.

With the increase in children in substitute care has come increased debate about the consequences for various child outcome measures. Researchers have come to different conclusions about these consequences and it appears that part of the explanation for these contradictory findings may be the amount of time that children spend in substitute care giving arrangements, as well as the number of different care giving arrangements children have had. Belsky and Rovine, 1988; Clarke-Stewart, 1989 found that infants who were placed in substitute care for 20 hours or more per week were more likely to be classified as insecurely attached. On the other hand, Roggman, Langlois, Hubb-Tait and Rieser-Danner (1994) found no significant relationship between amount of time in care and the quality of the child's attachment. There is also some indication that children who experience a greater number of changes in child care arrangements show less positive play with peers (Howes and Stewart, 1987), increased incidence of aggressive behavior (Howes and Hamilton, 1993) and school problems as first graders (Howes, 1988).

The complexity of children's alternate childcare arrangements, the variability of the characteristics (whether from a relative, a nonrelative, or from a center) of that care, and the fluidity with which children pass from one arrangement to another both simultaneously and sequentially makes research on childcare difficult, especially if parents are asked to report their childcare arrangements retrospectively. An advantage of the longitudinal design of ECLS-B is that children's childcare arrangements can be investigated in a more timely fashion, obtaining information about all arrangements concurrent with each of the data collection points as well as filling in information about arrangements that occurred since previous data collection. In addition, because both parents and childcare providers can be contacted to provide information, the quality of the data will be considerably improved by obtaining converging information from both the parents and providers. For these reasons, Sections I-L obtain basic essential information from the parent that includes whether the child receives care from a relative or nonrelative or from a center; how old the child was when each arrangement began; how many arrangements the child has had; the amount of time (in hours by days) per week that the child spends in each arrangement; the number of children cared for at a time; the language environment at the care provider; weekly fees and receipt of subsidies; and, the parent's perception of the quality of the child's experience in this care which can then be compared with parental reports of quality preferences (item L1) in seeking substitute child care.

Finally, because the child care provider will be contacted to provide information about the child's care, several questions obtain information about the care provider to enable field staff to contact the provider (items I26-28; J25-27; K24-26).

Section M – Child Health

The health status of children begins, obviously, with the prenatal period and the child's genetic composition, the prenatal environment, and the quality of the neonatal environment. The mother's health status, nutritional intake and substance abuse during pregnancy can all influence the health of the infant. These influences can continue throughout childhood (e.g., certain substance abuse can lead to serious congenital abnormalities that have enduring effects). Low birth weight babies, as another example, are more likely to encounter enduring chronic health conditions and have to have problems in school later on (Frisbie, Forbes and Pullum, 1996; McCormick, 1989; National Commission on Children, 1991; McCormick, Gortmaker and Sobol, 1990). Health plays a pivotal role in the lives of children. Ensuring a healthy start for infants and preserving and/or improving health is essential for their growth and development. Conversely, ill health in children may be associated with decelerations in the normal rate of development and perhaps even by reversals in the process of development.

In the infancy and toddler period, the child's health status depends on a number of parental and community factors. Parents contribute in many ways to the child's physical well-being during this period. One way is by insuring that the child has adequate nutritional intake. Adequate nutrition is a prerequisite for maintaining children's physical well being. A series of questions (items M1-M8) obtain information about basic issues in children's nutrition and eating habits. Parents also contribute to children's health and well-being by securing adequate health care for children. Many communicable diseases that commonly afflicted children in the past (e.g., rubella, measles, can now be prevented with routine immunizations that are commonly dispensed at well-baby checks). In addition, the potential sequel of many common illnesses of early childhood, e.g., otitis media may have long term consequences for children's ability to communicate and possibly learn to focus attention, may be prevented by timely interventions. For these reasons, a series of questions (items M9-M32) obtain information about characteristics of the child's medical care and whether the child has been diagnosed with any of four health conditions that commonly afflict children, including respiratory problems (e.g., wheezing, asthma), ear infections, gastrointestinal problems (e.g., dehydration due to vomiting or diarrhea), supplemented by a series of questions about injuries. The presence of any of these conditions is followed up by a series of questions obtaining information about the number incidences of each condition and the nature of the treatment and whether it required hospitalization. Information

about receipt of ongoing interventions and medications to improve the child's well-being due to a range of chronic or disabling conditions is also obtained (Items M33-M41).

An important determinant of parent's ability to secure adequate health care for children is the health insurance coverage. From 1977 to 1987, the percentages of children covered by health insurance plummeted, with uninsured rates increasing by 40 percent, which translates to over 3 million children who were uninsured (Monheit and Cunningham, 1992). In 1991, over 8 million children under the age of 18, and 9 percent of pregnant mothers were uninsured. In addition, almost 1 in 4 children are without coverage in any one year, as estimated by Monheit and Cunningham (1992) using 1987 figures. These authors attribute the increase in uninsured to declines in coverage by private, largely employment-related coverage and to declining eligibility of children in single-parent household for public health insurance programs, such as Medicaid. The consequences of lack of coverage are widespread. For example, because of poor access to health care, less than 70 percent of white children and 50 percent of black preschoolers (4 and under) received all their immunizations in 1985. A series of questions (items M42-M47) obtain information about health insurance coverage and whether the child was unable to receive care due to a lack of insurance.

Section N – Family Health

Parenting resources are not unlimited. The presence of another child with a disability in the family reduces the amount of parenting resources available to the other child(ren). For this reason it is important to obtain information about the presence of any siblings with a disability, and/or to update information from the 9-month interview about a known sibling with a disability.

Maternal health status is an additional factor that contributes to determining the amount of parenting resources that are available to the child. The extent of limitations to the mother's activities due to poor health status is assessed in one question. Maternal childbearing history also influences maternal health: a rapid succession of pregnancies would be expected to deplete maternal physical resources and several questions obtain information about pregnancies subsequent to the child's. Maternal engagement in behaviors that are considered health risks, such as smoking and drinking is assessed in a series of seven questions.

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

Section O – Household Food Sufficiency

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

Section P – Community Support

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

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

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

Section Q – Neighborhood Quality/Safety

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

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

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

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

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

Section R – Parenting Behavior and Attitudes

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

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

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

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

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

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

Section S – Social Support

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

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

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

Section T – Family Routines

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

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

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

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

Section U – Biological Father's Information

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

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

Section V – Welfare and Other Public Assistance

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

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

Section W – Household Income

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

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

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

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

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

Selection of Items for Parent Interview

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

18-month Parent Instrument

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

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

18-MONTH PARENT INSTRUMENT

SECTION A - INTRODUCTION

A1. Introduction
FACES

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

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

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

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

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

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

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

[For this interview, I will first ask questions that collect information specifically about (CHILD) and general questions about you and your household. Once those questions are finished, I will need to ask some questions that collect information specifically about (TWIN). There will not be as many questions for (TWIN), since I will not need to ask the questions about you or your household./As I mentioned earlier, now I need to ask some questions specifically about (TWIN). These questions will not take as long as the first round of questions, since I have already asked the general questions about you and your household.]

18-MONTH PARENT INSTRUMENT

SECTION B - UPDATE HOUSEHOLD COMPOSITION

B1. Now, I have a few questions about your household. We have listed that (READ NAMES FROM MATRIX) lived in this household at the time of our last interview. As I read each person's name again, please tell me if he or she still lives in this household.

ECLS-K

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

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

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

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

ECLS-K

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

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

ECLS-K

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

FIRST NAME

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

B4. ENTER LAST NAME OF (NAME).

ECLS-K

LAST NAME

DON'T KNOW 98

REFUSED 99

B5. How old is (NAME)?

ECLS-K

____|____|____|
AGE

DON'T KNOW 98

REFUSED 99

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

ECLS-K

MALE 1

FEMALE 2

DON'T KNOW 98

REFUSED 99

B7. Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

ECLS-K

YES 1

NO 2

DON'T KNOW 98

REFUSED 99

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

CENSUS

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

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

CENSUS

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

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

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

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

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

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

ECLS-K

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

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

ECLS-K

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

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

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

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

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

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

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

Developmental Milestones

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

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

MN-CDI

|__|__| MONTHS

NOT YET	95
DON'T KNOW	98
REFUSED	99

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

MN-CDI

|__|__| MONTHS

NOT YET	95
DON'T KNOW	98
REFUSED	99

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

MN-CDI

|__|__| MONTHS

NOT YET	95
DON'T KNOW	98
REFUSED	99

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

MN-CDI

|__|__| MONTHS

NOT YET	95
DON'T KNOW	98
REFUSED	99

Early Communication

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

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

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

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

First Words

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

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

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

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

Leave-taking and Reunions

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

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

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

SECC

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

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

SHOW
CARD
C

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

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

SECC

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

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

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

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

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

b. Say goodbye in some way?

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

c. Ignore you?

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

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

a. Greet you as soon as possible?

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

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

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

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

18-MONTH PARENT INSTRUMENT

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

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

 MONTH DAY YEAR

DON'T KNOW 9998
 REFUSED 9999

D2. In what country were you born?
NHES

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

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

AGE

DON'T KNOW 98
 REFUSED 99

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

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

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

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

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

D6. Since our last interview, that is since (TIME FRAME), have you completed any additional grades of school or received any diplomas or degrees?
 ECLS-K PROBE: [IF NECESSARY, SAY: Again, any information you can provide will be helpful.]

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

D7. What grade, diploma or degree was that?

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

HOURS PER WEEK

DON'T KNOW	98
REFUSED	99

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

ECLS-K

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

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

CHECKED WITH PUBLIC EMPLOYMENT AGENCY	1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY	2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME	3
CHECKED WITH FRIENDS OR RELATIVES	4
PLACED OR ANSWERED ADS/SENT RESUME	5
READ WANT-ADS	6
SOMETHING ELSE	7
SPECIFY	
DON'T KNOW	98
REFUSED	99

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

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

ECLS-K

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

GO TO D18.

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

ECLS-K

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

D19. How many jobs do you have now?

ECLS-K

NUMBER OF JOBS

DON'T KNOW 98
REFUSED 99

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

NUMBER OF WEEKLY HOURS

DON'T KNOW 98
REFUSED 99

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

CPS

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

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

CPS

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

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

D23.
NHES

\$ _____ , _____ . _____ _____
AMOUNT UNITS

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

D24.
EHS

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

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

D25.
NEW

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

D26. For whom do you work?

ECLS-K

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

NAME OF COMPANY _____

DON'T KNOW 98

REFUSED 99

D27. What kind of business or industry is this?

ECLS-K

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

DON'T KNOW 98

REFUSED 99

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

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

NEW

YES 1 (GO TO SECTION E)

NO 2 (GO TO D29)

DON'T KNOW 98 (GO TO D29)

REFUSED 99 (GO TO D29)

D29. What kind of work are you now doing?

ECLS-K

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

JOB TITLE _____

DON'T KNOW 98

REFUSED 99

D30. What are your most important activities or duties at this job? What do you actually do at this job?

ECLS-K

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

IMPORTANT DUTIES _____

DON'T KNOW 98

REFUSED 99

18-MONTH PARENT INSTRUMENT

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

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

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

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

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

ECLS-K

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

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

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

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

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

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

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

ECLS-K

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

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

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

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

|_|
HOURS PER WEEK

DON'T KNOW 98
REFUSED 99

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

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

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

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

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

|_|
NUMBER OF JOBS

DON'T KNOW 98
REFUSED 99

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

|_|
NUMBER OF WEEKLY HOURS

DON'T KNOW 98
REFUSED 99

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

\$, .
AMOUNT UNITS

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

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

E13. Which of the following best describes the hours (SPOUSE/PARTNER) 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 91
SPECIFY
DON'T KNOW 98
REFUSED 99

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

CPS

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

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

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

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

NEW

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

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

ECLS-K

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

NAME OF COMPANY _____

DON'T KNOW	98
REFUSED	99

E17. What kind of business or industry is this?

ECLS-K

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

DON'T KNOW	98
REFUSED	99

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

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

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

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

ECLS-K

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

JOB TITLE _____

DON'T KNOW 98
REFUSED 99

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

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

IMPORTANT DUTIES _____

DON'T KNOW 98
REFUSED 99

GO TO SECTION F.

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

ECLS-K

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

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

CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
CHECKED WITH FRIENDS OR RELATIVES 4
PLACED OR ANSWERED ADS/SENT RESUME 5
READ WANT-ADS 6
SOMETHING ELSE 7
SPECIFY _____
DON'T KNOW 98
REFUSED 99

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

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

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

GO TO E25.

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

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION F - HOME EDUCATIONAL ACTIVITIES AND ENVIRONMENT

The next questions are about reading you do at home.

- F1. With the exception of children's books or books required for work or school, did you read any
SPPA books in the last 12 months?
PROBE: The books could be in a language other than English.

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

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

NUMBER OF BOOKS

DON'T KNOW 998
REFUSED 999

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

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

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

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

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

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

NLSY/
HOME

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

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

NLSY/
HOME

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

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

NLSY/
HOME

|_|_|
NUMBER OF TOYS

DON'T KNOW	98
REFUSED	99

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

NLSY/
HOME

|_|_|
NUMBER OF TOYS

DON'T KNOW	98
REFUSED	99

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

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

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

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

NUMBER OF HOURS (GO TO F11)

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

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

NUMBER OF HOURS

DON'T KNOW	98
REFUSED	99

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

SHOW
CARD
F12

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

F13. Is there a computer in this household?
 CPS

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

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

FACES/
EHS

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

18-MONTH PARENT INSTRUMENT

SECTION G - EXPECTATIONS FOR CHILD DEVELOPMENT

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

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

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

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

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

G2.
KID/EHS

SHOW
CARD
G2

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

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

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

G3.
ECLS-K

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

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

18-MONTH PARENT INTERVIEW

SECTION H – MARRIAGES AND PARTNER RELATIONSHIPS

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

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

ECLS-K

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

DON'T KNOW 9998

REFUSED 9999

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

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

ECLS-K

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

DON'T KNOW 9998

REFUSED 9999

GO TO BOX BEFORE H6.

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

NEW

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

DON'T KNOW 9998

REFUSED 9999

GO TO SECTION I.

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

MONTH YEAR

DON'T KNOW 9998
 REFUSED 9999

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

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

MONTH YEAR

DON'T KNOW 9998
 REFUSED 9999

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

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

Very happy, ... 1
 Fairly happy, or 2
 Not too happy? 3
 DON'T KNOW 98
 REFUSED 99

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

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

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

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

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

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

18-MONTH PARENT INSTRUMENT

SECTION I-L - CHILD CARE ARRANGEMENTS

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

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

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

ECLS-K

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

Relative Care

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

____ OR ____
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

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

NEW

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

____ NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

NEW

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

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

ECLS-K

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

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

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

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

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

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

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

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

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

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

NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

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

NUMBER OF CHILDREN

DON'T KNOW 98
REFUSED 99

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

NUMBER OF ADULTS

DON'T KNOW 98
REFUSED 99

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

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

____ OR ____
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

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

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

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

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

NHES

YES NO DK R

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

ECLS-K

\$_____, _____ . ____ | |____|
AMOUNT UNITS

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

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

ECLS-K

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

ECLS-K

NUMBER

- DON'T KNOW 98**
REFUSED 99

I25. Now I'm going to ask you about (CHILD)'s experience in this care. Please let me know whether
 FACES never, sometimes, often, or always best describes (CHILD)'s experience.

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

I26. As part of this study, we will also be interviewing the care providers of the children in the study. We
 NEW would like to talk to (CHILD)'s (RELATIVE) about (CHILD). Will you give your written permission
 for us to contact (CHILD)'s (RELATIVE)?

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

I27. What is (CHILD)'s (RELATIVE)'s name, address, and telephone number?

NEW

NAME _____
 ADDRESS _____
 PHONE _____

I28. Would you help us by mentioning to (CHILD)'s (RELATIVE) that someone from the study will be
 NEW contacting (him/her) in the next day or two?

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

Non-Relative Care

J1. Now I'd like to ask you about any care (CHILD) receives from nonrelatives in a private home, not including child care centers. Is (CHILD) now receiving care in a private home on a regular basis from someone who is not related to (him/her)? This includes home child care providers, regular sitters, or neighbors.

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

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

NEW

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

NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

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

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

ECLS-K

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

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

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

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

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

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

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

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

NICHD

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

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

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

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

____ OR ____
 MONTHS WEEKS

DON'T KNOW 98
 REFUSED 99

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

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

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

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

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

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

J20.
NHES

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

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

J21.
ECLS-K

How much does your household pay this person to care for (CHILD)?

\$, .
AMOUNT UNITS

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

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

J22.
ECLS-K

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

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

J23.
ECLS-K

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

NUMBER

DON'T KNOW 98
REFUSED 99

J24.
FACES

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

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

J25.
NEW

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

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

J26.
NEW

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

NAME _____
 ADDRESS _____
 PHONE _____

J27.
NEW

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

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

Center-Based Care

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

ECLS-K

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

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

ECLS-K

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

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

ECLS-K

 OR
MONTHS WEEKS

DON'T KNOW 98
REFUSED 99

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

NEW

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

 NUMBER OF ARRANGEMENTS

DON'T KNOW 98
REFUSED 99

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

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

ECLS-K

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

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

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

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

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

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

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

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

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

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

NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

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

ECLS-K

NUMBER OF HOURS

DON'T KNOW 98

REFUSED 99

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

ECLS-K

NUMBER OF CHILDREN

DON'T KNOW 98

REFUSED 99

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

ECLS-K

NUMBER OF ADULTS

DON'T KNOW 98

REFUSED 99

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

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

NHES

 OR
MONTHS WEEKS

DON'T KNOW 98

REFUSED 99

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

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

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

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

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

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

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

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

K19. How much does your household pay for (CHILD) to go to the program?
ECLS-K

\$, .
AMOUNT UNITS

PER HOUR 1
PER DAY 2
PER WEEK 3
PER MONTH 4
PER YEAR 5
OTHER 91
SPECIFY _____
DON'T KNOW 98
REFUSED 99

ASK K20 IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN
THE HOUSEHOLD. ELSE, GO TO K22.

K20. Is this amount for (CHILD) only or does it include other children in your household?
ECLS-K

CHILD ONLY 1 (GO TO K22)
CHILD AND OTHER(S) 2 (GO TO K21)
DON'T KNOW 98 (GO TO K21)
REFUSED 99 (GO TO K21)

K21. How many children is this amount for, including (CHILD)?
ECLS-K

NUMBER OF CHILDREN
DON'T KNOW 98
REFUSED 99

K22. Now I'm going to ask you about (CHILD)'s experience in this care. Please let me know whether
FACES never, sometimes, often, or always best describes (CHILD)'s experience. READ LIST. CIRCLE
ONE RESPONSE FOR EACH.

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

K23. NEW As part of this study, we will also be interviewing the day care center directors and care providers of the children in the study. We would like to talk to (CHILD)'s day care director and care provider about (CHILD). Will you give your written permission for us to contact (CHILD)'s day care center director and care provider?

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

K24. NEW What are the names of (CHILD)'s center's director and (his/her) primary caregiver at the center?

CENTER DIRECTOR _____
CENTER NAME _____
PRIMARY CARE GIVER _____

K25. NEW What is the center's address and telephone number?

ADDRESS _____
PHONE: _____

K26. NEW Would you help us by mentioning to the director and care giver at (CHILD)'s day care center that someone from the study will be contacting them in the next day or two?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

How about...

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

EARLY CHILDHOOD LONGITUDINAL STUDY, BIRTH COHORT 2000

Permission to Interview Child Care Provider

For: _____

Case ID: _____

Provider ID: _____

Interviewer: _____

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

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

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

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

CONSENT

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

[Printed name of parent/guardian]

[Signature of parent/guardian]

[Date]

18-MONTH PARENT INSTRUMENT

SECTION M - CHILD HEALTH

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

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

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

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

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

 OR
MONTHS WEEKS

NEVER FED FORMULA 00
DON'T KNOW 98
REFUSED 99

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

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

 OR
MONTHS WEEKS

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

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

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

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

USDA

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

M6. Does (CHILD) use a bottle?

USDA

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

M7. Does the bottle usually contain...

USDA

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

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

USDA

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

____ oz.

DON'T KNOW 998
 REFUSED 999

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

NHIS

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

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

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

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

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

NMIHS

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

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

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

NMIHS

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

M15. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

M20. How many times?
NEW

NUMBER OF TIMES

DON'T KNOW 98
REFUSED 99

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

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

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

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

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

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

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

M24. How many times?
NMIHS

NUMBER OF TIMES

DON'T KNOW 98
 REFUSED 99

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

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

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

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

NMIHS

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

M29. Did it occur in the last 3 months?

NEW

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

M30. Where did this happen? CODE ALL THAT APPLY

NMIHS

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

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

NMIHS

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

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

NMIHS

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

M33. 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. Crossed eye, a lazy or wandering eye?	1	2	98	99
b. Near sightedness or farsightedness?	1	2	98	99
c. Difficulty seeing or blindness?	1	2	98	99
d. Difficulty hearing or deafness?	1	2	98	99
e. A problem with mobility such as cerebral palsy?	1	2	98	99
f. A delay in learning to walk?	1	2	98	99
g. A delay in learning to talk?	1	2	98	99
h. Asthma or wheezing?	1	2	98	99
i. Epilepsy or seizures?	1	2	98	99
j. Heart defect?	1	2	98	99
k. Mental retardation?	1	2	98	99
l. Developmental delay?	1	2	98	99
m. Lactose intolerance?	1	2	98	99
n. Food allergies or sensitivities such as to peanuts?	1	2	98	99
o. Other conditions?	1	2	98	99
SPECIFY _____				

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

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

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

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

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

 NUMBER OF HOURS

DON'T KNOW 98
 REFUSED 99

M36. Is (CHILD) currently participating in an early intervention program or regularly receiving any
 NHES 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 _____				

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

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

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

YES 1
 NO 2
 DON'T KNOW 98
 REFUSED 99

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

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

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

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

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

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

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

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

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

YES NO DON'T KNOW REFUSED

SHOW
CARD
M43

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

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

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

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

SHOW
CARD
M44

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

 DON'T KNOW 98
 REFUSED 99

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

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

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

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

DON'T KNOW 98
 REFUSED 99

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

SHOW
CARD
M47

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

18-MONTH PARENT INSTRUMENT

SECTION N - FAMILY HEALTH

Let's talk about the health of your family.

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

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

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

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

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

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

FACES

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

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

FACES

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

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

NMES

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

N6. Do you smoke cigarettes now?

NMIHS

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

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

NMIHS

	OR	
NUMBER OF CIGARETTES		NUMBER OF PACKS
PER DAY		PER DAY

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

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

NMIHS

NUMBER

NONE..... 00
 DON'T KNOW 9
 REFUSED 99

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

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

NEW

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

N10. Do you currently drink any alcoholic beverages?

NEW

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

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

NEW

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

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

NEW

TIMES

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

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

CIDI

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

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

CIDI

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

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

CIDI

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

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

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

CIDI

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

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

CIDI

POUNDS

DON'T KNOW	998
REFUSED	999

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

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CIDI

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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

CIDI

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

GO TO N44.

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

CIDI

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

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

CIDI

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

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

CIDI

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

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

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

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

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

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

POUNDS

DON'T KNOW 998
REFUSED 999

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

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

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

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

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

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

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

CIDI

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

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

CIDI

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

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

CIDI

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

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

NHIS

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

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

NHIS

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

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

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

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

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

18-MONTH PARENT INSTRUMENT

SECTION O - HOUSEHOLD FOOD SUFFICIENCY

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

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

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

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

	<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 O4.

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

	<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

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

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

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

O5.
USDA

In the last 9 months, since (TIME FRAME), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

O6. How often did this happen. . .
USDA

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

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

O11. How often did this happen. . .
USDA

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

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

O14. How often did this happen. . .
USDA

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

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

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

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

18-MONTH PARENT INSTRUMENT

SECTION P - COMMUNITY SUPPORT

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

P1.

FACES

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

18-MONTH PARENT INSTRUMENT

SECTION Q - NEIGHBORHOOD QUALITY/SAFETY

These next questions are about your home and neighborhood.

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

EHS

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

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

NEW

TIMES

DON'T KNOW 98
REFUSED 99

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

NEILS

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

Q4. How long have you lived in this neighborhood?

NECRS

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

 OR
MONTHS YEARS

DON'T KNOW 98
REFUSED 99

Q5. Did you grow up in this neighborhood?

NECRS

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

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

NECRS

OR
 MONTHS YEARS

DON'T KNOW 98

REFUSED 99

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

FACES

Was it never, once, or more than once?

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

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

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

NHSDA

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

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

SHOW
CARD
Q9

CARD
Q9

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

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

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

|_|_|_|
FRIENDS

DON'T KNOW 998
REFUSED 999

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

|_|_|_|
PEOPLE

DON'T KNOW 998
REFUSED 999

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

|_|_|_|
PEOPLE

DON'T KNOW 998
REFUSED 999

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

NECRS

RELATIVES

DON'T KNOW 998

REFUSED 999

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

NECRS

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

SHOW
CARD
Q14

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

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

EHS

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

18-MONTH PARENT INSTRUMENT

SECTION R - PARENTING BEHAVIOR AND ATTITUDES

The next questions are about raising children.

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

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

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

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

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

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

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

SHOW
CARD
R4

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

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

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

	STRONGLY <u>AGREE</u>	<u>AGREE</u>	NEITHER AGREE OR <u>DISAGREE</u>	<u>DISAGREE</u>	STRONGLY <u>DISAGREE</u>	DON'T <u>KNOW</u>	<u>REFUSE</u>
i. I have little or no difficulty sticking with my rules for my child even when close relatives, including grandparents, are there.	1	2	3	4	5	98	99
j. Once I decide how to deal with a misbehavior of my child, I follow through with it.	1	2	3	4	5	98	99
k. I believe physical punishment to be the best way of disciplining.....	1	2	3	4	5	98	99
l. I believe children become confused when they are spoken to regularly in more than one language.	1	2	3	4	5	98	99

18-MONTH PARENT INSTRUMENT

SECTION S - SOCIAL SUPPORT

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

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

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

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

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

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

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

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

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

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

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

18-MONTH PARENT INSTRUMENT

SECTION T - FAMILY ROUTINES

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

HOME

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

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

HOME

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

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

HOME

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

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

EHS

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

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

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

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

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

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

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

T8. Where does (CHILD) usually sleep?

EHS

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

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

EHS

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

18-MONTH PARENT INSTRUMENT

SECTION U – BIOLOGICAL FATHER'S INFORMATION

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

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

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

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

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

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

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

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

U4. How long did he live in the household?
NEW

____|____|
NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

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

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

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

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

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

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

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

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

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

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

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

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

NUMBER OF DAYS

DON'T KNOW	98
REFUSED	99

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

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

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

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

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

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

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

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

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

	<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?	1	2	3	98	99
d. Helped pay for (CHILD)'s child care expenses?	1	2	3	98	99

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

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

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

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

PROBE: What month and year?

MONTH		YEAR			

DON'T KNOW	9998
REFUSED	9999

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

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

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

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