

APPENDIX A

Wave 6 Questionnaire

1996 Panel - Wave 6 Topical Modules

Medical Expenses and Utilization of Health Care Topical Module

-ME01-

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

-ME02-

During the past 12 months, that is, the period from today back to this date one year ago, were you a patient in a hospital overnight or longer?

- (1) Yes
- (2) No

-ME03-

How many nights in all did you spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

_____ Nights

-ME04-

Which of the following best describes the reasons why you entered the hospital during the most recent stay of one night or longer.

FR NOTES: A) READ ANSWER CATEGORIES BELOW .

B) ACCEPT MORE THAN ONE RESPONSE IF OFFERED, BUT DO NOT PROBE FOR MULTIPLE RESPONSES.

(MARK ALL THAT APPLY)

(1) Yes - Applies

(2) No - Does not apply

_____ Diagnostic Tests only

_____ Give birth, including cesarean section

_____ Operation or surgical procedure

_____ Treatment or therapy, not including surgery

_____ Any other reason

-ME05-

During the past 12 months, did you take any prescription medications?

(1) Yes

(2) No

-ME06-

Do you take prescription medicines on a daily basis?

(1) Yes

(2) No

-ME07-

Do you have the Flashcard pamphlet we sent you in the mail? It would have come with the introductory letter.

(1) Yes

(2) No

-ME08-

During the past 12 months, how many visits did you make to a dentist or other dental professional?

ENTER "N" FOR NONE OR NO TIMES

ENTER "H" FOR FLASHCARD KK

_____ Times

-ME09-

Have you lost any of your permanent adult teeth?

(1) Yes

(2) No

-ME10-

Have you lost all of your permanent adult teeth?

(1) Yes

(2) No

-ME11-

During the past 12 months, how many times did you see or talk to a medical doctor or other medical provider about your health?

ENTER "N" FOR NONE OR NO TIMES

ENTER "H" FOR FLASHCARD LL

_____ Times

-ME12-

Did that visit or call include contact with a physician?

(1) Yes

(2) No

-ME13-

About how many of those visits or calls included contact with a physician?

ENTER "A" FOR ALL TIMES

ENTER "N" FOR NONE OR NO TIMES

_____ Times

-ME14-

In the last 12 months, did you purchase any other medical supplies or services such as those shown on this card?

ENTER "H" FOR FLASHCARD MM

(1) Yes

(2) No

-ME15-

During the past 12 months, about how many days did illness or injury keep you in bed more than half of the day?

ENTER "N" FOR NONE OR NO TIMES

_____ Days

-ME16-

During the past 12 months, about how much did you pay for health insurance? During the past 12 months, about how much did you pay for health insurance for yourself or others in the household?

NOTE TO FR: If someone else in the household pays for the health insurance that covers this respondent, do NOT try to separate the amounts for each person. Just mark N (none) for this respondent and mark the whole amount when you ask this question for the person who pays the premium.

ENTER "N" FOR NO PAYMENTS

_____ Dollars

-ME17-

Was it...

- (1) less than \$500
- (2) \$500 to \$1000
- (3) \$1000 to \$5000
- (4) \$5000 to \$10000
- (5) \$10000 or more

-ME18-

During the past 12 months, about how much was paid for your own medical care?
Include any amount paid on your behalf by another person in this household.

ENTER "N" FOR NO PAYMENTS

_____ Dollars

-ME19-

Was it...

- (1) less than \$500
- (2) \$500 to \$1000
- (3) \$1000 to \$5000
- (4) \$5000 to \$10000
- (5) \$10000 or more

-ME20-

Were these amounts for medical care and health insurance the total cost to your household or did you get reimbursed by some outside source?

- (1) Total Cost
- (2) Got Reimbursed
- (3) Expects to get reimbursed but has not yet

-ME21-

How much of these expenses were reimbursed?

ENTER "N" FOR NONE

ENTER "A" FOR ALL EXPENSES REIMBURSED

_____ Dollars

OR

_____ % (percent reimbursed if answer given as a percentage)

-ME22-

The next few questions are about the health of your child(ren)

(read above for names of all children).

Would you say (child's name)'s health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

-ME23-

During the past 12 months, was your child(ren) (read above for names of all children) a patient in a hospital overnight or longer?

- (1) Yes
- (2) No

-ME24-

Which children were in a hospital overnight or longer?

ENTER "A" FOR ALL

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-ME25-

How many nights in all did (child's name) spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

_____ Nights

-ME26-

Which of the following best describes the reasons why (child's name) entered the hospital during the most recent visit of one night or longer.

FR NOTES: A) READ ANSWER CATEGORIES BELOW.

B) ACCEPT MORE THAN ONE RESPONSE IF OFFERED, BUT DO NOT PROBE FOR MULTIPLE RESPONSES.

(MARK ALL THAT APPLY)

(1) Yes - Applies

(2) No - Does not apply

_____ Diagnostic Tests only

_____ Give birth, including cesarean section (mother)

_____ To be born (baby)

_____ Operation or surgical procedure

_____ Treatment or therapy, not including surgery

_____ Any other reason

-ME27-

During the past 12 months did (read above for names of all children) take any prescription medications?

- (1) Yes
- (2) No

-ME28-

Which children took prescription medications?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

- (N) No more

-ME29-

Does (child's name) take prescription medicines on a daily basis?

- (1) Yes
- (2) No

-ME30-

During the past 12 months, did (read above for names of all children) visit a dentist, or other dental professional?

ENTER "H" FOR FLASHCARD KK

- (1) Yes
- (2) No

-ME31-

Which children visited a Dentist?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

- (N) No more

-ME32-

During the past 12 months, how many visits did (child's name) make to a dentist?

ENTER "N" FOR NONE OR NO TIMES

_____ Times

-ME33-

Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments. Has (child's name) ever had dental sealants painted on his/her teeth?

(1) Yes

(2) No

-ME34-

During the past 12 months, did you or anyone else see or talk to a medical doctor or other medical provider about (read above for names of all children)'s health?

ENTER "H" FOR FLASHCARD LL

(1) Yes

(2) No

-ME35-

For which children?

ENTER "A" FOR ALL

ENTER LINE NUMBER OF EACH CHILD

ENTER "N" FOR NONE, OR FOR "NO MORE" AFTER LINE ENTRIES

-ME36-

During the past 12 months, about how many times did you or anyone else see or talk to a medical doctor or other medical provider about (child's name)'s health?

ENTER "N" FOR NONE OR NO TIMES

_____ Times

-ME37-

Did that visit or call include contact with a physician?

(1) Yes

(2) No

-ME38-

In the past 12 months, about how many of the visits or calls included contact with a physician?

ENTER "A" FOR ALL VISITS

ENTER "N" FOR NONE

_____ Times

-ME39-

In the last 12 months, did you or anyone else buy for (read above for names of all children) any other medical supplies or services such as those shown on this card?

ENTER "H" FOR FLASHCARD MM

(1) Yes

(2) No

-ME40-

For which children were purchases made?

ENTER "A" FOR ALL

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-ME41-

We have recorded that your health or condition prevents you from working. For how long have you been prevented from working? Has it been a year or longer, or has it been less than a year?

(1) A year or longer

(2) Less than a year

-ME42-

Is it likely that you will be able to work at some time in the next 12 months?

(1) Yes

(2) No

Work Related Expenses and Child Support Paid Topical Modules

-PV01-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your employment with (Employer's name)

During the typical week, how did you get to work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PV02-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your employment with (Business name)

During the typical week, how did you get to work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PV03-

Now I have a few questions about your work related expenses, including transportation to work.

During the typical week, how did you get to your work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PV04-

Altogether, about how many miles per week did you usually drive/ride as part of your work commute?

_____ Miles per week

-PV05-

Do you have to pay for parking or tolls as a part of your work-commuting expenses?

- (1) Yes
- (2) No

-PV06-

Typically, how much did you spend PER WEEK for parking or tolls?

\$ _____

-PV07-

During a typical week, about how much were your work commuting expenses?

\$ _____

-PV08-

Not counting expenses your employer paid, did you have any work-related expenses such as licenses, permits, union dues, special tools, or uniforms for your work?

(1) Yes

(2) No

-PV09-

Altogether, how much were your annual expenses for such items?

\$ _____

-PV10-

Do you have any children who lived elsewhere with their other parent or guardian at anytime during the past 4 months?

(1) Yes

(2) No

-PV11-

How many children?

-PV12-

In the past 4 months, were you required to pay child support?

(FR NOTE: Include payments made directly to the other parent or guardian, payments made through a court or an agency, payments withheld from this persons' paycheck)

(1) Yes

(2) No

-PV13-

How much did you pay in child support in:

ENTER (N) FOR NONE/NO MORE.

ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

Month 4 _____

Month 3 _____

Month 2 _____

Month 1 _____

Assets and Liabilities Topical Module

-AL01A-

As of (the last day of the reference period), did anyone outside of this household owe money to you as the result of the sale of a business or property? Exclude mortgages owed to you which have already been reported.

(1) Yes

(2) No

-AL01B-

How much was owed to you?

If shared, count only your share.

\$ _____

-AL02A-

I recorded earlier that you owned Series E or EE U.S. Savings Bonds. Did you own them as of (the last day of the reference period)?

(1) Yes

(2) No

-AL02B-

What was the FACE VALUE of the U.S. Savings Bonds that you owned?

If ownership was shared, count only your share.

\$ _____

-AL02D-

As of (the last day of the reference period), did you own jointly with your spouse any checking accounts which did NOT earn interest?

(Do not include any jointly owned interest earning checking accounts reported earlier.)

(1) Yes

(2) No

-AL02E-

What is your best estimate of the amount of money you and your spouse had in those checking accounts as of (the last day of the reference period)?

(N) None

\$ _____

-AL02F-

As of (the last day of the reference period), did you and your spouse together owe any money for -

(1) Yes

(2) No

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned, including
medical bills not covered by insurance, money owed
to private individuals, or any other debt not
covered and excluding mortgages, home equity
loans, and car loans? \$ _____

-AL03A-

How much was owed as of (the last day of the reference period) for -

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity
loans, and car loans? \$ _____

-AL04A-

Besides any non-interest earning checking accounts owned jointly with your spouse, as of (the last day of the reference period), did you own any other checking accounts which did NOT earn interest?

(Do not include any interest earning checking accounts reported earlier.)

(1) Yes

(2) No

-AL04B-

What is your best estimate of the amount of money you had in those checking accounts as of (the last day of the reference period)?

(N) None

\$ _____

-AL04C-

Did you have any debts, such as credit card bills, loans from a financial institution, or educational loans, in your OWN name?

(1) Yes

(2) No

-AL04D-

As of (the last day of the reference period), did you owe any money in your own name for-

- (1) Yes
- (2) No

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity
loans, and car loans? \$ _____

-AL05A-

How much was owed as of (the last day of the reference period) for -

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity
loans, and car loans? \$ _____

-AL06A-

I recorded earlier that you owned an IRA or KEOGH account.

As of (the last day of the reference period), did you have any IRAs (Individual Retirement Accounts) in your OWN name?

FR Instruction: (Do not mark "Yes" if your account is only included in spouse's IRA account.)

(1) Yes

(2) No

-AL06B-

For how many years have you contributed to your IRA accounts?

(L) Less than 1 Year

_____ Years

-AL06C-

As of (the last day of the reference period), what was the total balance or market value (including interest earned) of the IRA accounts in your own name?

(N) None

\$ _____

-AL06D-

Was the total -

(1) Less than \$ 5,000

(2) \$ 5,000 to \$25,000

(3) \$25,001 to \$50,000

(4) More than \$50,000?

-AL06E-

As of (the last day of the reference period), which kinds of assets did you hold in your IRA accounts?
Was your IRA account invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings Bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL06F-

Please specify the Other Assets.

- 1)
- 2)

-AL06G-

As of (the last day of the reference period), did you have a KEOGH account in your OWN name?

- (1) Yes
- (2) No

-AL06H-

For how many years have you contributed to your KEOGH account?

(L) Less than 1 Year

_____ Years

-AL06I-

As of (the last day of the reference period), what was the total balance or market value of assets in your KEOGH account(s)?

(N) None

\$ _____

-AL06J-

Was the total -

- (1) Less than \$ 5,000
- (2) \$5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-AL06K-

As of (the last day of the reference period), which kinds of assets did you hold in your KEOGH account(s)? Was your KEOGH account invested in (READ CATEGORIES) -

Enter 'N' after last category

- (1) Certificates of deposit or other savings certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL06L-

Please specify the other assets held.

- 1)
- 2)

-AL07A-

I recorded earlier that you participated in a 401K or thrift plan.

As of (the last day of the reference period), did you have any 401K or thrift plan accounts in your OWN name?

- (1) Yes
- (2) No

-AL07B-

For how many years have you contributed to your 401K or thrift plans?

(L) Less than 1 Year

-AL07C-

As of (the last day of the reference period), what was the total balance or market value (including interest earned) of any 401K or thrift plans held in your own name?

(N) None

\$ _____

-AL07D-

Was the total -

- (1) Less than \$ 5,000
- (2) \$ 5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-AL07E-

As of (the last day of the reference period), which kinds of assets did you hold in your 401K or thrift plans? Was your 401K/thrift plan invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings Bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL07F-

Please specify the Other Assets.

- 1)
- 2)

-AL07G-

As of (the last day of the reference period), did you have any life insurance? Include group policies provided by employers.

- (1) Yes
- (2) No

-AL07H-

What is the CURRENT FACE VALUE of ALL life insurance policies that you have?

\$ _____

-AL07I-

What types of life insurance do you have - is it "term insurance", "whole life", or do you have both of these types?

- (1) Term only
- (2) Whole life only
- (3) Both types

-AL08A-

Are any of your life insurance policies provided through your current employer(s)?

- (1) Yes
- (2) No

-AL08B-

What is the FACE VALUE of the life insurance policies provided through your employer(s)?

\$ _____

Real Estate, Shelter Costs, Dependent Care and Vehicles Topical Module

-RE01-

The next questions are about housing costs and automobile ownership.

PRESS ENTER TO CONTINUE

-RE02-

ASK IF NOT APPARENT:

Is this residence a mobile home?

(1) Yes

(2) No

-RE03-

Which persons in this household are the owners of this home?

ENTER LINE NUMBER OF PERSON(S) IN HOUSEHOLD WHO OWN HOME. ENTER (N)
FOR NONE/NO MORE

-RE04-

When was this home purchased?

MONTH: _____

YEAR: _____

-RE05-

Is there a mortgage, home equity loan, or other debt on this home?

FR NOTE: Include rental properties attached to or located in the residence.

(1) Yes

(2) No

-RE06-

Altogether, how many mortgages, home equity loans, or other debts are there on this home?

FR NOTE: If respondent reports "0" enter "N" for None.

_____ Number

(N) None

-RE07-

First Mortgage

How much principal is currently owed on the first mortgage or loan?

If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE08-

First Mortgage

In what year was the first mortgage or loan obtained?

If the mortgage was assumed, report the original date of the mortgage.

YEAR: _____

-RE09-

First Mortgage

And in which month was the first mortgage or loan obtained?

Month: _____

-RE10-

First Mortgage

What was the amount of the mortgage or loan when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-RE11-

First Mortgage

What is the total number of years over which payments are to be made?

_____ Number of Years
(N) Not fixed

-RE12-

First Mortgage

What is the current annual interest rate on this mortgage or loan?

FR NOTE: ENTER PERCENT FROM 00.01% TO 99.99%

_____ %

-RE13-

First Mortgage

Is the interest rate variable or fixed?

FR NOTE : Variable interest rates can change over the term of the mortgage or loan.

- (1) Variable interest rate
- (2) Fixed interest rate

-RE14-

First Mortgage

Was this mortgage obtained through an FHA or VA mortgage program?

- (1) Yes - FHA LOAN
- (2) Yes - VA LOAN
- (3) No

-RE15-

Second Mortgage

How much principal is currently owed on the second mortgage or loan?

If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE16-

Second Mortgage

In what year was the second mortgage or loan obtained?

If the mortgage was assumed, report the original date of the mortgage.

ENTER 4 DIGIT YEAR: _____

-RE17-

Second Mortgage

And in which month was the second mortgage or loan obtained?

Month: _____

-RE18-

Second Mortgage

What was the amount of the mortgage or loan when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-RE19-

Second Mortgage

What is the total number of years over which payments are to be made?

_____ Number of years

(N) Not fixed

-RE20-

Second Mortgage

What is the current annual interest rate on this mortgage or loan?

FR NOTE: ENTER PERCENT FROM 00.01% TO 99.99%

_____ %

-RE21-

Second Mortgage

Is the interest rate variable or fixed?

FR NOTE: Variable interest rates can change over the term of the mortgage or loan.

(1) Variable interest rate

(2) Fixed interest rate

-RE22-

Second Mortgage

Was this mortgage obtained through an FHA or VA mortgage program?

- (1) Yes - FHA LOAN
- (2) Yes - VA LOAN
- (3) No

-RE23-

Third+ Mortgage

How much principal is currently owed on all the remaining mortgages or loans not reported previously?

If possible, please check any records you may have from any other lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE24-

What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale? Include rental properties attached to or located on this residence.

\$ _____

-RE25-

Mobile Home

Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or site?

- (1) Yes
- (2) No

-RE26-

Mobile Home

Is this mortgage, contract, or other debt for just the site, or does it also apply to this mobile home?

(1) Mobile home only

(2) Site only

(3) Site and home

-RE27-

Mobile Home

How much principal is currently owed on all mortgages?

\$ _____

-RE28-

Mobile Home

How much do you think this mobile home (and site) would sell for today if it were for sale?

\$ _____

-RE29-

How much was this household's (rent/mortgage (loan) payment) last month? Include any condominium or association fees.

FR NOTE: If respondent reports "0" enter "N" for None.

(N) None

\$ _____

-RE30-

How much did this household pay for electricity, gas, basic telephone service, and other utilities last month?

FR NOTE: If respondent reports "0" enter "N" for None.

\$ _____

(N) Nothing or included in rent

(H) Help

-RE31-

Did more than one of the persons living here pay the (rent/mortgage/loan) and utilities last month?

(1) Yes

(2) No

-RE32-

Which person paid?

ENTER LINE NUMBER OF PERSON WHO PAID

-RE33-

Which persons paid and how much did each pay?

ENTER LINE NUMBERS OF PERSONS WHO PAID.

ENTER (N) FOR NO MORE

	Line number	Amount paid last month
Person 1:	_____	_____
Person 2:	_____	_____
Person 3:	_____	_____

-RE34-

Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

(1) Yes

(2) No

-RE35-

What was the total cost of these care arrangements last month?

\$ _____

-RE36-

Other real estate

Does anyone in this household own any other real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as your own residence.

(1) Yes

(2) No

-RE37-

Other real estate

Which household members own this property?

ENTER LINE NUMBERS OF HOUSEHOLD MEMBERS WHO OWN PROPERTY.

ENTER (N) FOR NONE/NO MORE.

-RE38-

Other real estate

What is the total value of the equity in this real estate?

\$ _____

(H) Help

-RE39-

Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

(1) Yes

(2) No

-RE40-

How many cars, trucks, or vans are owned by members of this household?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

_____ Number of motor vehicles

-RE41-

Vehicle 1: Newest vehicle

Who owns (this vehicle/the newest motor vehicle)?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.

ENTER (N) FOR NO MORE.

-RE42-

Vehicle 1: Newest vehicle

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR): _____

Vehicle 1:Newest vehicle

What is the make of this vehicle?

ALL MINIVANS ARE CLASSIFIED AS A TRUCK (E.G.,ENTER CODE 13 DODGE TRUCK FOR DODGE CARAVAN).

ALL FOREIGN MODELS (TRUCKS AND PASSENGER CARS), MADE IN THE U.S. OR ABROAD, APPEAR IN THE SAME CATEGORY (E.G., TOYOTA CAMRY AND TOYOTA TACOMA APPEAR UNDER CODE 50 FOR TOYOTA).

- | | |
|----------------------|-----------------------|
| (01) ACURA | (28) LEXUS |
| (02) ALFA ROMEO | (29) LINCOLN |
| (03) AUDI | (30) MAZDA |
| (04) BMW | (31) MERCEDES-BENZ |
| (05) BUICK | (32) MERCURY |
| (06) CADILLAC | (33) MERCURY TRUCK |
| (07) CHEVROLET | (34) MITSUBISHI |
| (08) CHEVROLET TRUCK | (35) NISSAN |
| (09) CHRYSLER | (36) OLDSMOBILE |
| (10) CHRYSLER TRUCK | (37) OLDSMOBILE TRUCK |
| (11) DAIHATSU | (38) PEUGEOT |
| (12) DODGE | (39) PLYMOUTH |
| (13) DODGE TRUCK | (40) PLYMOUTH TRUCK |
| (14) EAGLE | (41) PONTIAC |
| (15) FORD | (42) PONTIAC TRUCK |
| (16) FORD TRUCK | (43) PORSCHE |
| (17) GEO | (44) RANGE ROVER |
| (18) GMC TRUCK | (45) SAAB |
| (19) HONDA | (46) SATURN |
| (20) HYUNDAI | (47) STERLING |
| (21) INFINITI | (48) SUBARU |
| (22) ISUZU | (49) SUZUKI |
| (23) JAGUAR | (50) TOYOTA |
| (24) JEEP | (51) VOLKSWAGON |
| (25) JEEP TRUCK | (52) VOLVO |
| (26) KIA | (99) OTHER MAKE |
| (27) LAND ROVER | |

-RE44-

Vehicle 1:Newest vehicle

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE45-

Vehicle 1: Newest Vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE46-

Vehicle 1: Newest Vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE47-

Vehicle 1: Newest Vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE48-

Vehicle 1: Newest Vehicle

How much is currently owed for this vehicle?

\$ _____

-RE49-

Vehicle 1: Newest Vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

(1) Yes

(2) No

-RE50-

Vehicle 2: Second newest vehicle

Who owns (the other vehicle/the second newest motor vehicle)?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.

ENTER (N) FOR NO MORE.

-RE51-

Vehicle 2: Second newest vehicle

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR): _____

Vehicle 2: Second newest vehicle

What is the make of this vehicle?

ALL MINIVANS ARE CLASSIFIED AS A TRUCK (E.G., ENTER CODE 13 DODGE TRUCK FOR DODGE CARAVAN.)

ALL FOREIGN MODELS (TRUCKS AND PASSENGER CARS), MADE IN THE U.S. OR ABROAD, APPEAR IN THE SAME CATEGORY (E.G., TOYOTA CAMRY AND TOYOTA TACOMA APPEAR UNDER CODE 50 FOR TOYOTA).

- | | |
|----------------------|-----------------------|
| (01) ACURA | (28) LEXUS |
| (02) ALFA ROMEO | (29) LINCOLN |
| (03) AUDI | (30) MAZDA |
| (04) BMW | (31) MERCEDES-BENZ |
| (05) BUICK | (32) MERCURY |
| (06) CADILLAC | (33) MERCURY TRUCK |
| (07) CHEVROLET | (34) MITSUBISHI |
| (08) CHEVROLET TRUCK | (35) NISSAN |
| (09) CHRYSLER | (36) OLDSMOBILE |
| (10) CHRYSLER TRUCK | (37) OLDSMOBILE TRUCK |
| (11) DAIHATSU | (38) PEUGEOT |
| (12) DODGE | (39) PLYMOUTH |
| (13) DODGE TRUCK | (40) PLYMOUTH TRUCK |
| (14) EAGLE | (41) PONTIAC |
| (15) FORD | (42) PONTIAC TRUCK |
| (16) FORD TRUCK | (43) PORSCHE |
| (17) GEO | (44) RANGE ROVER |
| (18) GMC TRUCK | (45) SAAB |
| (19) HONDA | (46) SATURN |
| (20) HYUNDAI | (47) STERLING |
| (21) INFINITI | (48) SUBARU |
| (22) ISUZU | (49) SUZUKI |
| (23) JAGUAR | (50) TOYOTA |
| (24) JEEP | (51) VOLKSWAGON |
| (25) JEEP TRUCK | (52) VOLVO |
| (26) KIA | (99) OTHER MAKE |
| (27) LAND ROVER | |

-RE53-

Vehicle 2: Second newest vehicle

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE54-

Vehicle 2: Second newest vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE55-

Vehicle 2: Second newest Vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE56-

Vehicle 2: Second newest vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE57-

Vehicle 2: Second newest vehicle

How much is currently owed for this vehicle?

\$ _____

-RE58-

Vehicle 2: Second newest vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

(1) Yes

(2) No

-RE59-

Vehicle 3: Third newest vehicle

Who owns the third newest motor vehicle?

ENTER LINE NUMBER OF PERSON(S) WHO OWNS MOTOR VEHICLE.

ENTER (N) FOR NO MORE.

-RE60-

Vehicle 3: Third newest vehicle

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR): _____

Vehicle 3: Third newest vehicle

What is the make of this vehicle?

ALL MINIVANS ARE CLASSIFIED AS A TRUCK (E.G., ENTER CODE 13 DODGE TRUCK FOR DODGE CARAVAN).

ALL FOREIGN MODELS (TRUCKS AND PASSENGER CARS), MADE IN THE U.S. OR ABROAD, APPEAR IN THE SAME CATEGORY (E.G., TOYOTA CAMRY AND TOYOTA TACOMA APPEAR UNDER CODE 50 FOR TOYOTA).

- | | |
|----------------------|-----------------------|
| (01) ACURA | (28) LEXUS |
| (02) ALFA ROMEO | (29) LINCOLN |
| (03) AUDI | (30) MAZDA |
| (04) BMW | (31) MERCEDES-BENZ |
| (05) BUICK | (32) MERCURY |
| (06) CADILLAC | (33) MERCURY TRUCK |
| (07) CHEVROLET | (34) MITSUBISHI |
| (08) CHEVROLET TRUCK | (35) NISSAN |
| (09) CHRYSLER | (36) OLDSMOBILE |
| (10) CHRYSLER TRUCK | (37) OLDSMOBILE TRUCK |
| (11) DAIHATSU | (38) PEUGEOT |
| (12) DODGE | (39) PLYMOUTH |
| (13) DODGE TRUCK | (40) PLYMOUTH TRUCK |
| (14) EAGLE | (41) PONTIAC |
| (15) FORD | (42) PONTIAC TRUCK |
| (16) FORD TRUCK | (43) PORSCHE |
| (17) GEO | (44) RANGE ROVER |
| (18) GMC TRUCK | (45) SAAB |
| (19) HONDA | (46) SATURN |
| (20) HYUNDAI | (47) STERLING |
| (21) INFINITI | (48) SUBARU |
| (22) ISUZU | (49) SUZUKI |
| (23) JAGUAR | (50) TOYOTA |
| (24) JEEP | (51) VOLKSWAGON |
| (25) JEEP TRUCK | (52) VOLVO |
| (26) KIA | (99) OTHER MAKE |
| (27) LAND ROVER | |

-RE62-

Vehicle 3: Third newest vehicle

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE63-

Vehicle 3: Second newest vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE64-

Vehicle 3: Third newest vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE65-

Vehicle 3: Third newest vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE66-

Vehicle 3: Third newest vehicle

How much is currently owed for this vehicle?

\$ _____

-RE67-

Vehicle 3: Third newest vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

(1) Yes

(2) No

-RE68-

Does anyone in this household own any other type of vehicle, not used for business, such as a motorcycle, boat, or recreational vehicle (RV)?

(1) Yes

(2) No

-RE69-

Does anyone own:

1=Yes 2=No

(1) A motorcycle? _____

(2) A boat? _____

(3) A recreational vehicle (RV)? _____

(4) Another type of vehicle? _____

-RE70-

Other vehicle 1

Which household members own (a motorcycle/a boat/a recreational vehicle (RV)/another type of vehicle)?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).

ENTER (N) FOR NO MORE.

-RE71-

Other vehicle 1

If this vehicle were sold, what would it sell for in its present condition?

\$ _____

-RE72-

Other vehicle 1

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE73-

Other vehicle 1

How much is currently owed for this vehicle?

\$ _____

-RE74-

Other vehicle 2

Which household members own (a boat/recreational vehicle (RV)/another type of vehicle)?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).

ENTER (N) FOR NO MORE.

-RE75-

Other vehicle 2

If this vehicle were sold, what would it sell for in its present condition?

\$ _____

-RE76-

Other vehicle 2

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE77-

Other vehicle 2

How much is currently owed for this vehicle?

\$ _____

Value of Business Topical Module

-ALINTRO-

These next questions concern assets and liabilities.

PRESS ENTER TO CONTINUE

-VB03-

As of (the last day of the reference period), what percent of (name of business) did you own?

(Value Between 1% and 100%)

_____ %

-VB04-

****DO NOT READ TO RESPONDENT****

Has information below about the total value and total debt for (name of business) already been obtained from another household member?

(1) Yes

(2) No

-VB05-

As of (the last day of the reference period), what was the total value of (name of business) before figuring in any debts that might be owed against it?

\$ _____

(N) None

(H) Help

-VB07-

Was the value:

- (1) Less than \$1
- (2) Between \$1 and \$1,000
- (3) Between \$1,001 to \$ 10,000
- (4) Between \$ 10,001 to \$100,000
- (5) More than \$100,000?

-VB08-

As of (the last day of the reference period), what was the total debt owed against (name of business)?

\$ _____

(N) None

(H) Help

-VB10-

Was the debt:

- (1) Less than \$1
- (2) Between \$1 to \$1,000
- (3) Between \$1,001 to \$10,000
- (4) Between \$ 10,001 to \$100,000
- (5) More than \$100,000?

Interest Earning Accounts Topical Module

-IAJ07-

I recorded earlier that you owned these assets jointly with your spouse:

[LIST OF ASSET(S) PROVIDED]

As of (the last day of the reference period), what was the total amount that you and your spouse had in jointly held accounts?

(N) None

\$ _____

-IAJ08-

Was it -

(1) Less than \$500

(2) \$500 to \$1,000

(3) \$1,001 to \$5,000

(4) More than \$5,000

-IAI03-

Earlier I recorded that you owned the following assets in your own name:

[LIST OF ASSET(S) PROVIDED]

As of (the last day of the reference period), what was the total amount that you had in these accounts?

(N) None

\$ _____

-IAI04-

Was it -

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000?

-IMJ05-

I recorded earlier that you and your spouse jointly owned:

[LIST OF ASSET(S) PROVIDED]

As of (the last day of the reference period), what was the total amount that you and your spouse had in these jointly held accounts?

(N) None

\$ _____

-IMJ06-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000?

-IMI02-

Earlier you told me that you owned in your own name:

[LIST OF ASSET(S) PROVIDED]

As of (the last day of the reference period), what was the total amount that you held in these accounts?

(N) None

\$ _____

-IMI03-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$5,000
- (3) \$5,001 TO \$10,000
- (4) More than \$10,000?

Rental Properties Topical Module

-RJ01-

I recorded earlier that you owned some property with your spouse.

Did you and your spouse own rental property as of (the last day of the reference period)?

- (1) Yes
- (2) No

-RJ02-

How many properties did you own jointly with your spouse as of (the last day of the reference period)?

(01 to 99)

-RJ03-

What type of properties were they?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RJ04-

Please specify the type of property.

-RJ05-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RJ06-

FR Instruction: Please ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RJ07-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of (the last day of the reference period)?

\$ _____

-RJ08-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RJ09-

Excluding properties attached to or located on your own residence, was there a mortgage, deed of trust, or other debt on the properties as of (the last day of the reference period)?

- (1) Yes
- (2) No

-RJ10-

As of (the last day of the reference period), how much principal was owed on the properties?

(N) None

\$ _____

-RJ11-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$50,000
- (3) \$50,001 to \$100,000
- (4) More than \$100,000

-RI01-

I recorded earlier that you own rental property in your own name.

Did you own any rental property in your own name as of (the last day of the reference period)?

- (1) Yes
- (2) No

-RI02-

How many properties did you own in your OWN name as of (the last day of the reference period)?

-RI03-

What type of properties were they?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RI04-

Please specify the type of property.

-RI05-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RI06-

FR Instruction: Ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RI07-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of (the last day of the reference period)?

\$ _____

-RI08-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RI09-

Excluding properties attached to or located on your own property, was there a mortgage, deed of trust, or other debt on the rental property as of (the last day of the reference period)?

- (1) Yes
- (2) No

-RI10-

As of (the last day of the reference period), how much principal was owed on the rental properties?

(N) None

\$ _____

-RI11-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$50,000
- (3) \$50,001 to \$100,000
- (4) More than \$100,000

-RNT01-

I recorded earlier that you owned rental property jointly with other people besides your spouse.

Did you own any rental property jointly with others besides your spouse as of (the last day of the reference period)?

- (1) Yes
- (2) No

-RNT02-

How many properties did you own jointly with others as of (the last day of the reference period)?

-RNT03-

What type of properties were they?

(Mark all that apply)
(Mark "N" for "No More")

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RNT04-

Please specify the type of property.

-RNT05-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RNT06-

FR Instruction: Ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

(1) Yes

(2) No

-RNT07-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of (the last day of the reference period)?

\$ _____

-RNT08-

Excluding properties attached to or located on your own residence, was there a mortgage, deed of trust, or other debt on the properties as of (the last day of the reference period)?

(1) Yes

(2) No

-RNT09-

As of (the last day of the reference period), how much principal was owed on the properties?

(N) None

\$ _____

-RNT10-

Excluding properties attached to or located on your own residence, what was the total value of your share of equity in the rental properties owned jointly with others as of (the last day of the reference period)?

("Equity" is the total market value of the property, less any debts held against it.)

(N) None

\$ _____

-RNT11-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RNT12-

If I were to call back later would you be able to provide me with an estimate of your share of the equity in the properties? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

Stock and Mutual Fund Shares Topical Module

-SMJ02-

I recorded earlier that you owned mutual funds.

Did you own any of these funds jointly with your spouse as of (the last day of the reference period)?

- (1) Yes
- (2) No

-SMJ03-

I recorded earlier that you owned stocks.

Did you own any of these stocks jointly with your spouse as of (the last day of the reference period)?

- (1) Yes
- (2) No

-SMJ04-

As of (the last day of the reference period), what was the market value of the Mutual Funds Stocks held jointly by you and your spouse?

(Exclude stock in own corporation if the value of that corporation was already obtained.)

(N) None

\$ _____

-SMJ05-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000?

-SMJ06-

Was any debt or margin account held against these jointly held mutual funds or stocks as of (the last day of the reference period)?

(1) Yes

(2) No

-SMJ07-

As of (the last day of the reference period), what was the amount of the debt or margin account?

(N) None

\$ _____

-SMI02-

I recorded earlier that you owned mutual funds and stocks.

Besides the stocks or mutual funds held jointly with your spouse, did you hold any other stocks or mutual fund shares in your own name as of (the last day of the reference period)?

(1) Yes

(2) No

-SMI03-

As of (the last day of the reference period), what was the market value of the stocks and mutual fund shares owned in your own name?

(Exclude stock in own corporation if value of that corporation was already obtained.)

(N) None

\$ _____

-SMI04-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000

-SMI05-

Did you have a debt or margin account held against these stocks or mutual funds as of (the last day of the reference period)?

- (1) Yes
- (2) No

-SMI06-

As of (the last day of the reference period), what was the amount of the debt or margin account?

(N) None

\$ _____

Mortgages Topical Module

-MO2A-

I recorded earlier that you jointly held a mortgage with your spouse.

As of (the last day of the reference period), how much principal was owed to you and your spouse on this mortgage?

(Include principal for all mortgages jointly held.)

(N) None

\$ _____

-MO2B-

Was it -

- (1) Less than \$10,000
- (2) \$10,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) Over \$50,000

-M04-

I recorded earlier that you held a mortgage in your own name.

As of (the last day of the reference period), how much principal was owed to you on this mortgage?

(Include principal for all mortgages held.)

(N) None

\$ _____

-MO5-

Was it -

- (1) Less than \$10,000
- (2) \$10,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) Over \$50,000

Other Financial Investments Topical Module

-OA02-

Earlier you reported owning other financial investments:

As of (the last day of the reference period), what was your equity in these investments?

(Equity is the total market value of the property, less any debts held against it. If the investment is jointly owned, count only your share of equity.)

(N) None

\$ _____

-OA03-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000?

Child Well-Being Topical Module

-STATUS-

Are you available to answer some questions about the children in the household?

(1) Yes

No, F1 TO BACK UP. THEN F9 TO SKIP PERSON OR F10 TO EXIT CASE.

-LEAD_IN-

Now we are going to ask you a few questions about your child(ren).

PRESS "ENTER" TO CONTINUE

-CW1-

****NOTE: ENTER INCHES IN INCHES ONLY FIELD. PRESS ENTER TO GO TO INCHES FIELD.****

About how tall is (child's name) without shoes?

_____ Feet _____ Inches

or

_____ Inches

-CW2-

About how much does (child's name) weigh without shoes?

_____ Pounds

-CW3a-

****NOTE: AN "IMMEDIATE FAMILY MEMBER" CAN BE ANY RELATIVE THE RESPONDENT CONSIDERS TO BE PART OF THEIR IMMEDIATE FAMILY.****

Other than members of (child's name)'s immediate family, has (child's name) EVER been cared for regularly in any Head Start, day care, or pre-school programs or by any family day care providers or babysitters?

- (1) Yes
- (2) No

-CW3b-

How old was (child's name) when he/she was FIRST cared for by someone other than you or an immediate family member on a regular basis?

- (1) 0-3 Months
- (2) 4-6 Months
- (3) 7-11 Months
- (4) 12-17 Months
- (5) 18-23 Months
- (6) 2 years and above

-CW3c-

Thinking back to that time, for how many hours each WEEK was (child's name) usually cared for by someone else?

Number of hours: _____

-CW4a-

Has (child's name) ever lived apart from you, for any reason, for a MONTH OR MORE?

- (1) Yes
- (2) No

-CW4b-

****NOTE: CATEGORY (3) TO BE USED ONLY IF CHILD LIVED APART FROM RESPONDENT MORE THAN ONE TIME.****

Thinking about these instances, did you send this child to live with someone else because you were not able to keep (child's name) with you?

- (1) Yes
- (2) No
- (3) Sometimes yes, sometimes no

-CW4c-

Did this happen at any time during the PAST 12 MONTHS?

- (1) Yes
- (2) No

-CW5-

About how many times in the PAST MONTH did you or any family member take (child's name) on any kind of outing - out to the park, to church, to a playground, to visit with friends or relatives, etc.?

_____ Number of times

(N) None

-CW6a-

****NOTE: THE TOTAL SHOULD INCLUDE THE COMBINED NUMBER OF TIMES THAT THE MOTHER, FATHER, AND ALL OTHER FAMILY MEMBERS READ TO THE CHILD. IF TWO OR MORE PEOPLE READ TO THE CHILD TOGETHER, COUNT IT ONLY ONCE. ****

About how many times in the PAST WEEK, in total, did any family member read stories to (child's name)?

Number of times: _____

(N) None

-CW6b-

****NOTE: INCLUDE ALL THE TIMES THE DESIGNATED PARENT READ TO THE CHILD AND THE TIMES THE DESIGNATED PARENT WAS PRESENT WHEN SOMEONE ELSE READ TO THE CHILD. ****

About how many times in the PAST WEEK did you read to (child's name)?

Number of times: _____

(N) None

-CW6c-

****NOTE: INCLUDE ALL THE TIMES THE FATHER READ TO THE CHILD AND THE TIMES HE WAS PRESENT WHEN SOMEONE ELSE READ TO THE CHILD.****

And, about how many times in the PAST WEEK did (spouse of respondent's name) read to (child's name)?

Number of times: _____

(N) None

-CW7a-

Are there family rules for (child's name) about what television programs he/she can watch?

(1) Yes

(2) No

-CW7b-

Are there family rules about how early or late (child's name) may watch television?

(1) Yes

(2) No

-CW7c-

Are there family rules about how many hours (child's name) may watch television?

- (1) Yes
- (2) No

-CW8a-

In a TYPICAL WEEK LAST MONTH, how many DAYS did you eat BREAKFAST with (child's name)?

Days: _____

(N) None

-CW8b-

In a TYPICAL WEEK LAST MONTH, how many DAYS did you eat DINNER with (child's name)?

DAYS: _____

(N) None

-CW8c-

In a TYPICAL WEEK LAST MONTH, how many DAYS did (spouse of respondent's name) eat BREAKFAST with (child's name)?

DAYS: _____

(N) None

-CW8d-

In a TYPICAL WEEK LAST MONTH, how many DAYS did (spouse of respondent's name) eat DINNER with (child's name)?

DAYS: _____

(N) None

-CW9a-

How often do you and (child's name) talk or play with each other for 5 minutes or more, just for fun?

(READ CATEGORIES)

- (1) Never
- (2) About once a week (or less)
- (3) A few times a week
- (4) One or two times a day
- (5) Many times each day

-CW9b-

How often do (spouse of respondent's name) and (child's name) talk or play with each other for 5 minutes or more, just for fun?

(READ CATEGORIES)

- (1) Never
- (2) About once a week (or less)
- (3) A few times a week
- (4) One or two times a day
- (5) Many times each day

-CW10a-

How often do you praise or compliment (child's name) by saying something like, "Good for you!" or "What a nice thing you did!" or "Way to go!"?

(READ CATEGORIES)

- (1) Never
- (2) About once a week (or less)
- (3) A few times a week
- (4) One or two times a day
- (5) Many times each day

-CW10b-

How often does (spouse of respondent's name) praise or compliment (child's name) by saying something like, "Good for you!" or "What a nice thing you did!" or "Way to go!"?

(READ CATEGORIES)

- (1) Never
- (2) About once a week (or less)
- (3) A few times a week
- (4) One or two times a day
- (5) Many times each day

-CW11a-

How far would you LIKE (child's name) to go in school?

- (1) Leave school before graduation
- (2) Graduate from high school
- (3) Get some college or other training
- (4) Graduate from college
- (5) Take further education or training after college

-CW11b-

How far would (spouse of respondent's name) LIKE (child's name) to go in school?

- (1) Leave school before graduation
- (2) Graduate from high school
- (3) Get some college or other training
- (4) Graduate from college
- (5) Take further education or training after college

-CW12-

How far do you THINK (child's name) will go in school?

- (1) Leave school before graduation
- (2) Graduate from high school
- (3) Get some college or other training
- (4) Graduate from college
- (5) Take further education or training after college

-CW13a-

Has (child's name) EVER attended or been enrolled in kindergarten?

- (1) Yes
- (2) No

-CW13b-

How old was (child's name) in years and months when he/she first started kindergarten?

_____ Years

_____ Months

-CW13c-

Has (child's name) EVER attended or been enrolled in first grade?

- (1) Yes
- (2) No

-CW13d-

How old was (child's name) in years and months when he/she first started first grade?

_____ Years

OR

_____ Months

-CW13e-

Has (child's name) EVER attended or been enrolled in kindergarten or elementary school IN ANY GRADE?

- (1) Yes
- (2) No

-CW14-

What is the highest grade or year (child's name) has completed?

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade
- (C) College, one year or more
- (N) No grade completed

-CW15a-

Is (child's name) currently attending or enrolled in school?

- (1) Yes
- (2) No

CW15b-

What grade or year in school is (child's name) now attending?

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade
- (C) College, one year or more

-CW15c-

Is (child's name) enrolled in public school OR private school?

- (1) Public
- (2) Private

-CW15d-

Is (child's name)'s school the regularly assigned neighborhood/community school, or a school you chose?

- (1) Assigned
- (2) Chosen
- (3) Both -- assigned school is school of choice

-CW15e-

Is (child's name)'s school affiliated with a religion?

- (1) Yes
- (2) No

-CW15f-

Does (child's name) go to a special class for gifted students, or do advanced work in any subjects?

- (1) Yes
- (2) No

-CW16-

Is (child's name) on a sports team either in or out of school?

- (1) Yes
- (2) No

-CW17-

Does (child's name) take lessons after school or on weekends in subjects like music, dance, language, computers, or religion?

- (1) Yes
- (2) No

-CW18-

Does (child's name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or a Girls or Boys club?

- (1) Yes
- (2) No

-CW19a-

****NOTE: QUESTION CW19 ALLOWS RESPONDENT TO ANSWER FROM HER/HIS OWN PERSPECTIVE. QUESTIONS REFER TO THE RESPONDENT IF THE RESPONDENT IS THE DESIGNATED PARENT/GUARDIAN OR TO THE SPOUSE OF THE DESIGNATED PARENT OR GUARDIAN IF THE SPOUSE IS THE PROXY RESPONDENT.****

Now I'm going to read you some statements. Please tell me if you think each statement is not true, sometimes true or often true.

In general, (child's name) likes to go to school.

Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

-CW19b-

(Child's name) is interested in school work.

Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

-CW19c-

(Child's name) works hard at school.

Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

-CW20a-

Other than graduating from one school to another, has (child's name) EVER changed schools since entering the first grade?

- (1) Yes
- (2) No

-CW20b-

How many times did (child's name) change schools for reasons other than graduation?

Number of times: _____

-CW21a-

Has (child's name) repeated any grades, or been held back for any reason?

- (1) Yes
- (2) No

-CW21b-

Which grade or grades did (child's name) repeat?
(MARK ALL THAT APPLY)

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade
- (N) No more

-CW22a-

Has (child's name) ever been suspended, excluded, or expelled from school?

- (1) Yes
- (2) No

-CW22b-

How many times has this happened?

Number of times: _____

-CW22c-

What grade was (child's name) in when this happened?

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade

-CW23a-

Now I'm going to read you a few statements about feelings parents may have regarding their children. Please tell me how often you feel this way.

My child is much harder to care for than most children. How often do you feel this way? (READ CATEGORIES)

- (1) Never
- (2) Sometimes
- (3) Often
- (4) Very often
- (H) Help

-CW23b-

My child does things that really bother me a lot. How often do you feel this way?
(READ CATEGORIES)

- (1) Never
- (2) Sometimes
- (3) Often
- (4) Very often

-CW23c-

I find myself giving up more of my life to meet my child's needs than I ever expected. How often do you feel this way?
(READ CATEGORIES)

- (1) Never
- (2) Sometimes
- (3) Often
- (4) Very often

-CW23d-

I feel angry with my child. How often do you feel this way?

- (1) Never
- (2) Sometimes
- (3) Often
- (4) Very often

-LEAD_IN2-

****NOTE: FILL WITH "COMMUNITY" IF RESPONDENT LIVES IN A RURAL AREA****

Now I am going to read you some statements about your (neighborhood/community.) Please tell me whether you agree or disagree with each statement.

PRESS "ENTER" TO CONTINUE

-CW24a-

"People in this (neighborhood/community) help each other out". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion
- (H) Help

-CW24b-

"We watch out for each other's children in this (neighborhood/community)". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

-CW24c-

"There are people I can count on in this (neighborhood/community)". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

-CW24d-

"There are people in this (neighborhood/community) who might be a bad influence on my child". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

-CW24e-

"If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help him/her". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

-CW24f-

"I keep my child inside as much as possible because of the dangers in the neighborhood/community)". Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

"There are safe places in this (neighborhood/community) for children to play outside." Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion