The Fragile Families and Child Wellbeing Study
(SURVEY OF NEW PARENTS)

Mothers’ One-Year Follow-Up Survey

Public Use Version

April 2013

Surveys were conducted by MPR under contract with the Center for Research on Child Wellbeing at Princeton University and the Columbia University Population Center.
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RESPONSE CATEGORIES
There were three types of response sets used in the Fragile Families Survey.

1) The choices were read to the respondent (for this type of question possible response categories are in lower case).
2) Choices were presented to the respondent on a card (indicated by interviewer instructions).
3) Answers were coded by the interviewer into categories to best correspond to the answer of the respondent (possible response categories are in CAPS).

Questions in BOLD in the survey were interviewer check questions that summarized information previously gathered to facilitate skip pattern; they were not asked of the respondents.

Respondents who replied ‘don’t know’, refused or were missing a response to a question that involved a skip pattern, were skipped from the subsequent question(s).

OPEN-ENDED RESPONSES
Free response questions (open-ended questions) were coded by CRCW staff. Codes were assigned by two CRCW staff members working independently and these codes were reconciled by a third staff member.

When appropriate, open-ended responses were recoded into the main response categories of the questions. Open-ended responses that did not fit into the existing response categories are recoded into new categories in the 100’s range. Cases that indicate an “other” but do not provide an actual answer are coded simply as “Other, specify”.

ANNOTATION OF QUESTIONNAIRE
This version of the questionnaire has been annotated to reflect changes to the instrument during fielding. We denoted new questions and changes to the skip pattern as (18 cities only), and those in which reflect a previous version of the questionnaire as (2 cities only).

Questions that were added during the fielding are coded as “not asked” (-5) for cases that were interviewed prior to the question being added to the instrument.

Several questions, asked only in the first two cities, remain on the file because the measure a similar concept to new/changed questions asked in the other cities. The questions from the old questionnaire were named using an X in their prefix (i.e. MX2 and FX2) to indicate they have valid values for the first two cities only.
SECTION A: FAMILY CHARACTERISTICS

First, I'd like to ask you some questions about (CHILD).

IF RESPONDENT HAD TWINS, ASK ABOUT THE OLDER ONE.

A1. NOT FOR PUBLIC RELEASE.

A1A. NOT FOR PUBLIC RELEASE.

A1A1. NOT FOR PUBLIC RELEASE.

A1B. CHECK CONTACT SHEET.

WAS THE FATHER NAMED?

YES ................................................................. 1 ➔ GO TO A2A
NO ................................................................. 2

A2A. NOT FOR PUBLIC RELEASE.

A2B. NOT FOR PUBLIC RELEASE.

**RECORD HERE AND ON HELP SHEET**

All or most of the time, .............................................. 1 ➔ GO TO A6
About half of the time, ............................................. 2 ➔ GO TO A6
Some of the time, or ................................................. 3
None of the time? ..................................................... 4
VOLUNTEERED-CHILD DECEASED ................. 5
VOLUNTEERED-CHILD ADOPTED .............. 6
ONLY ON WEEKENDS ............................................ 7
REFUSED ............................................................... -1 ➔ GO TO A6

A4. How many months ago did (he/she) stop living with you (most of the time)?

**PROBE:** How many months ago?

|___|___| MONTHS AGO

NOT APPLICABLE: NEVER LIVED WITH
(CHILD) MOST OR ALL OF THE TIME ...... -10

**CODE WITHOUT ASKING IF KNOWN.**

A4A. Who does (CHILD) (usually) live with?

BIOLOGICAL FATHER ............................... 1
MATERNAL GRANDPARENT(S) .............. 2
PATERNAL GRANDPARENT(S) .............. 3
OTHER RELATIVE(S) ......................... 4
FRIEND .................................................. 5
FOSTER CARE .......................................... 6
ADOPTIVE PARENT ............................... 7 ➔ THANK MOTHER
AND END INTERVIEW
UPDATE ADDRESS
RECODE A3

CHILD DECEASED ................................. 8 ➔ RECODE A3
OTHER (NOT SPECIFIED) ...................... 9

A4B. About how long has (CHILD) been living there?

**PROBE:** How many months?
A4C. Do you expect (CHILD) to live with you (again) during the coming year?

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

A4D. About how many days did you see (CHILD) in the past 30 days?

___|___| NUMBER OF DAYS

A5. NO A5

A6. Next, I have a few questions about your relationship with (CHILD’S) father, (FATHER).

RECORD ALL ANSWERS TO A6-A7A ON QUESTIONNAIRE AND HELP SHEET.
What was your relationship with (FATHER) when (CHILD) was born?
Were you . . .

Married, .............................................................................. 1 \textbf{GO TO A6C}
Romantically involved,......................................................... 2 \textbf{GO TO A6C}
Separated/Divorced,.............................................................. 3 \textbf{GO TO A7}
Just friends, or ................................................................. 4 \textbf{GO TO A7}
Not in any kind of a relationship? ......................... 5 \textbf{GO TO A7}
FATHER NOT KNOWN AT TIME
OF BIRTH.................................................................................. -13 \textbf{GO TO A7}
REFUSED ...................................................................................... -1 \textbf{GO TO A7}
VOLUNTEERED--DIFFERENT
FATHER.................................................................................. -14 \textbf{GO TO A6A}
A6B. What was your relationship with (FATHER) when (CHILD) was born? Were you . . .

- Married, ................................................... 1
- Romantically involved, ................................. 2
- Separated/Divorced, ..................................... 3 \(\rightarrow\) GO TO A7
- Just friends, or ........................................... 4 \(\rightarrow\) GO TO A7
- Not in any kind of a relationship? ............... 5 \(\rightarrow\) GO TO A7
- FATHER NOT KNOWN AT TIME OF BIRTH................................. -13 \(\rightarrow\) GO TO A7
- REFUSED .............................................. -1 \(\rightarrow\) GO TO A7

A6C. When (CHILD) was born, were you and (FATHER) living together . . .

- All or most of the time, ................................. 1
- Some of the time, ....................................... 2
- Rarely, or ............................................... 3
- Never? .................................................... 4
- Rarely/never ........................................... 203 (2 CITIES ONLY)
- REFUSED ............................................... -1

A7. What is your relationship with (FATHER) now? Are you . . .

- Married, ................................................... 1
- Romantically involved, ................................. 2
- Separated/Divorced, ..................................... 3 \(\rightarrow\) GO TO A8A
- Just friends, or ........................................... 4 \(\rightarrow\) GO TO A8A
- Not in any kind of a relationship? ............... 5 \(\rightarrow\) GO TO A8A
- FATHER NOT KNOWN .................................. -13 \(\rightarrow\) GO TO SECTION B
- VOLUNTEERED, FATHER DIED .................. -14 \(\rightarrow\) GO TO A7B
- REFUSED ............................................... -1
CODE WITHOUT ASKING IF KNOWN:

A7A. Are you and (FATHER) currently living together . . .

- All or most of the time, .......................... 1
- Some of the time, ................................. 2
- Rarely, or ......................................... 3
- Never?  ............................................ 4
- Rarely/never ...................................... 203 (2 CITIES ONLY)

(CONSTRUCTED FOR 2 CITIES)

A7A1. ARE MOTHER AND FATHER MARRIED AND LIVING TOGETHER ALL OR MOST OF THE TIME?
(A7=1 AND A7A=1)

- YES ............................................... 1  ➔ GO TO A8A
- NO .................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

A7A2. How many nights a week do you and (FATHER) usually spend the night together?

- [__] NIGHTS
- NONE ............................................. 0
- REFUSED ....................................... -1  ➔ GO TO A8A

OFFER CONDOLENCES:

A7B. When did (FATHER) die?

- [_____]_____ YEAR
(A7B2)
CODE WITHOUT ASKING IF KNOWN:

A7C. What was the cause of his death?

- WON'T DISCUSS ........................................... 1
- ILLNESS (NOT SPECIFIED) ......................... 2

- ACCIDENT (NOT SPECIFIED) ................. 3

- OTHER (NOT SPECIFIED) ....................... 4
- MURDER .............................................. 101
- DRUGS .............................................. 102

---------------------------------------------

A8A. WERE MOTHER AND FATHER EVER MARRIED TO EACH OTHER?
(A6=1 OR 3, OR A7=1 OR 3)

- YES ..................................................... 1
- NO ..................................................... 2  ➔ GO TO A8B

A8A1. When did you and (FATHER) get married?

<table>
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</thead>
</table>
MONTH  YEAR  
(A8A1)   (A8B1)

- NOT APPLICABLE--
- NEVER MARRIED ..................................... 0 (18 CITIES ONLY)

A8B. WERE MOTHER AND FATHER LIVING TOGETHER AT BIRTH OR FOLLOW-UP?
(A6C=1 OR 2, OR A7A=1 OR 2)

- YES ..................................................... 1
- NO ..................................................... 2  ➔ GO TO A8C

A8B1. When did you and (FATHER) start living together?

<table>
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</thead>
</table>
MONTH  YEAR  
(A8B1A)  (A8B1B)
A8C. ARE MOTHER AND FATHER DIVORCED OR SEPARATED FROM EACH OTHER? (A6 OR A7=3)

YES .......................................................... 1
NO ............................................................ 2 ➔ GO TO A8D

A8D. ARE MOTHER AND FATHER CURRENTLY ROMANTICALLY INVOLVED (NOT MARRIED)?

(A7=2)

YES .......................................................... 1
NO ............................................................ 2 ➔ GO TO A8E

A8E. WERE MOTHER AND FATHER ROMANTICALLY INVOLVED (NOT MARRIED) AT BIRTH, BUT NOT IN A RELATIONSHIP NOW?

(A6=2 AND A7=3, 4, OR 5)

IF FATHER DIED (A7=-14) CODE “-14” WITHOUT ASKING.

YES .......................................................... 1
NO ............................................................ 2 ➔ GO TO A10
FATHER DIED................................................ -14 ➔ GO TO A12
A8E1. When did your romantic relationship with (FATHER) end?

|___|___| / |___|___|___|___|
MONTH              YEAR
(A8E1A)             (A8E1B)

A9. Please tell me why your (marriage/romantic relationship) ended. RECORD VERBATIM THEN CIRCLE ALL THAT APPLY.

VERBATIM:__________________________________________________________________________

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

FINANCIAL REASONS (DON'T HAVE WORK/MONEY)........................................... 1
DISTANCE (DON'T LIVE IN SAME TOWN)......................................................... 2
MOTHER'S INCARCERATION .................. 3
FATHER'S INCARCERATION ................. 4
RELATIONSHIP REASONS (DON'T GET ALONG, TOO YOUNG, NOT IN LOVE, NOT MATURE ENOUGH, TOO DIFFERENT) .............................. 5
DRUG OR ALCOHOL PROBLEM............. 6
VIOLENT/ABUSIVE .......................... 7
OTHER (NOT SPECIFIED).................... 8

______________________________________
BECAUSE OF CHILD.............................. 101
FATHER HAS PROBLEMS...................... 102
AGE DIFFERENCE.............................. 103
FAMILY/FRIENDS.............................. 104
RELIGION ..................................... 105
ILLNESS ....................................... 106
(CONSTRUCTED FOR TWO CITIES)

A10. **DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME, OR DO THEY SPEND 7 NIGHTS PER WEEK TOGETHER?**

(A7A=1 OR A7A2=7)

YES ........................................................................... 1 ➔ **GO TO A12**

NO ........................................................................... 2

A11. **How often do you and (FATHER) see or talk to each other? Is it . . .**

Every day, or nearly every day, .................. 1

A few times a week,................................. 2

A few times a month,............................... 3

Only a few times in the past year, or ......... 4

Hardly ever? ............................................. 5

NEVER .................................................. 0

A12. **Including (CHILD) how many biological children do you have with (FATHER)?**

**PROBE:** Include children who do not live with you as well as children who do live with you.

CHILDREN .............................................. |__|__|

ONLY CHILD .......................................... 1
SECTION B: CHILD WELL-BEING AND MOTHERING

B1. DOES CHILD LIVE WITH MOTHER AT LEAST SOME OF THE TIME?  
(A3=1, 2 OR 3)

YES, LIVES WITH MOTHER AT LEAST SOME OF THE TIME .................................. 1

NO, LIVES MOSTLY WITH SOMEONE ELSE ...................................................... 2 ➔ GO TO B37

QUESTIONS FOR MOTHERS WHO LIVE WITH THEIR CHILDREN:

B2. Now, I'd like to ask you some questions about (CHILD’S) health and development and how (he/she) is doing. In general, would you say (CHILD’S) health is . . .

Excellent, ................................................................. 1

Very good, .............................................................. 2

Good, ........................................................................... 3

Fair, or ................................................................. 4

Poor? ................................................................. 5

B3. Does (CHILD) have any physical disabilities?

YES ................................................................. 1

NO ................................................................. 2 ➔ GO TO B5
B4. What type of physical disability does (he/she) have?

PROBE: Any other disabilities?

CIRCLE ALL THAT APPLY

CEREBRAL PALSY................................. 1
TOTAL BLINDNESS ............................ 2
PARTIAL BLINDNESS .......................... 3
TOTAL DEAFNESS .............................. 4
PARTIAL DEAFNESS ............................ 5
DOWN’S SYNDROME ............................ 6
PROBLEM WITH LIMBS (NOT SPECIFIED) ... 7

OTHER (NOT SPECIFIED) ....................... 8
RESPIRATORY PROBLEMS .................... 101
HEART DISEASE ............................... 102
BRAIN DAMAGE ............................... 103
DEVELOPMENTAL PROBLEMS ............... 104
MUSCLE PROBLEMS .......................... 105
NEUROLOGICAL DISEASE .................... 106
CHRONIC DISEASE ............................ 107
SPINAL PROBLEMS ........................... 108

B5. When was (CHILD) last weighed at a doctor’s office, clinic, or hospital?

<p>| | |</p>
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</tbody>
</table>

MONTH (B5A)  YEAR (B5B)

DON’T KNOW ..................................... -2
B5C. About how much did (he/she) weigh on that day?

**RECORD WEIGHT AS POUNDS.**

|   |   | POUNDS
|   |   | OUNCES (18 CITIES ONLY)

DON’T KNOW ........................................... -2

B6. Since (CHILD) was born, approximately how many times has (he/she) been seen by a doctor, nurse, or other health care professional for a regular checkup or “well-baby visit”? Would you say . . .

**PROBE:** This is a visit to the doctor when (he/she) is not sick, but to get checked out or to get vaccinations.

Never, ...........................................0

1 - 3 times, or ...........................................1

4 or more times? ...........................................2

*(18 CITIES ONLY – 2 CITIES NOT ASKED)*

B7. Since (CHILD) was born, how many times has (he/she) been seen by a doctor, nurse, or other health care professional because of an illness?

|   |   | TIMES

NEVER ...........................................0

*(18 CITIES ONLY – 2 CITIES NOT ASKED)*

B7A. Since (CHILD) was born, how many times has (CHILD) been seen by a doctor, nurse, or other health care professional because of an injury?

|   |   | TIMES

NEVER ...........................................0
(2 CITIES ONLY)
MX2B7. Since (CHILD) was born, how many times has (he/she) been seen by a doctor, nurse, or other health care professional because of an illness or injury?

|___|___| TIMES

NEVER ........................................................................... 0

B8. Since (CHILD) was born, how many times has (he/she) been taken to the emergency room?

|___|___| TIMES

NONE ........................................................................... 0 ➔ GO TO B9

B8A. (Was this visit/How many of these (NUMBER IN B8) visits were) to the emergency room because of an accident or injury?

|___|___| TIMES FOR ACCIDENT/INJURY

NONE ........................................................................... 0

B9. Since (CHILD) was released from the hospital after (he/she) was born, has (he/she) stayed overnight in a hospital?

EHS EHS-P

PROBE: Please do not include time spent in the hospital at birth.

YES .......................................................... 1
NO .......................................................... 2 ➔ GO TO B11

B10. Since (he/she) was born, how many times has (CHILD) stayed overnight in a hospital?

EHS EHS-P

PROBE: Please do not include time spent in the hospital at birth.

|___|___| TIMES

B10A. (Was this/Were any of these) hospitalization(s) because of an accident or injury?

EHS-P

YES .......................................................... 1
NO .......................................................... 2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B10B. How long did (CHILD) stay in the hospital [during (his/her) longest stay]?

|___|___| DAYS

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B11. Has a doctor or other health professional ever told you that (CHILD) has asthma?

YES .............................................................................. 1
NO ............................................................................... 2 ➤ GO TO B12
DON’T KNOW ......................................................... -2 ➤ GO TO B12
REFUSED ................................................................. -1 ➤ GO TO B12

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B11A. Since (CHILD) was born, has (CHILD) had an episode of asthma or an asthma attack?

YES .............................................................................. 1
NO ............................................................................... 2
DON’T KNOW ......................................................... -2
REFUSED ................................................................. -1

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B11B. Since (CHILD) was born, did (CHILD) have to visit an emergency room or urgent care center because of asthma?

YES .............................................................................. 1
NO ............................................................................... 2
DON’T KNOW ......................................................... -2
REFUSED ................................................................. -1

B12. Next, I’d like to ask you a few questions about (CHILD’S) growth and development. Did you ever breastfeed (CHILD)?

YES .............................................................................. 1
NO ............................................................................... 2 ➤ GO TO B14
B13. How old was (CHILD) when you stopped breastfeeding (him/her)?

WEEKS OLD ........................................ |___|___| (B13A)
MONTHS OLD ...................................... |___|___| (B13B)
STILL BREASTFEEDING ......................... -12

B14. Does (CHILD) walk or crawl yet?

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

B15. Since (CHILD) was born, how many times have you and (CHILD) been separated for a week or more?

TIMES ............................................... |___|___|
NEVER .............................................. 0 ➔ GO TO B17

B15A. Where did (CHILD) stay during (that/those) separation(s)?

PROBE: Any other places?

CIRCLE ALL THAT APPLY

WITH CHILD’S OTHER BIOLOGICAL PARENT ............................................. 1
WITH MATERNAL GRANDPARENT .......... 2
WITH PATERNAL GRANDPARENT .......... 3
WITH OTHER RELATIVE/FRIEND .......... 4
WITH FOSTER PARENT ....................... 5
IN INSTITUTION/GROUP HOME ............ 6
IN HOSPITAL ....................................... 7
OTHER (NOT SPECIFIED) ..................... 8

____________________________________

PROTECTIVE SERVICES ..................... 101
UNSPECIFIED GRANDPARENT ............. 102
BABYSITTER ................................. 103
B16. Thinking about (the last/that) separation, why were you and (CHILD) separated?

**CIRCLE ONE**

- CHILD OR PARENT’S ILLNESS: 1
- COURT OR AGENCY REMOVED CHILD FROM HOME: 2
- MOTHER’S WORK SCHEDULE: 3
- MOTHER JAILED: 4
- MOTHER ON VACATION: 5
- VISITED FATHER/FATHER-Figure: 6
- VISITED RELATIVES: 7
- OTHER (NOT SPECIFIED): 8

OUT OF TOWN: 101

B17. Now I am going to read some statements about childhood behavior. Using a scale from 1 to 5, where 1 means “not at all like your child,” 5 means “very much like your child,” and 2, 3, and 4 mean somewhere in between, tell me how well each statement describes (CHILD).

First, (READ ITEM). Which number would you use for this statement?

**REPEAT INSTRUCTIONS AS NECESSARY TO MAKE SURE RESPONDENT UNDERSTANDS THE SCALE.**

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL LIKE MY CHILD</th>
<th>VERYY MUCH LIKE MY CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17A.</td>
<td>(He/She) tends to be shy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B17B.</td>
<td>(He/She) often fusses and cries</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B17C.</td>
<td>(He/She) is very sociable</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B17D.</td>
<td>(He/She) gets upset easily</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B17E.</td>
<td>(He/She) reacts strongly when upset</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B17F.</td>
<td>(He/She) is very friendly with strangers</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
B18. Now I would like to ask you some questions about things you do with (CHILD).

For each activity, please tell me how many days a week you do this in a typical week.

How many days a week do you usually (READ ITEM)?

(B18D-B18H – 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>Activity</th>
<th>DAYS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>B18A. Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18B. Sing songs or nursery rhymes to (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18C. Read stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18D. Tell stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18E. Play inside with toys such as blocks or legos with (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18F. Take (CHILD) to visit relatives</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18G. Hug or show physical affection to (CHILD)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B18H. Put (CHILD) to bed</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

B19. Sometimes children behave pretty well and sometimes they don't. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES ................................................................. 1

NO ................................................................. 2 ➔ GO TO B20

B19A. Did you do this . . .

Every day or nearly every day, .................. 1
A few times a week,................................. 2
A few times this past month, or ............... 3
Only once or twice? .............................. 4
Now I’m going to read some statements about raising (CHILD). Please tell me if you agree or disagree with each statement.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B20A. Being a parent is harder than I thought it would be. Do you . . .

CDS-P

| Strongly agree, ........................................rink | 1 |
| Somewhat agree, ........................................rink | 2 |
| Somewhat disagree, or....................................... | 3 |
| Strongly disagree?............................................. | 4 |

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B20B. I feel trapped by my responsibilities as a parent. Do you . . .

CDS-P

| Strongly agree, ........................................rink | 1 |
| Somewhat agree, ........................................rink | 2 |
| Somewhat disagree, or....................................... | 3 |
| Strongly disagree?............................................. | 4 |

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B20C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

CDS-P

| Strongly agree, ........................................rink | 1 |
| Somewhat agree, ........................................rink | 2 |
| Somewhat disagree, or....................................... | 3 |
| Strongly disagree?............................................. | 4 |
B20D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

CDS-P

Strongly agree, ............................................. 1
Somewhat agree, .......................................... 2
Somewhat disagree, or................................. 3
Strongly disagree?........................................ 4

MX2B20A. (CHILD) seems harder to care for than most children. Do you . . .

Strongly agree,............................................. 1
Somewhat agree, .......................................... 2
Somewhat disagree, or................................. 3
Strongly disagree?........................................ 4

MX2B20B. You often feel angry with (CHILD). Do you . . .

Strongly agree,............................................. 1
Somewhat agree, .......................................... 2
Somewhat disagree, or................................. 3
Strongly disagree?........................................ 4

MX2B20C. You would be doing better in life without (CHILD). Do you . . .

Strongly agree,............................................. 1
Somewhat agree, .......................................... 2
Somewhat disagree, or................................. 3
Strongly disagree?........................................ 4
B21. Is (CHILD) currently being cared for by someone other than you (and his/her father) on a regular basis? By regular, I mean at least once a week for the past month.

**NOTE:** THIS ITEM REFERS ONLY TO CARE GIVEN BY SOMEONE OTHER THAN THE CUSTODIAL PARENTS.

YES .............................................................. 1

NO .............................................................. 2 ➔ GO TO SECTION C, PAGE 34

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B21A. How many hours a week is (CHILD) in care, including all the different arrangements that you use?

|_______| HOURS

(CONSTRUCTED FOR 2 CITIES)
B22. IS CHILD IN CARE LESS THAN 10 HOURS A WEEK?

YES ............................................................................ 1 ➔ GO TO SECTION C, PAGE 34

NO ............................................................................. 2

B23. How many different arrangements are you currently using?

|_______| ARRANGEMENTS
(18 CITIES ONLY – 2 CITIES NOT ASKED)

**B24.** How old was (CHILD) when (he/she) was first taken care of by someone else on a regular basis?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YEARS</th>
<th>MONTHS</th>
</tr>
</thead>
</table>

**B25A.** What type(s) of arrangement(s) are you using now?

*PROBE:* Any others?

**B25B.** **IF MORE THAN ONE ARRANGEMENT:** Which is your primary arrangement? Is it (LIST ARRANGEMENTS CIRCLED IN COLUMN A)? By primary, I mean the arrangement where (CHILD) spends the most time.

<table>
<thead>
<tr>
<th><strong>B25A</strong></th>
<th><strong>B25B</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE PRIMARY ONE</td>
</tr>
<tr>
<td>CHILD’S FATHER (NOT LIVE-IN)</td>
<td>1</td>
</tr>
<tr>
<td>MOTHER’S PARTNER OR BOYFRIEND</td>
<td>2</td>
</tr>
<tr>
<td>CHILD’S SIBLING</td>
<td>3</td>
</tr>
<tr>
<td>CHILD’S MATERNAL GRANDPARENT</td>
<td>4</td>
</tr>
<tr>
<td>OTHER RELATIVE ON MOTHER’S SIDE</td>
<td>5</td>
</tr>
<tr>
<td>CHILD’S PATERNAL GRANDPARENT</td>
<td>6</td>
</tr>
<tr>
<td>OTHER RELATIVE ON FATHER’S SIDE</td>
<td>7</td>
</tr>
<tr>
<td>FATHER’S PARTNER</td>
<td>8</td>
</tr>
<tr>
<td>MOTHER’S PARTNER’S RELATIVE</td>
<td>9</td>
</tr>
<tr>
<td>NON-RELATIVE/FAMILY CHILD CARE</td>
<td>10</td>
</tr>
<tr>
<td>DAY CARE CENTER</td>
<td>11</td>
</tr>
<tr>
<td>HEAD START/EARLY HEAD START</td>
<td>12</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>13</td>
</tr>
</tbody>
</table>
B26. Where does (MAIN PROVIDER) usually take care of (CHILD)?

- IN CHILD’S HOME .................................. 1
- IN PROVIDER’S HOME ............................ 2
- PROVIDER AND (CHILD) LIVE IN
  SAME HOME....................................... 3
- OTHER (NOT SPECIFIED) ....................... 4

- DAYCARE/SCHOOL ................................. 101
- CHILD’S AND PROVIDER’S HOME .......... 102

B27. How old was (CHILD) when you first started using (PRIMARY ARRANGEMENT IN B25B)?

- LESS THAN A MONTH OLD ...................... 0

B28. How many days each week does (PRIMARY ARRANGEMENT IN B25B) usually take care of (CHILD)?

- DAYS

B28A. How many hours each day does (PRIMARY ARRANGEMENT IN B25B) usually take care of (CHILD)?

- HOURS

(18 CITIES ONLY – 2 CITIES NOT ASKED)

B28B. How many times have you changed your child care arrangements since (CHILD) was born? By changes I mean, for example, that your child got a new babysitter, or started going to a new family child care program or day care center.

- TIMES

NONE ......................................................... 0
B29. Does any person or any agency give you money, a voucher, or a scholarship to help pay for child care?

YES ................................................................. 1

NO ................................................................. 2  GO TO B32

NO CHARGE FOR CHILD CARE,
CARE BY RELATIVE ................................. 3  GO TO B34A,
PAGE 28

B30. Who gives you money or the voucher or scholarship?

PROBE: Anyone or any place else?

CIRCLE ALL THAT APPLY

CHILD’S FATHER (NOT LIVE-IN) ............ 1

RELATIVE NOT LIVING
WITH MOTHER ............................................. 2

GOVERNMENT AGENCY ......... 3

EMPLOYER .............................................. 4

CHILD CARE CENTER ......................... 5

HEAD START OR
EARLY HEAD START ......................... 6

OTHER (NOT SPECIFIED) ..................... 7

______________________________

COMMUNITY ORGANIZATION .......... 101

MOTHER’S SCHOOL ....................... 102
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31A. How much money does child’s father (not live in) give you (or what is the value of the voucher or scholarship?)

$|_|_|_|,|_|_|_|| . |_|_|| PER

WEEK... .................................................. 1
MONTH ...................................................... 2
YEAR.... .................................................... 3
OTHER (NOT SPECIFIED) ......................... 4

........................................................
DON’T KNOW ............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31B. How much money does relative (not living with you) give you (or what is the value of the voucher or scholarship?)

$|_|_|_|,|_|_|_|_| . |_|_|| PER

WEEK... .................................................. 1
MONTH ...................................................... 2
YEAR.... .................................................... 3
OTHER (NOT SPECIFIED) ......................... 4

........................................................
DON’T KNOW ............................................. -2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31C. How much money does government agency give you (or what is the value of the voucher or scholarship?)

$ |____|____|____|____|____|____| PER

WEEK ................................................ 1
MONTH ............................................. 2
YEAR ............................................... 3
OTHER (NOT SPECIFIED) .................... 4

2 WEEKS ......................................... 101
A DAY ............................................. 102
DON’T KNOW .................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31D. How much money does employer give you (or what is the value of the voucher or scholarship?)

$ |____|____|____|____|____|____| PER

WEEK ................................................ 1
MONTH ............................................. 2
YEAR ............................................... 3
OTHER (NOT SPECIFIED) .................... 4

DON’T KNOW .................................. -2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31E. How much money does child care center give you (or what is the value of the voucher or scholarship?)

$ |___|___|,|___|___|___| |___|___| PER

WEEK... ............................................ 1
MONTH ............................................ 2
YEAR... ............................................ 3
OTHER (NOT SPECIFIED) ....................... 4

________________________________________
DON’T KNOW .................................... -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B31F. How much money does head start/early head start give you (or what is the value of the voucher or scholarship?)

$ |___|___|,|___|___|___| |___|___| PER

WEEK... ............................................ 1
MONTH ............................................ 2
YEAR... ............................................ 3
OTHER (NOT SPECIFIED) ....................... 4

________________________________________
DON’T KNOW .................................... -2
B31G. How much money does other person/agency give you (or what is the value of the voucher or scholarship?)

$ |___|___| , |___|___|___| . |___|___| PER

WEEK... ........................................... 1
MONTH .............................................. 2
YEAR... ............................................ 3
OTHER (NOT SPECIFIED) ..................... 4

2 WEEKS ............................................ 101
4 MONTHS........................................... 103
DON'T KNOW ..................................... -2

B32. How much do you pay out-of-pocket for all the child care you currently use?

PROBE: Do not include money from other people or agencies.

$ |___|___| , |___|___|___| . |___|___| PER

HOUR... ............................................ 1
DAY ..... ........................................... 2
WEEK... ............................................ 3
EVERY TWO WEEKS......................... 4
EVERY MONTH ................................... 5
OTHER (NOT SPECIFIED) ..................... 6

PAYS NOTHING .................................. 0 ➔ GO TO B34
PER YEAR ......................................... 101
FOR DURATION ................................... 102
PER 3 WEEKS ..................................... 103
CHILD CARE PROVIDED IN EXCHANGE
FOR OTHER SERVICES ...................... -15 ➔ GO TO B34
B33. Is this amount for (CHILD’S) care only, or does it cover other children from your household?

CHILD ONLY ....................................................... 1  ➔ GO TO B34
CHILD AND OTHERS  .......................................... 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B33A. How many children, including (CHILD), are covered in this amount?

|_____|_____| CHILDREN

(CONSTRUCTED FOR 2 CITIES)
B34. DID RESPONDENT RECEIVE ANY HELP FROM A NON-FAMILY SOURCE?
(B29=1 AND B30=3-7)

YES ................................................................. 1  ➔ GO TO B35
NO ................................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B34A. Are you eligible for any subsidies or vouchers for child care?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW .................................................... -2

B35. Approximately how many times in the past month did you have to make special arrangements because your usual child care arrangement fell through?

PROBE: This could be because (one of) your provider(s) was sick or not available due to a holiday.

|_____|_____| TIMES

NONE ... ......................................................... 0  ➔ GO TO B35B

DID NOT USE CHILD CARE
IN PAST MONTH ............................................. -10  ➔ GO TO B35B
B35A.  How many times in the past month did you miss work or school because your child care arrangement fell through?

[ ] [ ] TIMES

NONE .......................................................... 0

B35B.  At anytime since (CHILD) was born, have you had to quit a job, school, or training activity because you had problems arranging child care or keeping a child care arrangement?

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

B36.  When (CHILD) is sick, can (any of) your provider(s) take care of (him/her), do you need to make other arrangements, or do you have to miss work or school to take care of (him/her)?

ONE OF CURRENT PROVIDERS CAN CARE FOR (CHILD) ...................... 1
HAS TO MAKE OTHER ARRANGEMENTS ...................................... 2
MISS WORK/SCHOOL ........................................... 3
SOMETIMES CAN MAKE OTHER ARRANGEMENTS, SOMETIMES HAVE TO MISS WORK/SCHOOL .............. 4

GO TO SECTION C, PAGE 34

(18 CITIES ONLY – 2 CITIES NOT ASKED)

B37.  Now, I’d like to ask you some questions about (CHILD’S) health and development and how (he/she) is doing. In general, would you say (CHILD’S) health is . . .

Excellent, ......................................................... 1
Very good, ....................................................... 2
Good, ................................................................. 3
Fair, or ............................................................. 4
Poor? ............................................................... 5
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38. During the past year, did you ever talk to (CHILD'S) doctor about how (he/she) is doing? This could be as part of a visit or a separate call.

YES ........................................... 1  ➔ GO TO B39
NO ........................................... 2
CHILD DOESN'T HAVE DOCTOR............. -10 ➔ GO TO B39

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38A. Do you feel you could talk to (CHILD'S) doctor if you wanted to?

YES ........................................... 1
NO ........................................... 2
CHILD DOESN'T HAVE DOCTOR............. -10

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B39. Is (CHILD) currently being cared for by someone other than (PERSON IN A4A) on a regular basis? By regular, I mean at least once a week for the past month.

YES ........................................... 1
NO ........................................... 2 ➔ GO TO B42
DON'T KNOW ..................................... -2 ➔ GO TO B42

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B40. During the past year, did you ever talk to (CHILD'S) child care provider about how (he/she) was doing?

YES ........................................... 1 ➔ GO TO B42
NO ........................................... 2
CHILD DOESN'T HAVE CHILD CARE PROVIDER.......................... -10 ➔ GO TO B42

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B40A. Do you feel you could talk to (CHILD'S) child care provider if you wanted to?

YES ........................................... 1
NO ........................................... 2
CHILD DOESN'T HAVE CHILD CARE PROVIDER.......................... -10
**Fragile Families One-Year Mother Public Use Questionnaire**

**Revised: April 9, 2013**

(CONSTRUCTED FOR 2 CITIES)

B41. **DID MOTHER SEE CHILD IN THE PAST 30 DAYS?**
(A3=1 OR 2, OR A4D GREATER THAN 0)

YES .......................................................... 1
NO ............................................................ 2 → GO TO B43

(18 CITIES ONLY – 2 CITIES NOT ASKED)

B42. Now I would like to ask you some questions about things you do with (CHILD).

For each activity, please tell me how many days a week you do this in a typical week.

**RECORD NEVER AS 0.**

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>B42A. Play games like “peek-a-boo” or “gotcha” with (CHILD) .......... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42B. Sing songs or nursery rhymes to (CHILD) ............................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42C. Read stories to (CHILD) ................................................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42D. Tell stories to (CHILD) ................................................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42E. Play inside with toys such as blocks or legos with (CHILD). .. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42F. Take (CHILD) to visit relatives..... ................................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42G. Hug or show physical affection to (CHILD) ........................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B42H. Put (CHILD) to bed................................. 0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

B42I. Sometimes children behave pretty well and sometimes they don’t. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES .......................................................... 1
NO ............................................................ 2 → GO TO B43
B42I1. Did you do this . . .

Every day or nearly every day, .................. 1
A few times a week,.............................. 2
A few times this past month, or ............... 3
Only once or twice? ............................ 4

(18 CITIES ONLY – 2 CITIES NOT ASKED)

B43. Now I am going to read some statements about childhood behavior. Using a scale from 1 to 5, where 1 means not at all like your child, 5 means very much like your child, and 2, 3, and 4 mean somewhere in between, tell me how well each statement describes (CHILD).

First, (READ ITEM). Which number would you use for this statement?

REPEAT INSTRUCTIONS AS NECESSARY TO MAKE SURE RESPONDENT UNDERSTANDS THE SCALE.

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL LIKE MY CHILD</th>
<th>VERY MUCH LIKE MY CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>B43A.</td>
<td>(He/She) tends to be shy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B43B.</td>
<td>(He/She) often fusses and cries</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B43C.</td>
<td>(He/She) is very sociable</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B43D.</td>
<td>(He/She) gets upset easily</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B43E.</td>
<td>(He/She) reacts strongly when upset</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B43F.</td>
<td>(He/She) is very friendly with strangers</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Now I'm going to read some statements about being a parent. Please tell me how much you agree or disagree with each statement.

**(18 CITIES ONLY – 2 CITIES NOT ASKED)**
B44A. Being a parent is harder than I thought it would be. Do you . . .

| Strongly agree, ................................ | 1 |
| Somewhat agree, ................................ | 2 |
| Somewhat disagree, or.......................... | 3 |
| Strongly disagree?................................| 4 |

**B44B.** I feel trapped by my responsibilities as a parent. Do you . . .

| Strongly agree, ................................ | 1 |
| Somewhat agree, ................................ | 2 |
| Somewhat disagree, or.......................... | 3 |
| Strongly disagree?................................| 4 |

**B44C.** I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

| Strongly agree, ................................ | 1 |
| Somewhat agree, ................................ | 2 |
| Somewhat disagree, or.......................... | 3 |
| Strongly disagree?................................| 4 |

**B44D.** I often feel tired, worn out, or exhausted from raising a family. Do you . . .

| Strongly agree, ................................ | 1 |
| Somewhat agree, ................................ | 2 |
| Somewhat disagree, or.......................... | 3 |
| Strongly disagree?................................| 4 |
SECTION C: FATHER-CHILD RELATIONSHIP

C1. ARE MOTHER AND FATHER CURRENTLY LIVING TOGETHER?
(A7A=1 OR 2)

YES, LIVING TOGETHER.............................. 1 ➔ GO TO C3
NO........................................................................... 2

C1A. IS FATHER DECEASED?
(A7=14)

YES ........................................................................... 1 ➔ GO TO SECTION E
NO........................................................................... 2

C1B. IS FATHER KNOWN?
(A7=1-5)

YES ........................................................................... 1
NO ........................................................................... 2 ➔ GO TO SECTION E

Now I’d like to ask you some questions about (FATHER) and his relationship with (CHILD).

C2. Since (CHILD) was born, has (FATHER) seen (him/her)?

YES ........................................................................... 1
NO ........................................................................... 2 ➔ GO TO C7
DOESN’T KNOW ABOUT CHILD .......... 0 ➔ GO TO SECTION E
VOLUNTEERED, FATHER
DECEASED.................................................................. -14 ➔ GO TO C2C
C2A. During the past 30 days, how many days has (FATHER) seen (CHILD)?

ONCE THIS MONTH........................................... 1 ➔ GO TO C2E
NUMBER OF DAYS ........................................... |_______| ➔ GO TO C2E
NONE ............................................................... 0
VOLUNTEERED, FATHER
DECEASED....................................................... -14 ➔ GO TO C2C

C2B. When did (FATHER) last see (CHILD)?

|_______| / |_______|_______|_______|
MONTH (C2B1) YEAR (C2B2)

C2C. NOT FOR PUBLIC RELEASE.

C2D. NOT FOR PUBLIC RELEASE.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C2E. Since (CHILD’S) birth, has (CHILD) ever stayed overnight with (FATHER)?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO C2G

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C2F. How many nights altogether has (CHILD) spent with (FATHER)?

|_______|_______|_______| NIGHTS

(CONSTRUCTED FOR 2 CITIES)
C2G. Did (FATHER) see (CHILD) more than once during the past month? (C2A > 1)

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO C5A
(18 CITIES ONLY – 2 CITIES NOT ASKED)

C3. Now I would like to ask you some questions about things (FATHER) does with (CHILD).

For each activity, please tell me how many days a week he does this in a typical week.

How many days a week does he usually (READ ITEM)?

RECORD NEVER AS 0.

<table>
<thead>
<tr>
<th></th>
<th>DAYS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3A</td>
<td>Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)........</td>
</tr>
<tr>
<td>C3B</td>
<td>Sing songs or nursery rhymes to (him/her).........................</td>
</tr>
<tr>
<td>C3C</td>
<td>Read stories to (CHILD) ........</td>
</tr>
<tr>
<td>C3D</td>
<td>Tell stories to (him/her)</td>
</tr>
<tr>
<td>C3E</td>
<td>Play inside with toys such as blocks or legos with (him/her) ................</td>
</tr>
<tr>
<td>C3F</td>
<td>Take (CHILD) to visit relatives</td>
</tr>
<tr>
<td>C3G</td>
<td>Change (his/her) diaper</td>
</tr>
<tr>
<td>C3H</td>
<td>Feed or give a bottle to (him/her) ................</td>
</tr>
<tr>
<td>C3I</td>
<td>Hug or show physical affection to (CHILD) .........................</td>
</tr>
<tr>
<td>C3J</td>
<td>Put (CHILD) to bed</td>
</tr>
</tbody>
</table>

(2 CITIES ONLY)
MX2C2C. Taken (CHILD) to play or for a walk outside?

<table>
<thead>
<tr>
<th>NEARLY EVERY DAY</th>
<th>AT LEAST ONCE A WEEK</th>
<th>AT LEAST ONCE DURING MONTH</th>
<th>NEVER</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>d</td>
</tr>
</tbody>
</table>
C4. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (FATHER) spanked (CHILD) because (he/she) was misbehaving or acting up?

YES.............................................................. 1
NO............................................................... 2 ➔ GO TO C5
DON’T KNOW ..................................................-2 ➔ GO TO C5

C4A. Did he do this . . .

Every day or nearly every day, ............... 1
A few times a week, ................................. 2
A few times this past month, or ............. 3
Only once or twice? ............................... 4

C5. In the past month, how often has (FATHER) spent one or more hours a day with (CHILD)? Was it . . .

Every day or nearly every day, ............... 1
A few times a week, ................................. 2
A few times this past month, ............. 3
Only once or twice, or ...................... 4
Not at all? ............................................... 5

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C5A. How often do you think (FATHER) should spend one or more hours a day with (CHILD)? Would you say . . .

Every day or nearly every day, ............... 1
A few times a week, ................................. 2
A few times a month, ............................ 3
Only once or twice a month, or ........ 4
Not at all? ............................................... 5
(2 CITIES ONLY)
MX2C3A. Do you think he spends too much time, not enough time, or just about the right amount of time with (CHILD)?

TOO MUCH ...................................................... 1

NOT ENOUGH ............................................... 2

JUST RIGHT ................................................. 3

C5B. Have you ever asked (FATHER) to spend more time with (CHILD)?

YES............................................................ 1

NO............................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C6. Fathers can help in many different ways. Please tell me how often (FATHER) helps you with the following:

(READ ITEM). Would you say he helps you with this often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>C6A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often does he look after (CHILD) when you need to do things? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C6B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often does he run errands for you like picking things up from the store? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C6C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often does he fix things around your home, paint, or help make it look nicer in other ways? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C6D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often does he take (CHILD) places (he/she) needs to go, such as to daycare or the doctor? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
C7. WHEN CHILD WAS BORN, WERE MOTHER AND FATHER MARRIED TO EACH OTHER? (A6=1)

YES, MARRIED ..............................................1 ➔ GO TO C9
NO.................................................................2

My next questions are about the legal arrangements you and (FATHER) have regarding (CHILD).

C8A. Has (FATHER’S) legal paternity been established? That is, did he sign any document that identifies him as the legal father of (CHILD)? Or, has the court ruled that he is the father?

YES, LEGAL PATERNITY ..............................1 ➔ GO TO C8D
NO.................................................................2

C8B. Did you or anyone else want him to establish legal paternity?

YES..............................................................1
NO.................................................................2 ➔ GO TO C9
C8C. Why wasn’t paternity established?

CIRCLE ONE

HE DIDN’T WANT LEGAL RESPONSIBILITY ........................................... 1
HE DIDN’T WANT FINANCIAL RESPONSIBILITY ................................... 2
MOTHER DIDN’T WANT FATHER LEGALLY BOUND TO HER OR BABY ...... 3
OTHER (NOT SPECIFIED) ................................................................. 4

NO NEED......................................................................................... 101
FATHER WASN’T AROUND ......................................................... 102
WAITING FOR DNA TEST ........................................................... 103
TECHNICAL PROBLEM ................................................................. 104
LACK OF TIME ............................................................................... 105
MOTHER MARRIED TO OTHER .................................................... 106
FATHER REFUSED ........................................................................... 107
IN THE PROCESS ............................................................................. 108

GO TO C9
C8D. Did you establish paternity at the hospital or through some other means?

- HOSPITAL ........................................... 1
- OTHER (NOT SPECIFIED)......................... 0

- THROUGH COURT .................................. 101
- CHILD SUPPORT/WELFARE AGENCY .... 102
- NOT ESTABLISHED................................. 104
- CLINIC/HEALTH DEPARTMENT .............. 105
- OTHER .................................................. 106

C8E. Who initiated the action to make him (CHILD’S) legal father? Was it you, (FATHER), both of you, or was it required by some government agency?

- MOTHER ............................................. 1
- FATHER................................................... 2
- BOTH MOTHER AND FATHER............... 3
- REQUIRED BY GOVERNMENT AGENCY ........................................ 4
- OTHER (NOT SPECIFIED) ..................... 5 (18 CITIES ONLY)

- HOSPITAL ........................................... 101
- NOT ESTABLISHED................................. 102
- OTHER FAMILY MEMBER ..................... 103
NOTE: SKIP PATTERN CHANGE FOR 2 CITIES RESPONDENTS CURRENTLY LIVING TOGETHER; CASES ARE CODED AS NOT ASKED.

(CONSTRUCTED FOR 2 CITIES)

C9. ARE MOTHER AND FATHER MARRIED AND LIVING TOGETHER?
   (A7=1 AND A7A=1 OR 2)
   YES......................................................1 \( \rightarrow \) GO TO C24
   NO..........................................................2

C10. Next I have some questions about financial contributions (FATHER) might make to help support (CHILD).

Do you have a legal agreement or child support order that requires (FATHER) to provide financial support to (CHILD)?

   YES......................................................1
   NO..........................................................2 \( \rightarrow \) GO TO C19

C10A. When was that legal agreement first reached?

   
   MONTH               YEAR
   (C10A1)             (C10A2)

C10B. NOT FOR PUBLIC RELEASE.

(CONSTRUCTED FOR 2 CITIES)

C11. DOES MOTHER HAVE ANY OTHER CHILDREN BY FATHER?
   (A12 > 1)
   YES, MORE THAN ONE...............................1
   NO, JUST FOCUS CHILD.............................2 \( \rightarrow \) GO TO C12

C11A. Is your legal agreement just for (CHILD) or is it for (any of) your other child(ren) as well?

   JUST FOR CHILD...............................1
   FOR OTHER CHILDREN AS WELL.............2
C12. How much are the payments supposed to be per month?

$ |___|,|___|___|___| PER

WEEK .................................................. 1
EVERY 2 WEEKS ......................................... 2
MONTH ..................................................... 3
OTHER (NOT SPECIFIED) ............................ 4

___________________________________________
PER 3 WEEKS .......................................... 101
NO PAYMENT REQUIRED ........................... 102
WHATEVER HE CAN AFFORD ..................... 103
OTHER ..................................................... 104

(CONSTRUCTED FOR 2 CITIES)

C13. DO MOTHER AND FATHER LIVE TOGETHER?
     (A7A=1 OR 2)

YES .................................................................... 1 ➔ GO TO C15
NO ..................................................................... 2

C14. Are payments supposed to be received directly from (FATHER), from the court from a welfare or child support agency, or from some other source?

FATHER ....................................................... 1
COURT ............................................................ 2
WELFARE OR CHILD SUPPORT AGENCY .......... 3
OTHER (NOT SPECIFIED) ............................ 4

___________________________________________
FATHER’S PAYCHECK .................................. 101
NOT REQUIRED TO PAY  ............................. 102
CHILD SUPPORT ....................................... 102
STILL PENDING ....................................... 103
C15. How often does (FATHER) pay on time? Is it . . .

   All of the time, ........................................1
   More than half of the time, ..........................2
   About half the time, ................................3
   Less than half the time, or .........................4
   Never ... ...............................................5

C15A. About how much of this legally agreed upon child support has (FATHER) actually paid since (DATE IN C10A)?

   $ |___|___|,|___|___|___| ➔ GO TO C16

   FATHER PAID TOTAL AMOUNT
   AGREED UPON.......................................-15 ➔ GO TO C17
   NONE... ..................................................0 ➔ GO TO C16
   DON’T KNOW..........................................-2
   REFUSED...............................................-1

C15A1. I just need to have a range. Can you tell me if it is . . .

   Less than $500, .................................1
   $500 to $1,000, .................................2
   $1,001 to $2,000, .............................3
   $2,001 to $3,000, ............................4
   $3,001 to $4,000, .........................5
   $4,001 to $5,000, .........................6
   $5,001 to $10,000, or ...................7
   More than $10,000? .........................8
   Less than $500 .................................201
   $500 to $1,000 .................................202
   $1,001 to $5,000 .............................203
   $5,001 to $10,000 ..........................204
   More than $10,000..........................205
   DON’T KNOW.................................-2
   REFUSED.........................................-1
C16. Does (FATHER) have any arrears on the child support that he is supposed to pay to you, or does he owe anything to the welfare department for unpaid monthly support or for reimbursing birthing costs?

PROBE: Arrears is unpaid child support that the father owes to the mother or to the child support agency.

YES .............................................................................. 1
NO .............................................................................. 2 → GO TO C17

C16A. What is the amount of the arrears?

$ |___|___|,|___|___|___| → GO TO C17

DON’T KNOW ......................................................... 2
REFUSED .............................................................. 1

C16A1. I just need to have a range. Can you tell me if it is . . .

Less than $500, ............................................... 1
$500 to $1,000, ................................................... 2
$1,001 to $2,000, .............................................. 3
$2,001 to $3,000, .............................................. 4
$3,001 to $4,000, .............................................. 5
$4,001 to $5,000, .............................................. 6
$5,001 to $10,000, or ....................................... 7
More than $10,000? .......................................... 8
DON’T KNOW ................................................... 2
REFUSED .......................................................... 1
(CONSTRUCTED FOR 2 CITIES)
C17. DO MOTHER AND FATHER LIVE TOGETHER?
(A7A=1 OR 2)

YES.................................................................1 ➔ GO TO C24

NO. .................................................................2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C18. Does the child support agreement specify anything about visits between (CHILD) and (FATHER)?

YES.................................................................1

NO. .................................................................2 ➔ GO TO C22

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C18A. How many days per month is (CHILD) supposed to spend with (FATHER)?

|___|___| DAYS

OTHER (NOT SPECIFIED).................................-10

______________________________________________

GO TO C22, PAGE 50

(CONSTRUCTED FOR 2 CITIES)
C19. DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME?
(A7A=1)

YES ................................................................. 1 ➔ GO TO C24

NO ................................................................. 2
C19A. Do you have an informal agreement, or an understanding, not spelled out in a legal document that (FATHER) will provide financial support to you?

YES .......................................................... 1
NO ............................................................ 2  ➔ GO TO C21

ABOUT FATHERS WITH NO LEGAL AGREEMENTS:

C20. How much has he agreed to give you each month?

$ |___|___|___|___| PER

WEEK... ................................................. 1
EVERY 2 WEEKS ....................................... 2
MONTH .................................................... 3
OTHER (NOT SPECIFIED) ............................. 4

____________________________
PER YEAR ................................. 101
DIDN'T PAY............................................. 102
NO SPECIFIC AMOUNT/
GIVES WHAT HE CAN .................... -10
DON'T KNOW ................................. -2
REFUSED ............................................ -1

C20A. How often does (FATHER) give you this money when he is supposed to? Is it . . .

All of the time,....................................... 1
More than half of the time, ....................... 2
About half the time, ............................... 3
Less than half the time, or ...................... 4
Never?.. ............................................. 5

NO SPECIFIC SCHEDULE/
GIVES WHEN HE CAN ................. -10
C20B. About how much have you received in total from (FATHER) in child support payments since your informal agreement was reached?

$ |___|___|,|___|___|__  \(\rightarrow\) GO TO C22

FATHER PAID TOTAL AMOUNT
AGREED UPON .......................... 15 \(\rightarrow\) GO TO C22
NONE ......................................... 0 \(\rightarrow\) GO TO C22
DON'T KNOW .............................. -2
REFUSED .................................... -1

C20B1. I just need to have a range. Can you tell me if it is . . .

Less than $500, ............................. 1
$500 to $1,000, ............................ 2
$1,001 to $2,000, .......................... 3
$2,001 to $3,000, .......................... 4
$3,001 to $4,000, .......................... 5
$4,001 to $5,000, .......................... 6
$5,001 to $10,000, or ...................... 7
More than $10,000? ........................ 8
DON’T KNOW .............................. -2
REFUSED .................................... -1

GO TO C22
FOR PARENTS WHO DO NOT HAVE A FORMAL OR INFORMAL AGREEMENT:

C21. Has (FATHER) paid anything toward [(CHILD’S)/your children’s] support since (he/she/they) (was/were) born?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO C22

C21A. How much have you received from him for [(CHILD’S)/your children’s] support in the past year?

$ |___|___|,|___|___| ➔ GO TO C22

DON’T KNOW .............................................. -2
REFUSED ...................................................... -1

C21A1. I just need to have a range. Can you tell me if it was . . .

Less than $500, .............................................. 1
$500 to $1,000, ............................................. 2
$1,001 to $2,000, ................................. 3
$2,001 to $3,000, ................................. 4
$3,001 to $4,000, ................................. 5
$4,001 to $5,000, ................................. 6
$5,001 to $10,000, or .................................. 7
More than $10,000? ................................. 8
<$500 .......................................................... 201 (2 CITIES ONLY)
$500 to $1,000 .............................................. 202 (2 CITIES ONLY)
$1,001 to $5,000 ............................................ 203 (2 CITIES ONLY)
$5,001 to $10,000 ............................................ 204 (2 CITIES ONLY)
DON’T KNOW ............................................. -2
REFUSED ...................................................... -1
(CONSTRUCTED FOR 2 CITIES)

C22. DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME?  
     (A7A=1)

     YES ........................................................................... 1 ➔ GO TO C24

     NO ............................................................................. 2

ALL PARENTS WHO ARE NOT LIVING TOGETHER:

C23. I am going to read you a list of things that children need. Please tell me how often  
     (FATHER) buys these for [CHILD].

     How often does (FATHER) buy (ITEM)? Is it often, sometimes, rarely or never?

     | OFTEN | SOMETIMES | RARELY | NEVER |
     |-------|-----------|--------|-------|
     |       |           |        |       |

     C23A. Clothes for (CHILD)? ........................................ 1 2 3 4
     C23B. Toys for (CHILD)? ........................................... 1 2 3 4
     C23C. Medicine for (CHILD)? ..................................... 1 2 3 4
     C23D. Child care items, such as diapers and  
            baby wipes? ................................................... 1 2 3 4
     C23E. Food or formula for (CHILD)? ......................... 1 2 3 4
     C23F. Anything else for (CHILD)? (NOT  
            SPECIFIED) .................................................. 1 2 3 4
ALL PARENTS:

C24. Do you have any children by someone other than (FATHER)?

   YES ................................................................. 1
   NO ...................................................................... 2  \→ GO TO C26

C24A. How many children do you have with someone other than (FATHER)?

   |____|____| CHILDREN

   ONLY ONE CHILD ............................................. 1  \→ GO TO C25

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C24B. Do these [NUMBER IN C24A] children have the same father?

   YES ................................................................. 1  \→ GO TO C25
   NO ...................................................................... 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C24C. How many different fathers do these (NUMBER IN C24A) children have?

   |____|____| FATHERS

C25. Do you receive any child support for (this/these) child(ren)?

   YES ..................................................................... 1
   NO ...................................................................... 2  \→ GO TO C26

C25A. About how much child support did you receive from the (father/fathers) in the past 12 months?

   $ |____|____|____|____|\→ GO TO C26

   DON'T KNOW ....................................................... -2
   REFUSED .............................................................. -1
C25A1. I just need to have a range. Can you tell me if it was . . .

Less than $500, .............................................. 1
$500 to $1,000, ............................................. 2
$1,001 to $2,000, .......................................... 3
$2,001 to $3,000, .......................................... 4
$3,001 to $4,000, .......................................... 5
$4,001 to $5,000, .......................................... 6
$5,001 to $10,000, or .................................... 7
More than $10,000? ....................................... 8
<$500 ............................................................... 201 (2 CITIES ONLY)
$1,001 to $5,000 ............................................. 203 (2 CITIES ONLY)
$5,001 to $10,000 .......................................... 204 (2 CITIES ONLY)
DON’T KNOW .............................................. -2
REFUSED ..................................................... -1

C26. Does (FATHER) have any other children by someone else?

YES .................................................................. 1
NO ..................................................................... 2  ➔ GO TO C30
DON’T KNOW .............................................. -2  ➔ GO TO C30

C27. How many other children does (FATHER) have?

|   |   | OTHER CHILDREN

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C27A. Does (FATHER) have a legal obligation to pay child support for (this child/any of these children)?

YES ............................................................... 1  ➔ GO TO C27C
NO ..................................................................... 2
DON’T KNOW .............................................. -2
C27B. Does he pay child support for (this/any of these) child(ren)?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO C30
DON’T KNOW ................................................ 2  ➔ GO TO C30

C27C. How much does he pay each month?

$|___|___|___|___| PER
WEEK..................................................................... 1
EVERY 2 WEEKS .................................................. 2
MONTH .................................................................... 3
OTHER (NOT SPECIFIED) ............................... 4

PERCENT OF SALARY .................................... 101
OTHER ............................................................. 102
DON’T KNOW ................................................... 2  ➔ GO TO C30

(18 CITIES ONLY – CONSTRUCTED FOR 2 CITIES)
C28. DOES FATHER HAVE A LEGAL OBLIGATION TO PAY CHILD SUPPORT FOR OTHER CHILDREN?
(C27A=1)

YES ......................................................................... 1
NO ......................................................................... 2  ➔ GO TO C30
FOR FATHERS WHO HAVE A LEGAL OBLIGATION TO PAY CHILD SUPPORT FOR OTHER CHILDREN:

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C29. Does (FATHER) have any arrears in the child support he is supposed to pay for (this other child/these other children)?

PROBE: Arrears is unpaid child support that the father owes to the mother or to the child support agency.

YES ................................................................. 1
NO ..................................................................... 2  ▶ GO TO C30
DON’T KNOW ................................................... -2 ▶ GO TO C30

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C29A. What is the amount of the arrears?

$ $ |___|___|  ▶ ▶ GO TO C30

DON’T KNOW ................................................... -2
REFUSED ............................................................. -1

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C29B. I just need to have a range. Can you tell me if it is . . .

Less than $500, ................................. 1
$500 to $1,000, ................................. 2
$1,001 to $2,000, ................................. 3
$2,001 to $3,000, ................................. 4
$3,001 to $4,000, ................................. 5
$4,001 to $5,000, ................................. 6
$5,001 to $10,000, or ............................ 7
More than $10,000? ............................ 8
DON’T KNOW .............................................. -2
REFUSED ............................................................. -1
C30. ARE PARENTS MARRIED TO EACH OTHER OR ROMANTICALLY INVOLVED?
(A7=1 OR 2)

YES.................................................................................. 1 ➔ GO TO C31
NO.................................................................................... 2

C30A. Is (FATHER) living with or married to another woman?

YES.................................................................................. 1
NO.................................................................................... 2
DON'T KNOW ......................................................... -2

C31. IS FATHER LIVING WITH MOTHER?
(A7A=1 OR 2)

YES.................................................................................. 1 ➔ GO TO C33
NO.................................................................................... 2

C32. NOT FOR PUBLIC RELEASE.

C33. Is (FATHER) currently working, in school, unemployed, or in jail or prison?

WORKING................................................................. 1 ➔ GO TO C34
UNEMPLOYED ........................................................... 2 ➔ GO TO C34
IN JAIL/PRISON........................................................... 3
IN SCHOOL................................................................. 4 ➔ GO TO C34
IN SCHOOL AND WORKING......................................... 5 ➔ GO TO C34
DON'T KNOW ..................................................... d ➔ GO TO C34
WORKING................................................................. 201 (2 CITIES ONLY) ➔ GO TO C34
UNEMPLOYED ........................................................... 202 (2 CITIES ONLY) ➔ GO TO C34
IN JAIL ................................................................. 203 (2 CITIES ONLY)
C33A. NOT FOR PUBLIC RELEASE.

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C33B. Is this a local, state, or federal facility?

- LOCAL .......................................................... 1
- STATE ............................................................ 2
- FEDERAL ......................................................... 3
- DON'T KNOW ............................................... -2
- REFUSED ....................................................... -1

C33C. NOT FOR PUBLIC RELEASE.

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C33D. When did (FATHER) go to jail/prison?

|___|___|___|___|
YEAR (C33D2)

- DON'T KNOW ............................................... -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C33E. When will (FATHER) be released from jail/prison?

|___|___|___|___|
YEAR (C33E2)

- DON'T KNOW ............................................... -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C34. Does (FATHER) have any physical or mental health conditions that limit the kind or amount of work he can do?

- YES ..................................................................... 1
- NO ..................................................................... 2
- DON'T KNOW ............................................... -2
(18 CITIES ONLY – 2 CITIES NOT ASKED)

C35. Does (FATHER) have problems such as keeping a job or getting along with family and friends because of alcohol or drug use?

YES ................................................................. 1

NO ................................................................. 2

DON’T KNOW ................................................. -2

C36. CODE WITHOUT ASKING IF KNOWN:
Has (FATHER) (ever) spent any time in jail or prison?

YES ................................................................. 1

NO ................................................................. 2 ➔ GO TO C38

DON’T KNOW ................................................. -2 ➔ GO TO C38
C36A. What (was/is) (FATHER) in jail for?

**PROBE:** Anything else?

<table>
<thead>
<tr>
<th>CIRCLE ALL THAT APPLY</th>
<th>PROBE: Anything else?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSAULT</strong> (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)</td>
<td>1</td>
</tr>
<tr>
<td><strong>ROBBERY</strong> (Taking something from someone using a weapon or force, e.g., robbery, mugging, &quot;hold ups&quot;)</td>
<td>2</td>
</tr>
<tr>
<td><strong>THEFT</strong> (Taking something without the use of force, e.g., burglary, larceny, shoplifting, theft not coded elsewhere)</td>
<td>3</td>
</tr>
<tr>
<td><strong>THEFT BY DECEPTION</strong> (Forgery, fraud, embezzlement, bad checks)</td>
<td>4</td>
</tr>
<tr>
<td><strong>CRIME RELATED TO STOLEN PROPERTY</strong> (Fencing, receiving, possessing, or selling stolen property)</td>
<td>5</td>
</tr>
<tr>
<td><strong>DESTRUCTION OF PROPERTY</strong> (Vandalism, arson, malicious destruction, etc.)</td>
<td>6</td>
</tr>
<tr>
<td><strong>OTHER PROPERTY OFFENSE</strong> (Trespass, breaking and entering [other than burglary])</td>
<td>7</td>
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<tr>
<td><strong>GAMBLING</strong> (Running numbers, bookmaking, other participation in illegal gambling activities)</td>
<td>8</td>
</tr>
<tr>
<td><strong>COMMERCIAL VICE</strong> (prostitution, pimping, etc.)</td>
<td>9</td>
</tr>
<tr>
<td><strong>POSSESSION OR USE OF MARIJUANA OR HASHISH</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>SALE OF MARIJUANA OR HASHISH</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>POSSESSION OF OTHER ILLICIT DRUGS</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>SALE OR MANUFACTURE OF OTHER ILLICIT DRUGS</strong></td>
<td>13</td>
</tr>
<tr>
<td><strong>MAJOR TRAFFIC OFFENSE</strong> (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license)</td>
<td>14</td>
</tr>
<tr>
<td><strong>UNDER AGE DRINKING OR PURCHASING ALCOHOL</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>STATUS OFFENSE</strong> (Other offense which would not be illegal if the respondent were an adult, e.g., run away from home, truancy, curfew violation, incorrigibility or person in need of supervision)</td>
<td>16</td>
</tr>
<tr>
<td><strong>NON PAYMENT OF CHILD SUPPORT</strong></td>
<td>17</td>
</tr>
<tr>
<td><strong>PAROLE OR PROBATION VIOLATION</strong></td>
<td>18</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>19</td>
</tr>
<tr>
<td><strong>POSSESSION OF A WEAPON</strong></td>
<td>101</td>
</tr>
<tr>
<td><strong>MINOR INFRINGEMENTS</strong></td>
<td>102</td>
</tr>
<tr>
<td><strong>ARREST-RELATED INFRINGEMENT</strong></td>
<td>103</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>-2</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>-1</td>
</tr>
</tbody>
</table>
(18 CITIES ONLY – 2 CITIES NOT ASKED)
C37A. Do you know approximately how long he spent in jail or prison?

|____|____| OR |____|____| OR |____|____| OR |____|____|
|YEARS | MONTHS | WEEKS | DAYS |
| (C37A1) | (C37A2) | (C37A3) | (C37A4) |

NOT APPLICABLE: CURRENTLY IN JAIL. ........................................... -10

DON’T KNOW .................................................. -2

REFUSED ..................................................... -1

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C38. About how much money does (FATHER) normally earn per year? We realize you may not know the exact amount, but we would like your best estimate.

$ |____|____|,|____|____| | GO TO SECTION D

DON’T KNOW .................................................. -2

REFUSED ..................................................... -1

(18 CITIES ONLY – 2 CITIES NOT ASKED)
C38A. I just need to know a range. Can you tell me if it is . . .

Less than $5,000, ............................................. 1
$5,001 to $10,000, ........................................... 2
$10,001 to $15,000, ......................................... 3
$15,001 to $20,000, ......................................... 4
$20,001 to $25,000, ......................................... 5
$25,001 to $30,000, ......................................... 6
$30,001 to $40,000, ......................................... 7
$40,001 to $60,000, or ................................... 8
More than $60,000? ........................................... 9
DON’T KNOW .................................................. -2
REFUSED ..................................................... -1
SECTION D: MOTHER’S RELATIONSHIP WITH FATHER (FOR MOTHERS WHO ARE OR WERE IN A RELATIONSHIP)

D1. WERE PARENTS IN ANY KIND OF RELATIONSHIP AT BASELINE OR AT FOLLOW-UP? (A6=1-4 OR A7=1-4)

YES ......................................................... 1
NO .............................................................. 2  ➔ GO TO SECTION E

(CONSTRUCTED FOR 2 CITIES)

D2. DOES FATHER HAVE ANY CONTACT WITH CHILD? (C1=1 OR C2=1)

YES ........................................................... 1
NO .............................................................. 2  ➔ GO TO D4

(2 CITIES ONLY)

MX2D1. Since (CHILD) was born, would you say your relationship with (FATHER) has gotten better, worse, or stayed the same?

BETTER ..................................................... 1
WORSE ....................................................... 2
SAME .......................................................... 3
NEVER IN RELATIONSHIP ......................... n  ➔ GO TO D7
D2. **(18 CITIES ONLY – 2 CITIES NOT ASKED)**

The following questions are about how parents work together in raising a child. Please tell me how often the following statements are true for you and (FATHER).

(READ ITEM). Would you say it’s always true, sometimes true, or rarely true?

<table>
<thead>
<tr>
<th>(18 CITIES ONLY – 2 CITIES NOT ASKED)</th>
<th>Always True</th>
<th>Sometimes True</th>
<th>Rarely True</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2A. When (FATHER) is with (CHILD), he acts like the father you want for your child..................</td>
<td>1 2 3 4</td>
<td></td>
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<td>D2B. You can trust (FATHER) to take good care of (CHILD) ................................................</td>
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<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)

D3. If you had to go away for one week and could not take (CHILD) with you, how much would you trust (FATHER) to take care of your child? Would you trust him very much, somewhat, or not at all?

VERY MUCH.................................................. 1

SOMewhat .......................................................... 2

NOT AT ALL.......................................................... 3

(18 CITIES ONLY – 2 CITIES NOT ASKED)

D3A. Could you trust anyone else to look after (CHILD)?

YES .............................................................................. 1

NO ............................................................................... 2  ➔ GO TO D4
(18 CITIES ONLY – 2 CITIES NOT ASKED)
D3B. Who could you trust to look after (CHILD)?

**PROBE:** Anyone else?

**CIRCLE ALL THAT APPLY**

- CHILD’S MATERNAL GRANDPARENT...... 1
- OTHER RELATIVE ON MOTHER’S SIDE ..... .................................................. 2
- CHILD’S PATERNAL GRANDPARENT ..... 3
- OTHER RELATIVE ON FATHER’S SIDE ... 4
- CHILD’S SIBLING ................................. 5
- FRIEND ............................................. 6
- OTHER (NOT SPECIFIED) ..................... 7

____________________________________

- CHILDCARE PROVIDER ......................... 101
- PARTNER/STEPFATHER .......................... 102
- GODPARENT ....................................... 103
- FAMILY MEMBER ................................. 104

(18 CITIES ONLY – 2 CITIES NOT ASKED)
D4. Now I’d like to ask you some questions about your relationship with [FATHER]. In general, would you say that your relationship with him is excellent, very good, good, fair, or poor?

- EXCELLENT ....................................... 1
- VERY GOOD ....................................... 2
- GOOD ............................................... 3
- FAIR ............................................... 4
- POOR ............................................... 5
- NEVER IN RELATIONSHIP ................. -10 ➔ **GO TO D9**
(18 CITIES ONLY – 2 CITIES NOT ASKED)
D4A. No matter how well parents get along, they sometimes have arguments. How often do you and [FATHER] argue about things that are important to you? Would you say . . .

- Always .................................................. 1
- Often ..................................................... 2
- Sometimes ............................................. 3
- Rarely, or .............................................. 4
- Never .................................................... 5

(CONSTRUCTED FOR 2 CITIES)
D5. ARE PARENTS CURRENTLY MARRIED OR ROMANTICALLY INVOLVED?
(A7=1 OR 2)

- YES ...................................................... 1
- NO ....................................................... 2  ➔ GO TO D7
PARENTS WHO ARE MARRIED OR-ROMANTICALLY INVOLVED:

(D6K, D6L - 18 CITIES ONLY – 2 CITIES NOT ASKED)

D6. Now, think about how (FATHER) behaves towards you. For each statement I read, please tell me how often he behaves this way.

(First) (READ ITEM). Does (FATHER) behave this way often, sometimes, or never?

<table>
<thead>
<tr>
<th>D6A. He is fair and willing to compromise when you have a disagreement</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>3</td>
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</tbody>
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<table>
<thead>
<tr>
<th>D6B. He expresses affection or love for you</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
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</tr>
</thead>
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<tr>
<th>D6C. He insults or criticizes you or your ideas</th>
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<tr>
<th>D6D. He encourages or helps you to do things that are important to you</th>
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<th>D6E. He tries to keep you from seeing or talking with your friends or family</th>
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<th>D6G. He withholds money, makes you ask for money, or takes your money</th>
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<tr>
<th>D6H. He slaps or kicks you</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
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<th>D6I. He hits you with his fist or an object that could hurt you</th>
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<th>D6J. He tries to make you have sex or do sexual things you don't want to do</th>
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<th>SOMETIMES</th>
<th>NEVER</th>
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<thead>
<tr>
<th>D6K. He listens to you when you need someone to talk to</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
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<td>3</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>D6L. He really understands your hurts and joys</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>3</td>
</tr>
</tbody>
</table>

GO TO D9, PAGE 66
D7. WERE PARENTS MARRIED OR ROMANTICALLY INVOLVED WHEN THE CHILD WAS BORN?  
(A6=1 OR 2)  

YES ........................................................................ 1  

NO ........................................................................ 2 ➔ GO TO D9

PARENTS WHO ARE NO LONGER TOGETHER:  

(D8K, D8L - 18 CITIES ONLY – 2 CITIES NOT ASKED)

D8. Now, think about how (FATHER) behaved towards you during the last month of your relationship. For each statement I read, please tell me how often he behaved this way.

(First) (READ ITEM). Did (FATHER) behave this way often, sometimes, or never?

<table>
<thead>
<tr>
<th>Item</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8A. He was fair and willing to compromise when you had a disagreement</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D8B. He expressed affection or love for you</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D8C. He insulted or criticized you or your ideas</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D8D. He encouraged or helped you to do things that were important to you</td>
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<td>3</td>
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<td>D8E. He tried to keep you from seeing or talking with your friends or family</td>
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<td>2</td>
<td>3</td>
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<td>D8F. He tried to prevent you from going to work or school</td>
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<td>D8G. He withheld money, made you ask for money, or took your money</td>
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<td>2</td>
<td>3</td>
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<td>2</td>
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<td>D8K. He listened to you when you needed someone to talk to</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D8L. He really understood your hurts and joys</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
FOR ALL MOTHERS:

D9. Couples sometimes get into fights. Were you ever cut, bruised, or seriously hurt in a fight with (FATHER)?

YES .................................................................................. 1
NO .................................................................................. 2 ➔ GO TO SECTION E

D9A. When did this happen? Did it happen . . .

<table>
<thead>
<tr>
<th>D9A1. Before you were pregnant?</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9A2. During your pregnancy?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D9A3. After (CHILD) was born?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

D9B. Did you ever go to the hospital for these injuries?

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

D9C. Did you tell anyone about this, such as a friend, a minister, a social worker, the police or someone else?

YES ................................................................. 1
NO ................................................................. 2
SECTION E: CURRENT PARTNER

E1. ARE MOTHER AND FATHER CURRENTLY LIVING TOGETHER?  
(A7A = 1 OR A7A = 2)

YES, LIVING TOGETHER.......................... 1 \(\text{GO TO SECTION F}\)
SOMETIMES LIVING TOGETHER ............ 2
NO ......................................................... 0

E2. Are you currently involved in a romantic relationship with someone other than (FATHER)?

YES .......................................................... 1
NO .............................................................. 2 \(\text{GO TO SECTION F}\)
REFUSED .................................................. -2 \(\text{GO TO SECTION F}\)

E2A. NOT FOR RESTRICTED RELEASE.

E2A1. CODE WITHOUT ASKING: PARTNER IS . . .

MALE......................................................... 1
FEMALE ...................................................... 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

E2A2. ARE MOTHER AND FATHER MARRIED?  
(A7=1)

YES .......................................................... 1 \(\text{GO TO E2C}\)
NO .............................................................. 2
E2B. Are you married to (CURRENT PARTNER)?

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

e2C. Do you and (CURRENT PARTNER) live together most of the time?

YES ................................................................. 1
NO ................................................................. 2 \(\Rightarrow\) GO TO E9

(CONSTRUCTED FOR 2 CITIES)

E3. DOES CHILD LIVE AWAY FROM MOTHER?
\(A3=4\)

YES ................................................................. 1 \(\Rightarrow\) GO TO E9
NO ................................................................. 2
E4. Now I would like to ask you some questions about things (CURRENT PARTNER) does with (CHILD).

For each activity, please tell me how many days a week he does this in a typical week.

How many days a week does he usually (READ ITEM)?


<table>
<thead>
<tr>
<th></th>
<th>Days per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>E4A. Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4B. Sing songs or nursery rhymes to (him/her)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4C. Read stories to (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4D. Tell stories to (him/her)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4E. Play inside with toys such as blocks or legos with (him/her)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4F. Take (CHILD) to visit relatives</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4G. Change (his/her) diaper</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4H. Feed or give a bottle to (him/her)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4I. Hug or show physical affection to (CHILD)</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
<tr>
<td>E4J. Put (CHILD) to bed</td>
<td>0 1 2 3 4 5 6 7 -2</td>
</tr>
</tbody>
</table>

(MX2E2C – 2 CITIES ONLY)

MX2E2C. Taken (CHILD) to play or for a walk outside

<table>
<thead>
<tr>
<th></th>
<th>Nearly Every Day</th>
<th>At Least Once a Week</th>
<th>At Least Once During Month</th>
<th>Never</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-2</td>
</tr>
</tbody>
</table>
E5. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (CURRENT PARTNER) spanked (CHILD) because (he/she) was misbehaving or acting up?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO E6A

E5A. Did (CURRENT PARTNER) do this . . .

Every day or nearly every day, ....................... 1
A few times a week,.............................. 2
A few times this past month, ....................... 3
Only once or twice, or ......................... 4
Not at all? ......................................................... 5

(18 CITIES ONLY – 2 CITIES NOT ASKED)
E6.

Partners can help in many different ways. Please tell me how often (CURRENT PARTNER) helps you with the following:

(READ ITEM). Would you say he helps you with this often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

E6A. How often does he look after (CHILD) when you need to do things? ............. 1 2 3 4
E6B. How often does he run errands like picking things up from the store? ............ 1 2 3 4
E6C. How often does he fix things around your home, paint, or help make it look nicer in other ways? ........................................ 1 2 3 4
E6D. How often does he take (CHILD) places (he/she) needs to go, such as to daycare or the doctor? ........................................ 1 2 3 4
The following questions are about the ways in which partners work together in raising a child. Please tell me how often the following statements are true for you and (CURRENT PARTNER).

(READ ITEM). Would you say it’s always true, sometimes true, or rarely true?

<table>
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<tr>
<th>E7A. When (CURRENT PARTNER) is with (CHILD), he acts like the kind of father you want for your child</th>
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If you had to go away for one week and could not take (CHILD) with you, how much would you trust (CURRENT PARTNER) to take care of your child? Would you trust him very much, somewhat, or not at all?

<table>
<thead>
<tr>
<th>VERY MUCH</th>
<th>SOMewhat</th>
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(18 CITIES ONLY – 2 CITIES NOT ASKED)

(18 CITIES ONLY – 2 CITIES NOT ASKED)
Now, think about how (CURRENT PARTNER) behaves towards you. For each statement I read, please tell me how often your partner behaves this way.

(First) (READ ITEM). Does (CURRENT PARTNER) behave this way often, sometimes, or never?

(E8K, E8L – 18 CITIES ONLY)

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<th></th>
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<td>E8I</td>
<td>He hits you with a fist or an object that could hurt you.....................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E8J</td>
<td>He tries to make you have sex or do sexual things you don’t want to do............................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E8K</td>
<td>He listens to you when you need someone to talk to...............................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E8L</td>
<td>He really understands your hurts and joys........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
E9. Couples sometimes get into fights. Were you ever cut, bruised, or seriously hurt in a fight with (CURRENT PARTNER)?

   YES ................................................................. 1
   NO ................................................................. 2 ➔ GO TO E10

E9A. When did this happen? Did this happen . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT IN RELATIONSHIP THEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>E9A1. Before you were pregnant?</td>
<td>1</td>
<td>2</td>
<td>-10</td>
</tr>
<tr>
<td>E9A2. During your pregnancy?</td>
<td>1</td>
<td>2</td>
<td>-10</td>
</tr>
<tr>
<td>E9A3. After (CHILD) was born?</td>
<td>1</td>
<td>2</td>
<td>XX</td>
</tr>
</tbody>
</table>

E9B. Did you ever go to the hospital for these injuries?

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

E9C. Did you tell anyone about this, such as a friend, a minister, a social worker, the police, or someone else?

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

E10. Has (CURRENT PARTNER) spent any time in jail or prison?

   YES ................................................................. 1
   NO ................................................................. 2
SECTION F: DEMOGRAPHICS

F1. **Not including yourself**, how many people are currently living with you? Please include people who sleep in this home most nights.

<table>
<thead>
<tr>
<th>PEOPLE</th>
<th>GO TO F2A</th>
</tr>
</thead>
</table>

RESPONDENT LIVES ALONE .......................... 0 ➔ GO TO SECTION G

RESPONDENT LIVES IN JAIL, SHELTER, ON THE STREET ............................ -10 ➔ GO TO SECTION G

HOUSEHOLD GRID INSTRUCTIONS

F2A. **IF ONLY 1 PERSON**, SAY: And what is this person’s name or initials?

**IF MORE THAN 1 PERSON**, SAY: I’d like to make a list of these (NUMBER) people who currently live in your household.

**PUT THE NAMES IN COLUMN ANAME IN THE GRID.**

Please start by giving me the first name of the oldest person currently living in your household. Please do not include yourself.

**PROBE IF RESPONDENT IS HESITANT:** Initials are fine, I just need to have some way to refer to them.

What is the name of the next oldest person who usually lives here?

**CONTINUE UNTIL YOU HAVE FINISHED COLLECTING ALL NAMES.**

**IF NECESSARY, RECONCILE NUMBER OF PEOPLE IN HOUSEHOLD IN F1 WITH NUMBER OF PEOPLE LISTED:** You told me there are (NUMBER) of people listed in the household, and you have given me (NUMBER) names. Please tell me which I should correct.
ASK F2B-F2E FOR EACH PERSON LISTED IN COLUMN F2A.

F2B. CODE WITHOUT ASKING IF OBVIOUS: Is (PERSON) male or female?

F2C. What is (his/her) age? FOR CHILDREN 18 MONTHS OR YOUNGER, CODE IN MONTHS. FOR CHILDREN OLDER THAN 18 MONTHS, ROUND TO NEAREST YEAR.

CODE EXACT AGE IF GIVEN. IF DON’T KNOW OR REFUSED, ASK: Is (PERSON)

- a newborn to 15 year old, .............................................. -11
- 16 to 21, ................................................................. -12
- 22 to 30, ................................................................. -13
- 31 to 50, ................................................................. -14
- 51 to 65, or ............................................................... -15
- older than 65? .......................................................... -16

F2D. What is (his/her) relationship to you?

F2E. IF PERSON IS 16 OR OLDER, ASK: Is (PERSON) currently working?
<table>
<thead>
<tr>
<th>F2B. GENDER</th>
<th>F2C. AGE</th>
<th>F2D. RELATIONSHIP</th>
<th>F2E. EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>What is (his/her) relationship to you?</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>SPOUSE:.......................... 1</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>PARTNER/(BOY/GIRLFRIEND): 2</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>PARENT:........................... 3</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>PARENT IN-LAW:.................... 4</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>BIO./ADOPTED CHILD:.............. 5</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>STEPCHILD:........................ 6</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>FOSTER CHILD:..................... 7</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>SIBLING (BROTHER/SISTER):........ 8</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>GRANDPARENT:...................... 9</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>AUNT/UNCLE:....................... 10</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>COUSIN:.......................... 11</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>NOT-RELATED ADULT:.............. 12</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>NOT-RELATED CHILD:............... 13</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>NIECE/NEPHEW:.................. 15</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>GRANDCHILD:.................... 16</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>NEW PARTNER:................... 101</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>NEW SPOUSE:.................... 102</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>UNKNOWN RELATED ADULT:..... 103</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>UNKNOWN RELATED CHILD:..... 104</td>
</tr>
</tbody>
</table>

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?

Circle One

YES

NO

Is (PERSON) male or female?

Is (PERSON) currently working?
F3. IS (CHILD) MOTHERS ONLY BIOLOGICAL CHILD?  
\((A12=1 \text{ AND } C24=2)\)

YES .......................................................... 1 \(\rightarrow\) GO TO F5
NO ............................................................. 2
DON'T KNOW .............................................. -2

F4. Do you have any other biological children who are not living with you now?

YES .......................................................... 1
NO ............................................................. 2 \(\rightarrow\) GO TO F5

F4A. How many other living children do you have who don't live with you?

|___|___| CHILDREN

F4B. How old (are those other (NUMBER IN F4)/ is that other) child(ren)?

RECORD YEARS OLD. ROUND BIRTH TO 5 MONTHS AS A00\(\equiv\) AND CHILDREN 6 MONTHS TO 1 YEAR AS A01\(\equiv\).

|___|___| AGE (F4B1) |___|___| AGE (F4B2) |___|___| AGE (F4B3) |___|___| AGE (F4B4) |___|___| AGE (F4B5)

F5. Since (CHILD) was born, have you had any pregnancies that ended in either miscarriage, stillbirth, or abortion?

YES .......................................................... 1
NO ............................................................. 2 \(\rightarrow\) GO TO F6
CODE WITHOUT ASKING IF KNOWN:
F5A. Did you have a miscarriage (or stillbirth), an abortion, or both a miscarriage and abortion?

MISCARRIAGE/STILLBIRTH .................... 1
ABORTION ...................................... 2
BOTH............................................. 3

F6. Since (CHILD) was born, have you had another baby or are you pregnant now?

YES, HAD ANOTHER BABY ................. 1
YES, PREGNANT NOW ...................... 2
YES, HAD ANOTHER BABY AND IS PREGNANT ........................................ 3
NO .................................................. 4
SECTION G: MOTHER’S FAMILY BACKGROUND AND SUPPORT

Next, I have a few questions about your parents, your background, and the help you can get from other people.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G1A. First, in what country or territory was your father born?

________________________ COUNTRY/TERRITORY

UNITED STATES ........................................... 1
DON’T KNOW .............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G1B. In what country or territory was your mother born?

________________________ COUNTRY/TERRITORY

UNITED STATES ........................................... 1
DON’T KNOW .............................................. -2

(2 CITIES ONLY)
MX2G1. Which of your biological parents were born in the United States?
Was it your . . .

Mother and father, ........................................ 1
Mother only, .............................................. 2
Father only, .............................................. 3
Or neither parent? ........................................ 4
DON’T KNOW WHERE BORN ...................... -2
NEVER KNEW BIOLOGICAL PARENTS ........... -10
(CONSTRUCTED FOR 2 CITIES)
G1C. WERE BOTH PARENTS BORN IN THE UNITED STATES?
(G1A=1 AND G1B=1)

YES ......................................................... 1 ➔ GO TO G2
NO ............................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G1D. Are you a United States citizen?

YES ............................................................. 1
NO ............................................................. 2
DON'T KNOW .............................................. -2
REFUSED ...................................................... -1
G2. What is the highest grade of school that your biological mother completed?

<table>
<thead>
<tr>
<th>Grade Completed</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NONE</td>
</tr>
<tr>
<td>2</td>
<td>ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL</td>
</tr>
<tr>
<td>3</td>
<td>REGULAR HIGH SCHOOL</td>
</tr>
<tr>
<td>4</td>
<td>ABE OR GED PROGRAM</td>
</tr>
<tr>
<td>5</td>
<td>NURSING SCHOOL (LPN OR RN)</td>
</tr>
<tr>
<td>6</td>
<td>BUSINESS OR SECRETARIAL SCHOOL</td>
</tr>
<tr>
<td>7</td>
<td>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL</td>
</tr>
<tr>
<td>8</td>
<td>JUNIOR/COMMUNITY COLLEGE (2-YEAR)</td>
</tr>
<tr>
<td>9</td>
<td>COLLEGE (4-YEAR)</td>
</tr>
<tr>
<td>10</td>
<td>OTHER TYPE OF SCHOOL (NOT SPECIFIED)</td>
</tr>
<tr>
<td>11</td>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>SOME COLLEGE</td>
</tr>
<tr>
<td>-2</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY)
(18 CITIES ONLY – 2 CITIES NOT ASKED)

G3. What is the highest grade of school that your biological father completed?

NONE ................................................................. 1
ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL .................. 2
REGULAR HIGH SCHOOL ........................................ 3
ABE OR GED PROGRAM ........................................... 4
NURSING SCHOOL (LPN OR RN) ........................... 5
BUSINESS OR SECRETARIAL SCHOOL ............................. 6
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ............... 7
JUNIOR/COMMUNITY COLLEGE (2-YEAR) ....................... 8
COLLEGE (4-YEAR) ............................................... 9
OTHER TYPE OF SCHOOL (NOT SPECIFIED) .................. 10

GRADUATE OR PROFESSIONAL SCHOOL ..................... 11
SOME COLLEGE .................................................. 12
DON'T KNOW ...................................................... -2
G4. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements about your background.

G4A. I feel an attachment towards my own racial or ethnic heritage. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

STRONGLY AGREE ................................... 1
SOMewhat AGREE ..................................... 2
SOMewhat DISAGREE ................................... 3
STRONGLY DISAGREE ................................. 4

G4B. I participate in cultural practices of my own group, such as special food, music, or customs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

STRONGLY AGREE ................................... 1
SOMewhat AGREE ..................................... 2
SOMewhat DISAGREE ................................... 3
STRONGLY DISAGREE ................................. 4

G4C. How often do you go to religious services? Is it . . .

More than once a week ............................ 1
About once a week, ................................. 2
A few times a month, .............................. 3
A few times a year, ................................. 4
Less often than that, or ........................... 5
Never ....................................................... 6
About once a week ................................. 201 (2 CITIES ONLY)
A few times a month ............................ 202 (2 CITIES ONLY)
A few times a year ................................. 203 (2 CITIES ONLY)
Less often than that ............................... 204 (2 CITIES ONLY)
Never ....................................................... 205 (2 CITIES ONLY)
G5. Since (CHILD) was born, have you received any financial help or money from anyone other than (FATHER)? Please include your relatives and friends, and his relatives and friends, but don’t include help from any government or private agency.

YES ................................................................................. 1
NO ................................................................................. 2 ➔ GO TO G6

G5A. Who gave you financial help or money?

PROBE: Anyone else?

CIRCLE ALL THAT APPLY

RESPONDENT’S PARENTS ......................... 1
OTHER RELATIVES OF MOTHER .............. 2
FATHER’S PARENTS ..................................... 3
OTHER RELATIVES OF FATHER .............. 4
FRIEND(S) ......................................................... 5
BOYFRIEND/PARTNER .............................. 6
PARTNER’S FAMILY ................................. 7
OTHER (NOT SPECIFIED) ......................... 8
____________________________________________

G5B. About how much financial help or money were you given since (CHILD) was born?

$ |___|___|,|___|___|___| ➔ GO TO G6

DON’T KNOW ......................................................... -2
REFUSED .............................................................. -1
G5C. I just need to know a range. Can you tell me if it was . . .

Less than $500, .................................. 1
$501 to $1,000, .................................. 2
$1,001 to $2,000, .................................. 3
$2,001 to $3,000, .................................. 4
$3,001 to $4,000, .................................. 5
$4,001 to $5,000, .................................. 6
$5,001 to $10,000, or ................................. 7
More than $10,000? ................................. 8
DON'T KNOW .................................. -2
REFUSED .................................. -1

G6. Next, I want to ask you about help you could get during this next year if you needed it.

If you needed help during the next year, could you count on someone to . . .

G6A. Loan you $200?

YES ................................................. 1
NO ................................................... 2  ➔ GO TO G6B

G6A1. What about $1,000?

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

G6B. (Is there someone you could count on to) provide you with a place to live?

YES ................................................. 1
NO ................................................... 2
G6C. (Is there someone you could count on to) help you with emergency child care?

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

G6D. (Is there someone you could count on to) co-sign for a bank loan with you for $1,000?

    YES .......................................................... 1  ➔ GO TO G7
    NO ............................................................ 2

G6D1. What about co-signing for $5,000?

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

G7. Now I’d like to ask you some questions about your biological father and his involvement in your life while you were growing up. Would you say he was . . .

    Very involved, .............................................. 1  ➔ GO TO G10A
    Somewhat involved, or .................................. 2  ➔ GO TO G8
    Not at all involved? ......................................... 3

G7A. Did you know your biological father when you were growing up?

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

G8. Was there another man who was like a father to you when you were growing up?

    YES .......................................................... 1  ➔ GO TO G9A
    NO ............................................................ 2
G8A. Who was this person?

INTERVIEWER: IF MORE THAN 1 MAN IS NAMED, PROBE FOR THE MAN WHO WAS MOST LIKE A FATHER.

CIRCLE ONE

ADOPTIVE FATHER ........................................ 1
STEPFATHER .............................................. 2
FOSTER FATHER .......................................... 3
MOTHER'S PARTNER ....................................... 4
UNCLE ....................................................... 5
GRANDFATHER ........................................... 6
BROTHER (INCLUDE STEP AND HALF BROTHERS) ............. 7
Cousin ...................................................... 8
MINISTER/CLERGY MEMBER .............................. 9
TEACHER ................................................... 10
NEIGHBOR .................................................. 11
OTHER (NOT SPECIFIED) ................................. 12

BROTHER-IN-LAW ......................................... 101
FRIEND ..................................................... 102
GOD FATHER .............................................. 103
EX-HUSBAND .............................................. 104
G9.  FATHER CHECKPOINT

G9A.  DID RESPONDENT KNOW HER BIOLOGICAL FATHER?
(G7=1 OR 2, OR G7A=1)

YES ......................................................... 1  ➔ GO TO G10A

NO .......................................................... 2

G9B.  DID RESPONDENT HAVE A FATHER-Figure?
(G8=1)

YES ............................................................ 1  ➔ GO TO G10B

NO ............................................................ 2  ➔ GO TO G10C

G10A.  How well do you get along with your father now? Would you say you get along with him . . .

Very well, ..................................................... 1
Pretty well, or ............................................... 2
Not very well? .............................................. 3
DECEASED .................................................. -10

GO TO G10C

G10B.  How well do you get along with him now? Would you say you get along with him . . .

Very well, ..................................................... 1
Pretty well, or ............................................... 2
Not very well? .............................................. 3
DECEASED .................................................. -10
G10C. How well do you get along with your mother? Would you say you get along with her . . .

- Very well, ........................................... 1
- Pretty well, or ......................................... 2
- Not very well? ........................................ 3
- DECEASED ........................................... -10

G10D. ARE RESPONDENT’S PARENTS BOTH DECEASED OR UNKNOWN?
(G10A=n AND G10C=n) OR (G10C=n AND G7A=0 AND G8=0)

- YES ....................................................... 1  ➔ GO TO G12
- NO ......................................................... 2

G11. How well does (FATHER) get along with your parents? Would you say he gets along with them . . .

NOTE: IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT.
G12. How well do you get along with (FATHER’S) parents? Would you say you get along with them . . .

NOTE: IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT.

Very well, .................................................... 1
Pretty well, or ............................................. 2
Not very well? ............................................. 3
GETS ALONG WITH ONE PARENT,
BUT NOT THE OTHER ................................. -14
BOTH PARENTS DECEASED ......................... -10
NEVER MET FATHER’S PARENTS ............. -11

(CONSTRUCTED FOR 2 CITIES)

G12A. ARE RESPONDENT’S PARENTS BOTH DECEASED?
(G10D=1)

YES ............................................................. 1 ➔ GO TO G13A
NO ............................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

G13. How often does (CHILD) see your parents? Would you say . . .

NOTE: IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT.
IF CHILD SEES ONE PARENT MORE THAN THE OTHER, CODE FOR THE MOST FREQUENT ONE.

Once a week or more, ............................... 1
A few times a month, ................................. 2
A few times a year, ................................. 3
Less often than that, or ............................ 4
Never? .. ................................................. 5
G13A. ARE FATHER’S PARENTS BOTH DECEASED?  
(G12=-10)  

YES ................................................................. 1 ➔ GO TO SECTION H  
NO ................................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)  
G14. How often does (CHILD) see (FATHER’S) parents? Would you say . . .  

NOTE: IF ONLY ONE PARENT LIVING, CODE FOR THE LIVING PARENT.  
IF CHILD SEES ONE PARENT MORE THAN THE OTHER, CODE FOR  
THE MOST FREQUENT ONE.

Once a week or more, ........................................ 1  
A few times a month, ........................................... 2  
A few times a year, ............................................. 3  
Less often than that, or ...................................... 4  
Never? . ..................................................... 5
SECTION H: ENVIRONMENT AND PROGRAMS

Now I would like to ask you some questions about your housing situation.

H1. Have you moved since (CHILD) was born?

   YES ................................................................. 1
   NO ................................................................. 2  → GO TO H2

H1A. How many times?

   [___][___] MOVES

H2. What is your current housing situation? Please stop me when I read the statement that describes your situation. Do you . . .

   [CIRCLE ONE]
   Rent your own apartment or house, .......... 1 → GO TO H4
   Live with family or friends and contribute part of the rent, ................................. 2 → GO TO H4
   Live with family or friends and not pay rent, ...................................................... 3 → GO TO H5
   Own your own home, ....................................... 4 → GO TO H3
   Live in a house or condo owned by another family member, ................................. 5 → GO TO H3
   Live in temporary housing or a group shelter, or .................................................. 6 → GO TO H8
   Do you live in some other housing arrangement? (SPECIFY) ................................ 7 → GO TO H8

   ______________________________
   HALFWAY HOUSE/TREATMENT
   FACILITY ......................................................... 8 → GO TO H8
   JAIL ................................................................. 9 → GO TO H8
   ON THE STREET, HOMELESS ......................... 10 → GO TO H8
H3. Approximately, how much do you think (you/they) could sell this home for today?

PROBE FOR APPROXIMATE AMOUNT.

$ |___|___|___|___|___|

DON’T KNOW ........................................ -2
REFUSED................................................ -1

H3A. Approximately, how much do (you/they) owe on this house?

PROBE FOR APPROXIMATE AMOUNT.

$ |___|___|___|___|___|

DON’T KNOW ........................................ -2
REFUSED................................................ -1

H3B. What are (your/their) monthly mortgage payments? Please include taxes and any insurance payments that are included in the monthly payments.

$ |___|___|___|___|___|

DON’T KNOW ........................................ -2
REFUSED................................................ -1

H3C. DOES RESPONDENT LIVE IN A HOUSE OR CONDO OWNED BY ANOTHER FAMILY MEMBER?
(H2=5)

YES ...................................................... 1
NO ......................................................... 2 ➔ GO TO H8

H4. How much rent do you pay each month?

$ |___|___|___|___|___| PER MONTH

NONE .................................................... 0
DON’T KNOW ........................................ -2
REFUSED................................................ -1
CODE WITHOUT ASKING IF KNOWN:
H5. Is this home in a public housing project?

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

(CONSTRUCTED FOR 2 CITIES)
H6. DOES RESPONDENT LIVE WITH FAMILY OR FRIENDS, BUT PAY NO RENT?
    (H2=3, OR H2=5 AND H4=0)

YES .......................................................... 1 ➔ GO TO H8
NO ............................................................. 2

H7. Is the federal, state, or local government helping to pay for your rent?

PROBE: This help can be in the form of additional money added to your
benefits, as a voucher that you give your landlord, or as assistance
from Section 8.

YES .......................................................... 1
NO ............................................................. 2
**H8.** My next questions are about help you may have received from some agencies and government programs.

Since (CHILD) was born, have you received help from any of the following agencies or programs?

<table>
<thead>
<tr>
<th>H8A. An agency to help you collect child support?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>H8B. A visiting nurse, Healthy Start, or other parenting classes?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>H8C. Head Start or Early Head Start?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>H8D. A child care referral agency?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>H8E. W.I.C? (Woman, Infant, and Child Program)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>H8F. An Employment Office (PROBE: Include Welfare office and Welfare Job placement)?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**H8G.** What other kinds of local, state or federal agencies have helped you since (CHILD) was born? Do not include help you may have received from welfare or TANF.

**PROBE:** By welfare or TANF, we mean Temporary Assistance to Needy Families, AFDC, or cash welfare.

**SPECIFY:**

MEDICAL ASSISTANCE .................. 101  
COMMUNITY AGENCIES .................. 102  
DISABILITY/SSI .......................... 103  
EDUCATIONAL ASSISTANCE FOR MOTHER/CHILD .................. 104  
ENERGY ASSISTANCE ...................... 105  
HOUSING ASSISTANCE ................... 106  
OTHER SERVICES ......................... 107  
OTHER SERVICES – UNSPECIFIED ...... 108  
NONE  .................................. -10
H9. In the past 12 months, have you received income from any of the following programs?

Have you received income from (ITEM)?

H9A. **FIRST, CODE YES OR NO FOR EACH PROGRAM. THEN, FOR EACH PROGRAM CODED YES, ASK:**

H9B. How many months did you receive help from (PROGRAM) in the last 12 months?

H9C. Approximately how much did you receive (last month/the last month you received [BENEFIT])?

<table>
<thead>
<tr>
<th>H9A</th>
<th>H9B</th>
<th>H9C</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>MONTHS RECEIVED</td>
</tr>
<tr>
<td>(1.) Welfare or TANF........................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>PROBE:</strong> By welfare or TANF, we mean Temporary Assistance to Needy Families, AFDC, or cash welfare.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2.) Food Stamps...........................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(3.) Other Assistance such as Unemployment Insurance, or Worker's Compensation (NOT SPECIFIED)........................................</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(CONSTRUCTED FOR 2 CITIES)

H10A. **DID MOTHER RECEIVE WELFARE OR TANF IN THE LAST 12 MONTHS?**

(H9A1=1)

YES ................................................................. 1

NO ............................................................... 2 \(\Rightarrow\) **GO TO H11**

(18 CITIES ONLY – 2 CITIES NOT ASKED)

**CODE WITHOUT ASKING IF KNOWN:**

H10B. Are you currently receiving welfare or TANF?

YES ................................................................. 1

NO ............................................................... 2 \(\Rightarrow\) **GO TO H11A**
(18 CITIES ONLY – 2 CITIES NOT ASKED)
H10C. For how long have you been receiving welfare or TANF?

**PROBE:** This time.

|___|___| YEARS |___|___| MONTHS

DON'T KNOW ........................................... -2
REFUSED.................................................. -1

GO TO H12

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H11. Have you ever received welfare or TANF?

YES .............................................................. 1
NO ............................................................... 2 ➔ GO TO H12

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H11A. When did you last receive welfare or TANF?

|___|___| / |___|___|___|
MONTH   YEAR
(H11A1)   (H11A2)

H12. Do you or (CHILD) receive Supplemental Security Income (SSI)?

YES .............................................................. 1
NO ............................................................... 2 ➔ GO TO H13
H12A. Who receives SSI?

RESPONDENT ........................................... 1

CHILD .......................................................... 2

BOTH RESPONDENT AND CHILD .............. 3

OTHER (NOT SPECIFIED) ................................. 4

RESPONDENT AND OTHER CHILD ........... 101

OTHER CHILD ................................................ 102

H12B. How many months did (you/CHILD/OTHER) receive help from SSI in the last 12 months?

|___|___| MONTHS

H12C. Approximately how much did you receive each month?

$ |____|____|

H13. WAS RESPONDENT ON WELFARE/TANF IN THE PAST 12 MONTHS?

(H9A1=1)

YES ............................................................... 1

NO ................................................................. 2 ➔ GO TO H16

H14. Were you required to do anything, such as work, go to school, look for a job, or name the father of your child in return for your welfare benefits?

YES ............................................................... 1

NO ................................................................. 2 ➔ GO TO H17
H14A. What were you required to do?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

LOOK FOR A JOB ........................................ 1
WORK IN A PAID JOB ............................ 2
WORK IN AN UNPAID JOB ....................... 3
ATTEND SCHOOL OR TRAINING ............. 4
NAME FATHER OF CHILD ......................... 5
OTHER (NOT SPECIFIED) ......................... 6

FILE FOR CHILD SUPPORT ...................... 101
PARTICIPATE IN WORK PROGRAM ............ 102

H15. Were your benefits reduced or cut at any time in the past 12 months because you did not fulfill these requirements?

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

GO TO H17

H16. Was there ever a time in the past 12 months that you thought you might be eligible for welfare?

YES ......................................................... 1
NO ......................................................... 2  ➔ GO TO H17

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H16A. Did you apply for welfare in the past 12 months?

YES, APPLIED ........................................... 1
NO, DID NOT APPLY (OR DID NOT FINISH) ......................... 2  ➔ GO TO H17
**Fragile Families One-Year Mother Public Use Questionnaire**

Revised: April 9, 2013

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**MX2H14A.** Did you ever apply for welfare?

- **YES, APPLIED** ........................................ 1
- **NO, DID NOT APPLY (OR DID NOT FINISH)** ........................................ 2 ➔ GO TO H17

**H16B.** What happened with the application? Was it turned down, did you get the benefits, or are you still waiting to hear?

- **TURNED DOWN** ........................................ 1
- **RECEIVED BENEFITS** ........................................ 2
- **STILL WAITING TO HEAR** ........................................ 3
- **DON'T KNOW** ........................................... d
- **REFUSED** ................................................. r

**H17.** HAS RESPONDENT RECEIVED FOOD STAMPS IN THE PAST 12 MONTHS?

*H9A2=1*

- **YES** ................................................. 1 ➔ GO TO H18C
- **NO** ................................................. 2

**H18.** Was there ever a time in the past 12 months that you thought you might be eligible for food stamps?

- **YES** ................................................. 1
- **NO** ................................................. 2 ➔ GO TO H18C

**H18A.** Did you apply for food stamps in the past 12 months?

- **YES, APPLIED** ........................................ 1
- **NO, DID NOT APPLY (OR DID NOT FINISH)** ........................................ 2 ➔ GO TO H18C

---

*(18 CITIES ONLY – 2 CITIES NOT ASKED)*

**H18A.** Did you apply for food stamps in the past 12 months?

- **YES, APPLIED** ........................................ 1
- **NO, DID NOT APPLY (OR DID NOT FINISH)** ........................................ 2 ➔ GO TO H18C
(2 CITIES ONLY)

MX2H16A. Did you ever apply for food stamps?

YES, APPLIED .............................................. 1
NO, DID NOT APPLY (OR DID NOT FINISH) ...................... 2 ➔ GO TO H18C

H18B. What happened with the application? Was it turned down, did you get the benefits, or are you still waiting to hear?

TURNED DOWN .............................................. 1
RECEIVED BENEFITS ...................................... 2
STILL WAITING TO HEAR ................................. 3
DON’T KNOW .................................................. -2
REFUSED ...................................................... -1

H18C. Did you fill out a federal tax return for (PREVIOUS FULL YEAR)?

GUP

YES .............................................................. 1
NO ............................................................... 2 ➔ GO TO H19
NOT YET, BUT WILL ...................................... 3 ➔ GO TO H19

H18C1. As part of filling out your federal tax return for (YEAR), did you fill out a special form to claim the Earned Income Credit, called Schedule EIC (Qualifying Child Information)?

PROBE IF DON’T KNOW WHAT EIC IS: The federal government has a special rule that allows working people who make less than about $29,000 a year to get a tax refund. It’s called the Earned Income Credit or EIC. Sometimes, if the IRS thinks that someone is eligible for the EIC they send out a letter asking that person to fill out a special form so that they can claim the EIC.

YES .............................................................. 1
NO ............................................................... 2
DON’T KNOW .................................................. d
H19. We are also interested in some of the problems that families face making ends meet. In the past 12 months, did you do any of the following because there wasn’t enough money?

**NOTE: REPEAT AS NEEDED** because there wasn’t enough money

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H19A.</strong></td>
<td>In the past 12 months, did you receive free food or meals? ............</td>
</tr>
<tr>
<td><strong>H19B.</strong></td>
<td>(In the past 12 months), did your (child/children) go hungry? ........</td>
</tr>
<tr>
<td><strong>H19C.</strong></td>
<td>(In the past 12 months), did you go hungry? ................................</td>
</tr>
<tr>
<td><strong>H19D.</strong></td>
<td>(In the past 12 months), did you not pay the full amount of rent or mortgage payments? ........................................</td>
</tr>
<tr>
<td><strong>H19E.</strong></td>
<td>(In the past 12 months), were you evicted from your home or apartment for not paying the rent or mortgage? ......................</td>
</tr>
<tr>
<td><strong>H19F.</strong></td>
<td>(In the past 12 months), did you not pay the full amount of a gas, oil or electricity bill? ............................................</td>
</tr>
<tr>
<td><strong>H19G.</strong></td>
<td>(In the past 12 months), was service turned off by the gas or electric company, or did the oil company not deliver oil? ........</td>
</tr>
<tr>
<td><strong>H19H.</strong></td>
<td>(In the past 12 months), was service disconnected by the telephone company because payments were not made? ...............</td>
</tr>
<tr>
<td><strong>H19I.</strong></td>
<td>(In the past 12 months), did you borrow money from friends or family to help pay bills? .................................................</td>
</tr>
<tr>
<td><strong>H19J.</strong></td>
<td>(In the past 12 months), did you move in with other people even for a little while because of financial problems? ...............</td>
</tr>
<tr>
<td><strong>H19K.</strong></td>
<td>(In the past 12 months), did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night? ................................</td>
</tr>
<tr>
<td><strong>H19L.</strong></td>
<td>(In the past 12 months), was there anyone in your household who needed to see a doctor or go to the hospital but couldn’t go because of the cost? .................................................</td>
</tr>
</tbody>
</table>
SECTION J: HEALTH AND HEALTH BEHAVIOR

Now I’d like to ask you some questions about your health and how you’ve been feeling in the past year.

J1. In general, how is your health? Would you say it is . . .

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

J2. Do you have a serious health problem that limits the amount or kind of work you can do?

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

J3. Are you or your child(ren) (who live with you) currently covered by Medicaid (CA: Medi-Cal) or by another public, federal or state assistance program which pays for medical care or do you belong to a Medicaid HMO?

   YES ......................................................... 1
   NO .......................................................... 2 ➔ GO TO J4

J3A. Who is covered by this program? Is it . . .

   You only, .................................................... 1
   Your child(ren) only, or ................................. 2
   Both you and your child(ren)? ......................... 3 ➔ GO TO J5
J4. Are you or your child(ren) currently covered by a private health insurance plan?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO J5

J4A. Who is covered by private insurance? Is it . . .

You only,....................................................... 1
Your child(ren) only, or ...................................... 2
Both you and your child(ren)?......................... 3

J4B. Did you purchase the plan yourself, did someone else purchase it, or did you get it through an employer?

PROBE: Any others?

CIRCLE ALL THAT APPLY

PURCHASED BY SELF ................................. 1
PURCHASED BY OTHER .............................. 2
THROUGH RESPONDENT’S EMPLOYER ....................... 3
THROUGH CHILD’S FATHER’S EMPLOYER .................. 4
THROUGH PARTNER’S EMPLOYER ........ 5
OTHER (NOT SPECIFIED) ......................... 6

RELATIVE’S EMPLOYER ............................. 101
GOVERNMENT AGENCY ......................... 102
CHILD’S FATHER ................................. 102
J5. In the past month, did you smoke cigarettes?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO J6

J5A. How many packs per day do you usually smoke?

NOTE: 20 CIGARETTES EQUALS ONE PACK.

HALF A PACK A DAY OR LESS .................... 1
ABOUT A PACK .............................................. 2
A PACK AND A HALF .................................. 3
ABOUT 2 PACKS ......................................... 4
MORE THAN TWO PACKS ....................... 5

J6. In the past month, did you drink any alcoholic beverages such as beer, wine, or liquor?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO J7

J6A. In the past month, how many days did you have five or more drinks in one day?

|   |   | DAYS

NONE ... ...................................................... 0

J7. In the past month, did you smoke marijuana or pot?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO J8
J7A. In the past month, how often did you smoke marijuana or pot?
Was it . . .

   Every day, ........................................ 1
   Almost every day, .............................. 2
   A few times in the past month, ............. 3
   Or less often than that? ...................... 4

J8. In the past month, did you use cocaine, crack, speed, LSD, or heroin or any other kind of hard drug?

   YES .................................................. 1
   NO ..................................................... 2 ➔ GO TO J9

J8A. In the past month how often did you use any of these drugs?

   Every day, ........................................ 1
   Almost every day, .............................. 2
   A few times a month, ......................... 3
   Or less often than that? ...................... 4

J9. Since (CHILD) was born, has your drinking or using drugs interfered with how you manage on a day-to-day basis?

   YES .................................................. 1
   NO ..................................................... 2
   VOLUNTEERED: HARDLY OR NEVER DRANK OR USED DRUGS..........-10 ➔ GO TO J12

J10. Since (CHILD) was born, has your drinking or using drugs interfered with your personal relationships?

   YES .................................................. 1
   NO ..................................................... 2
J11. Since (CHILD) was born, have you sought help or been treated for drug or alcohol problems?

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

J12. During the past 12 months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?

YES ................................................................. 1
NO ................................................................. 2 ➔ GO TO J14
NO, ON MEDICATION/ ANTI-DEPRESSANTS ........................................ -11 ➔ GO TO J14

J13. For the next two questions, please think of the two week period during the past 12 months when these feelings were the worst. During that time, did the feelings of being sad, blue, or depressed usually last . . .

All day long, ...................................................... 1
Most of the day, ............................................... 2
About half of the day, or ................................. 3
Less than half the day? ................................. 4 ➔ GO TO J14

J13A. During those two weeks, did you feel this way . . .

Every day, ...................................................... 1
Almost every day, or ........................................ 2
Less often? ...................................................... 3 ➔ GO TO J14

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J13B. During those two weeks, did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

YES ................................................................. 1
NO ................................................................. 2
J13C1. WAS RESPONDENT SAD, BLUE, OR DEPRESSED FOR 2 WEEKS?  
(J12=1)

YES ................................................................. 1
NO ................................................................. 2  \( \Rightarrow \) GO TO J14

J13C2. DID FEELING LAST ALL, MOST, OR HALF OF THE DAY? 
(J13=1, 2, OR 3)

YES ................................................................. 1
NO ................................................................. 2  \( \Rightarrow \) GO TO J14

J13C3. DID RESPONDENT FEEL THIS WAY EVERY DAY OR ALMOST EVERY DAY?  
(J13A=1 OR 2)

YES ................................................................. 1  \( \Rightarrow \) GO TO J15A
NO ................................................................. 2

J14. During the past 12 months, has there ever been a time lasting two weeks or more 
when you lost interest in most things like hobbies, work, or activities that usually 
give you pleasure?

YES ................................................................. 1
NO ................................................................. 2  \( \Rightarrow \) GO TO J16
NO, ON MEDICATION/ 
ANTI-DEPRESSANTS.............................................. -11  \( \Rightarrow \) GO TO J16

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J14A. For the next few questions, please think of the two-week period during the past 12 
months 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, ................................................. 1
Most of the day, ................................................ 2
About half of the day, or .............................. 3
Less than half the day? .............................. 4  \( \Rightarrow \) GO TO J16
J14B. Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY ........................................... 1
ALMOST EVERY DAY ............................... 2
LESS OFTEN ........................................ 3  ➔ GO TO J16

J15A. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J15B. Did you gain or lose weight without trying, or did you stay about the same?

PROBE: We are still talking about the same 2 weeks.

GAIN.................................................. 1
LOSE ..................................................... 2
IF VOLUNTEERED: BOTH GAINED
AND LOST WEIGHT .............................. 3
STAY ABOUT THE SAME ..................... 4  ➔ GO TO J15C
IF VOLUNTEERED: MOTHER WAS
ON A DIET ................................…….. 5  ➔ GO TO J15C

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J15B1. About how much did (you gain/you lose/your weight change)?

|____|____|____| POUNDS

INTERVIEWER: IF RESPONDENT OFFERS A RANGE, TAKE THE NUMBER AT THE LOWER END.
(2 CITIES ONLY)

MX2J15C. During that time did you Gain or lose 10 pounds without trying?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

J15C. Did you have more trouble falling asleep than you usually do during those two weeks?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J15C1. Did that happen every night, nearly every night or less often during those two weeks?

<table>
<thead>
<tr>
<th>EVERY NIGHT</th>
<th>NEARLY EVERY NIGHT</th>
<th>LESS OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

J15D. During those two weeks, did you have a lot more trouble concentrating than usual?

**PROBE:** We are still talking about the same two weeks.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

J15E. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

**PROBE:** We are still talking about the same two weeks.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
J15F. Did you think a lot about death--either your own, someone else's, or death in general during those two weeks?

**PROBE:** We are still talking about the same two weeks.

YES ...................................................................................... 1

NO ....................................................................................... 2

J16. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

YES ...................................................................................... 1 \(\Rightarrow\) GO TO J16B

NO ....................................................................................... 2

J16A. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

YES ...................................................................................... 1

NO ....................................................................................... 2 \(\Rightarrow\) GO TO K1

J16B. Is that period of time still going on?

STILL GOING ON......................................................... 1

ENDED ............................................................... 2 \(\Rightarrow\) GO TO J16B2

J16B1. How many months or years has it been going on?

\[\text{_________ WEEKS OR } \text{_________ MONTHS OR } \text{_________ YEARS}\]

ALL MY LIFE, AS LONG
AS I CAN REMEMBER........................................... a

GO TO J17
J16B2. How many months or years did it go on before it ended?

|___|___| WEEKS OR |___|___| MONTHS OR |___|___| YEARS

ALL MY LIFE, AS LONG
AS I CAN REMEMBER........................ a

J17. DID WORRY LAST 6 MONTHS OR MORE?
(J16B1=6 MONTHS OR MORE, OR J16B2=6 MONTHS OR MORE)

YES, 6 MONTHS OR MORE.................... 1
NO, LESS THAN 6 MONTHS ................. 2 ➔ GO TO K1

J18A. During that/this period (was/is) your worry stronger than in other people?

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

J18B. (Did/Do) you worry most days?

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

J18C. (Did/Do) you worry about one particular thing, such as your job security or the failing health of a loved one or more than one thing?

ONE THING................................. 1
MORE THAN ONE THING .............. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J18D. (Did/Do) you find it difficult to stop worrying?

YES .................................................. 1
NO ...................................................... 2
J18E. (Did/Do) you have different worries on your mind at the same time?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>.................................</td>
<td>.................................</td>
</tr>
</tbody>
</table>

J19. How often (was/is) your worry so strong that you (couldn’t/can’t) put it out of your mind no matter how hard you (tried/try)? (Was/Is) this . . .

<table>
<thead>
<tr>
<th>Often,</th>
<th>Sometimes,</th>
<th>Rarely, or</th>
<th>Never?</th>
</tr>
</thead>
<tbody>
<tr>
<td>.................................</td>
<td>.................................</td>
<td>.................................</td>
<td>.................................</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J19A. How often (did/do) you find it difficult to control your worry?

<table>
<thead>
<tr>
<th>Often,</th>
<th>Sometimes,</th>
<th>Rarely, or</th>
<th>Never?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

J20. When you (were/are) worried or anxious, (were/are) you also . . .

(Q. J20D, J20F - 18 Cities Only)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>.................................</td>
<td>.................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>restless?</th>
<th>(Were/Are) you keyed up or on edge?</th>
<th>(Were/Are) you easily tired?</th>
<th>(Did/Do) you have difficulty keeping your mind on what you were doing?</th>
<th>(Were/Are) you more irritable than usual?</th>
<th>(Did/Do) you have tense, sore or aching muscles?</th>
<th>(Did/Do) you have trouble falling asleep or staying asleep?</th>
</tr>
</thead>
<tbody>
<tr>
<td>.................................</td>
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</tbody>
</table>
SECTION K: EDUCATION AND EMPLOYMENT

Now I’d like to ask you a few questions about your education and employment.

K1.    Are you currently attending any school or participating in any training programs or taking any classes? Please include regular high school, GED classes, vocational or trade school, Job Corps, college or other types of school as well as training programs to learn job skills.

YES .................................................................................. 1

NO .................................................................................. 2 ➔ GO TO K3

K2.    What kind of school or program are you attending?

CIRCLE ALL THAT APPLY

REGULAR HIGH SCHOOL ..................... 1

ABE OR GED PROGRAM ..................... 2

ESL PROGRAM ......................................... 3

NURSING SCHOOL (LPN OR RN) .......... 4

BUSINESS OR SECRETARIAL SCHOOL ........................................... 5

PROGRAM TO IMPROVE READING ........ 6

VOCATIONAL, TECHNICAL, OR TRADE SCHOOL .................................. 7

JOB CORPS ................................................. 8

JUNIOR/COMMUNITY COLLEGE (2-YEAR) ......................... 9

COLLEGE (4-YEAR) ........................................... 10

OTHER TYPE OF SCHOOL (NOT SPECIFIED)....................... 11

OTHER TYPE OF TRAINING (NOT SPECIFIED) ....................... 12

______________________________

PROGRAM TO LEARN SPECIFIC JOB SKILLS ......................... 13

PROGRAM TO HELP GET A JOB ................. 14

GRADUATE/PROFESSIONAL SCHOOL ........................................ 15 (18 CITIES ONLY)
K3. Have you completed any training programs or any years of schooling since (CHILD) was born?

YES ................................................................. 1

NO ................................................................. 2 ➔ GO TO K4

K3A. What program or schooling have you completed?

CIRCLE ALL THAT APPLY

REGULAR HIGH SCHOOL ......................... 1 ➔ GRADE COMPLETED:

....................................................... (K3A1C)

ABE OR GED PROGRAM ......................... 2

ESL PROGRAM ........................................... 3

NURSING SCHOOL (LPN OR RN) .......... 4

BUSINESS OR SECRETARIAL SCHOOL ................. 5

PROGRAM TO IMPROVE READING .......... 6

VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ......................... 7

JOB CORPS ........................................... 8

JUNIOR/COMMUNITY COLLEGE (2-YEAR) ................. 9

COLLEGE (4-YEAR) ................................. 10

OTHER TYPE OF SCHOOL (NOT SPECIFIED)............. 11

OTHER TYPE OF TRAINING (NOT SPECIFIED).............. 12

PROGRAM TO LEARN JOB SKILLS .......... 13

PROGRAM TO HELP GET A JOB .............. 14

SOME COLLEGE ........................................ 15 (18 CITIES ONLY)

GRADUATE OR PROFESSIONAL SCHOOL ........................................ 16 (18 CITIES ONLY)
K4. Have you ever served in the military?

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

K5. Now I’d like to ask you about your current work status. Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular paycheck.

NOTE: IF RESPONDENT WAS ON VACATION LAST WEEK, ASK FOR THE WEEK BEFORE VACATION.

YES ........................................................................ 1 ➔ GO TO K8
NO ......................................................................... 2

K6. Are you currently looking for a regular job?

YES ........................................................................ 1
NO ......................................................................... 2 ➔ GO TO K6B

K6A. How long have you been looking for a regular job? Would you say…

Less than a week,...................................................... 1
More than a week, but less than a month,.......................... 2
Between a month and six months, ......................... 3
Between six months and a year, or ...................... 4
More than a year?...................................................... 5

GO TO K6C
K6B. Why aren’t you looking for a regular job?

OWN BUSINESS........................................... 1  GO TO K7
ALREADY HAVE A JOB (ON VACATION, ILL OR ON TEMPORARY LAYOFF) .......... 2  GO TO K7
IN SCHOOL OR TRAINING PROGRAM..... 3  GO TO K7
DISABLED..................................................... 4
DON’T WANT/NEED TO WORK............. 5
PERSONAL/FAMILY REASONS.............. 6
BELIEVE NO WORK AVAILABLE........... 7
OTHER (NOT SPECIFIED) ...................... 8
TRANSPORTATION............................... 101
PROBATION/IN JAIL.............................. 102
PLAN TO GO TO SCHOOL.................... 103
LEGAL ISSUES.......................................... 104
DOESN’T PAY TO WORK....................... 105
JUST FOUND A JOB.............................. 106

_______________________________________

CHILD CARE REASONS ....................... 9

K6C. What would the hourly wage have to be in order for you to take a job?

$ |___|___| • |___|___| PER HOUR

DON’T KNOW ............................................ -2

WOULD NOT TAKE A JOB AT ANY WAGE RIGHT NOW ............................. -10
K7. When did you last work at a regular job lasting two weeks in a row or more, for which you received a regular paycheck?

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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</tbody>
</table>
MONTH YEAR
(K7A) (K7B)

NEVER WORKED FOR TWO CONSECUTIVE WEEKS - 10

(CONSTRUCTED FOR 2 CITIES)

K8. HAS MOTHER WORKED SINCE CHILD'S BIRTH?
(K5=1 OR K7 MORE RECENT THAN A2A)

YES .......................................................... 1
NO ............................................................ 2 → GO TO K8C

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K8A. How old was (CHILD) when you went back to work for the first time after (he/she) was born?

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MONTHS OR WEEKS

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K8B. Were you working part-time or full-time when you first returned to work after (CHILD’S) birth?

PART-TIME ............................................... 1
FULL-TIME ................................................ 2

(CONSTRUCTED FOR 2 CITIES)

K8C. HAS RESPONDENT EVER WORKED FOR TWO CONSECUTIVE WEEKS?
(K5=1, OR K7 NOT EQUAL -10)

YES ............................................................ 1
NO ............................................................. 2 → GO TO K17
K9. My next few questions are about your (current/most recent) job.

How many hours (do/did) you usually work per week at (this/that) job? Include regular overtime hours.

INTERVIEWER: IF R WORKS/WORKED MORE THAN ONE JOB AT A TIME, ASK ABOUT THE ONE AT WHICH SHE USUALLY WORKS/WORKED THE MOST HOURS.

|___|___| HOURS PER WEEK

K9A. (Do/Did) you work for yourself or for someone else in this job?

    SELF................................................................. 1
    SOMEONE ELSE ..................................................... 2
K10. What (do/did) you do at (this/that) job.

RECORD VERBATIM, BE SPECIFIC:__________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

NOTE: There are too many open-ended response categories to list for K10.

K10BC. RESPONSES FROM K10, USING BROADER CATEGORIES.

PROFESSIONAL/TECHNICAL............... 101
EXECUTIVE/ADMINISTRATION/
MANAGERIAL ................................ 102
SALES ................................................. 103
ADMINISTRATIVE SUPPORT .......... 104
PRECISION PRODUCTION/
CRAFT/REPAIR ...................... 105
MACHINE OPERATOR/
ASSEMBLY/INSPECTION ............. 106
TRANSPORTATION/
MATERIAL MOVING .................. 107
HANDLER/
EQUIPMENT CLEANER/LABORER ..... 108
SERVICE (NOT PRIVATE
HOUSEHOLD) .............................. 109
UNSPECIFIED ............................... 110
MILITARY ...................................... 112
FARMING/AGRICULTURE ............... 113
K10A. About how much (do/did) you usually earn in (this/that) job, before taxes and deductions?

$ |___|___|___|,|___|___|___| PER

HOUR ........................................ 1
DAY ........................................... 2
WEEK ......................................... 3
EVERY 2 WEEKS .............................. 4
MONTH ....................................... 5
YEAR ......................................... 6
OTHER (NOT SPECIFIED) ................. 7

TWICE A MONTH ............................. 101
COMMISSION ................................ 102
PER 3 WEEKS ................................. 103
PER 6 MONTHS ............................... 104
PER 4 MONTHS ............................... 105
TWICE A WEEK ............................. 106

K11. (Do/Did) you sometimes work . . .

K11A. Evenings (6 P.M. - 11 P.M.) ...................... 1 2

K11B. Nights (11 P.M. - 7 A.M.) ......................... 1 2

K11C. Weekends ......................................... 1 2

K11D. Different times each week ....................... 1 2
(CONSTRUCTED FOR 2 CITIES)

K12. HAS MOTHER WORKED SINCE CHILD’S BIRTH?
(IS K5=1, OR K7 MORE RECENT THAN A2A)

YES ................................................................. 1
NO ................................................................. 2 → GO TO K17

K13. Please tell me how true the following statements are.

(READ ITEM). (Is/Was) this always true, often true, sometimes true, or never true for you?

<table>
<thead>
<tr>
<th>ALWAYS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>K13A. My shift and work schedule (cause/caused) extra stress for me and my child ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K13B. Where I (work/worked), it (is/was) difficult to deal with child care problems during working hours..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K13C. In my work schedule I (have/had) enough flexibility to handle family needs. ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

K14. Some people work more than one regular job. Was there ever a time during the last 12 months, when you worked more than one regular job at the same time?

YES ................................................................. 1
NO ................................................................. 2 → GO TO K16

K14A. When you were working more than one regular job at the same time, about how many hours per week did you usually work altogether?

<table>
<thead>
<tr>
<th>___</th>
<th>___</th>
<th>HOURS PER WEEK</th>
</tr>
</thead>
</table>
K15. About how much did you earn from (all of) your regular job(s) in the last 12 months? Please do not count earnings from any off-the-books or under-the-table jobs.

$ |___|___|___|,|___|___|___| ➔ GO TO K16

NOTHING/DID NOT WORK
LAST 12 MONTHS ........................................... 0 ➔ GO TO K17
DON’T KNOW .............................................. -2
REFUSED..................................................... -1

K15A. I just need to have a range. Can you tell me if it was . . .

Less than $5,000, .............................................. 1
$5,001 to $10,000, .......................................... 2
$10,001 to $15,000, ....................................... 3
$15,001 to $20,000, .................................... 4
$20,001 to $25,000, ..................................... 5
$25,001 to $30,000, ..................................... 6
$30,001 to $40,000, .................................... 7
$40,001 to $60,000, or .................................. 8
More than $60,000? ...................................... 9
DON’T KNOW .............................................. -2
REFUSED..................................................... -1

K16. In the last 12 months, how many weeks did you work (at your job/at all of your regular jobs)?

PROBE: If you worked the entire year, but had paid vacation time or sick time, you worked 52 weeks.

|___|___| NUMBER OF WEEKS
K17. We are interested in finding out about some ways, other than regular work, in which people make money. This kind of activity may be paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else.

Please tell me if you have done any of the following in the past 12 months.

**RECORD YES OR NO IN ROW A, THEN ASK B TO F FOR EACH ACTIVITY CODED YES.**

<table>
<thead>
<tr>
<th>During the last 12 months, did you . . .</th>
<th>K17 Work off the books or under the table?</th>
<th>K18 Work in your own business?</th>
<th>K19 Sell or deliver drugs, engage in prostitution, or do other kinds of hustles?</th>
<th>K20 Do anything else to earn money?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBE:</strong> Include under the table work in someone else’s business, or work like housecleaning, household repairs, child care, or providing transportation or some other personal service.</td>
<td><strong>PROBE:</strong> This could include things such as doing other people’s hair, either in your home or theirs.</td>
<td><strong>PROBE:</strong> Do not include work you already told me about.</td>
<td></td>
<td><strong>SPECIFY:</strong></td>
</tr>
<tr>
<td><strong>PROBE:</strong> Do not include work you already told me about.</td>
<td></td>
<td><strong>What type of business?</strong></td>
<td></td>
<td><strong>SPECIFY:</strong></td>
</tr>
<tr>
<td><strong>What kind of work? (18 cities only)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>SPECIFY:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. DID ACTIVITY?</th>
<th>YES ........................................ 1</th>
<th>YES ........................................ 1</th>
<th>YES ........................................ 1</th>
<th>YES ........................................ 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ........................ 2</td>
<td>NO ........................................ 2</td>
<td>NO ........................................ 2</td>
<td>NO ........................................ 2</td>
<td>NO ........................................ 2</td>
</tr>
<tr>
<td><strong>ASK K18A</strong></td>
<td><strong>ASK K18A</strong></td>
<td><strong>ASK K19A</strong></td>
<td><strong>ASK K20A</strong></td>
<td></td>
</tr>
<tr>
<td>IF K17A= YES, ASK K17B.</td>
<td>IF K18A= YES, ASK K18B.</td>
<td>IF K19A= YES, ASK K19B.</td>
<td>IF K20A= YES, ASK K20B.</td>
<td></td>
</tr>
<tr>
<td>IF NO, GO TO K18A</td>
<td>IF NO, GO TO K19A</td>
<td>IF NO, GO TO K20A</td>
<td>IF NO, GO TO SECTION L</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. In the last 12 months, about how many weeks did you (ACTIVITY) . . .</th>
<th>_____ WEEKS</th>
<th>_____ WEEKS</th>
<th>_____ WEEKS</th>
<th>_____ WEEKS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. And, during those (NUMBER FROM B) weeks, about how many hours per week did you (ACTIVITY). . .</th>
<th>_____ HOURS PER WEEK</th>
<th>_____ HOURS PER WEEK</th>
<th>_____ HOURS PER WEEK</th>
<th>_____ HOURS PER WEEK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D. When you did this, were you paid in cash, or did you receive something else such as meals, clothing, or a place to live?</th>
<th>CASH ................. 1 - ASK K17E</th>
<th>CASH ................. 1 - ASK K18E</th>
<th>CASH ................. 1 - ASK K19E</th>
<th>CASH ................. 1 - ASK K20E</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIVED OTHER ........................................ 2 - ASK K17F</td>
<td>RECEIVED OTHER ................2 - ASK K18F</td>
<td>RECEIVED OTHER ................2 - ASK K19F</td>
<td>RECEIVED OTHER ................2 - ASK K20F</td>
<td></td>
</tr>
<tr>
<td>BOTH CASH AND OTHER .............. 3 - ASK K17E &amp; K17F</td>
<td>BOTH CASH AND OTHER .............. 3 - ASK K18E &amp; K18F</td>
<td>BOTH CASH AND OTHER .............. 3 - ASK K19E &amp; K19F</td>
<td>BOTH CASH AND OTHER .............. 3 - ASK K20E &amp; K20F</td>
<td></td>
</tr>
</tbody>
</table>
**E. MONEY:** How much did you receive in the last 12 months, for this activity?

<table>
<thead>
<tr>
<th>MONEY Received</th>
<th>GO TO K15F</th>
<th>GO TO K16F</th>
<th>GO TO K17F</th>
<th>GO TO K18F</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Under $500, ............................$1
- $501 to $1,000, ..........................$2
- $1,001 to $3,000, ..........................$3
- $3,001 to $5,000, ..........................$4
- $5,001 to $10,000, ..........................$5
- $10,001 to $15,000, ..........................$6
- $15,001 to $20,000, ..........................$7
- $20,001 to $25,000, ..........................$8
- $25,001 to $30,000, ..........................$9
- $30,001 to $40,000, or More than $40,000 ..........................$10

**F. WAS OTHER TYPE OF PAYMENT RECEIVED? (K17D = 2 OR 3)?**

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

**F(1). What (else) did you get in exchange for this?**

- MEALS ............... $1
- CLOTHING ............... $2
- PLACE TO LIVE ............... $3
- OTHER (NOT SPECIFIED) ............... $4

- GO TO K18A
- GO TO K19A
- GO TO K20A
- GO TO SECTION L
SECTION L: INCOME

L1. Now, please think of your household income from all sources. Include not just your own income, but also the income of everyone living with you. Include the money you have told me about from jobs and public assistance programs, as well as any sources we haven’t discussed such as rent, interest and dividends. What was your total household income for the last year before taxes?

$ |___|___|___|,|___|___|___| \(\Rightarrow\) GO TO L2

DON’T KNOW..............................................-2
REFUSED.....................................................-1

L1A. I just need to know a range. Can you tell me if it was . . .

Less than $5,000, ...........................................1
$5,001 to $10,000, ...........................................2
$10,001 to $15,000, ...........................................3
$15,001 to $20,000, ...........................................4
$20,001 to $25,000, ...........................................5
$25,001 to $30,000, ...........................................6
$30,001 to $40,000, ...........................................7
$40,001 to $60,000, or .......................................8
More than $60,000? .........................................9
DON’T KNOW..............................................-2
REFUSED.....................................................-1
L2. In the past 12 months, have you given any money to friends or relatives?

**PROBE:** This includes loans.

YES.................................................................1

NO...............................................................2 ➔ GO TO L3

L2A. All together, during the past 12 months, how much money did you give to friends or relatives?

$ |___|___|,|___|___|___|

DON’T KNOW ...............................................-2

REFUSED .....................................................-1

L3. IS MOTHER LIVING WITH FATHER (A7A=1 OR 2) OR LIVING WITH A CURRENT PARTNER?

(E2C=1)

YES.................................................................1

NO...............................................................2 ➔ GO TO L7

L4. Do you or your (husband/partner) have a bank account?

YES.................................................................1

NO...............................................................3 ➔ GO TO L5

MULTIPLE ACCOUNTS .........................2

L4A. (Is the account/Are the accounts) in your name, his name, or both?

HER NAME ........................................................1

HUSBAND/PARTNER=S NAME .................2

BOTH NAMES (JOINT ACCOUNT) ..........3

BOTH JOINT AND SEPARATE ACCOUNTS ........................................4 (18 CITIES ONLY)

SEPARATE ACCOUNTS .........................5
L5. Do you or your (husband/partner) have a credit card? Include major credit cards and department store credit cards but not gas credit cards.

YES ........................................................................1
NO ........................................................................2 \(\rightarrow\) GO TO L6

L5A. Is the card in your name, his name, or both?

HER NAME .........................................................1
HUSBAND/PARTNER’S NAME ........................2
BOTH NAMES (JOINT ACCOUNT) ..............3
BOTH JOINT AND SEPARATE ACCOUNTS .................4
SEPARATE ACCOUNTS ....................................5

L6. Do you or your (husband/partner) own a car, truck, or van?

YES ........................................................................1
NO ........................................................................2 \(\rightarrow\) GO TO L8
LEASE ..............................................................-18 (18 CITIES ONLY)

L6A. Can you rely on the car/truck/van to get you to school, work, or other places?

INTERVIEWER: IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS BEST.

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

L6B. How much do you owe on your car/truck/van?

INTERVIEWER: IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS BEST.

$ |___|___|___|___|___|___|___|___|
NOTHING ..................................................................0
DON’T KNOW ..........................................................-2
LEASE ..............................................................-18 \(\rightarrow\) GO TO L7 (18 CITIES ONLY)
L6C. About how much could you get if you sold your car/truck/van now?

$ |___|___|,|___|___|___|

NOTHING.................................0
DON'T KNOW.................................-2

(CONSTRUCTED FOR 2 CITIES)
L7. ARE MOTHER AND FATHER CURRENTLY MARRIED OR ROMANTICALLY INVOLVED OR IS MOTHER MARRIED OR ROMANTICALLY INVOLVED WITH ANOTHER PARTNER?
(A7=1 OR 2, OR E2=1, OR E2B=1)

YES..............................................1
NO...................................................2 ➔ GO TO L11

L8. Couples handle their money differently. Which of the following do you do?
Do you . . .

Each keep your own money separate,........1
Put some of your money together but keep the rest separate, or .........................2
Put all your money together? .....................3 ➔ GO TO L10
L9. How do you and your (husband/partner) split expenses, such as food, rent, and utilities?

   Do you pay all, .................................................1
   Do you pay most, .............................................2
   Does he pay all, ..............................................3
   Does he pay most, ...........................................4
   Do you split expenses 50/50, or ....................5
   Do you each pay for your own expenses?......................6
   OTHER (NOT SPECIFIED)..........................7

   __________________________________________

   VARIES .....................................................101
   SHARE WITH OTHER FAMILY MEMBERS .................102
   SOMEONE ELSE PAYS ....................................103
   FATHER NOT AROUND ..................................104
   NO EXPENSES ..........................................105

L9A. How do you and your (husband/partner) split expenses for (CHILD)?

   Do you pay all, .................................................1
   Do you pay most, .............................................2
   Does he pay all, ..............................................3
   Does he pay most, or ....................................4
   Do you split expenses 50/50? ............................5
   OTHER (NOT SPECIFIED)..........................6

   __________________________________________

   VARIES .....................................................101
   FATHER IS NOT AROUND ..............................104
   NO EXPENSES ..........................................105
L10. IS MOTHER LIVING WITH FATHER OR WITH A CURRENT PARTNER? (A7A=1 OR 2 OR E2C=1)

YES......................................................................................1 ➔ GO TO L14
NO......................................................................................2

FOR SAMPLE MEMBERS WHO DO NOT LIVE WITH HUSBAND OR PARTNER:

NOTE: 390 MISSING CASES L11, L12, L13

L11. Do you have a bank account?

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

L12. Do you have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

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

L13. Do you own a car, truck, or van?

YES......................................................................................1
NO......................................................................................2 ➔ GO TO L14

L13A. Can you rely on the car/truck/van to get you to school, work or other places?

YES......................................................................................1
NO......................................................................................2
L13B. How much do you owe on your car/truck/van?

$ |___|____|___|____|
NOTHING........................................0
DON’T KNOW ..................................-2

L13C. About how much could you get if you sold your car/truck/van now?

$ |___|____|___|____|
NOTHING........................................0