

2019 Child Development Supplement: Primary Caregiver (PCG) Interview

The Panel Study of Income Dynamics
The Institute for Social Research
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Main Screens

TOC

These screens are presented every time interviewer accesses the PCG sample line; interviewer then chooses which parallel block to enter.

BLOCKSTATUSOVERALL. <u>Status:</u>	12-17 IW Consent Section:	[Consent12_17PStatus]
	Household Interview Section & Obs:	[HHParallelStatus]
	PCG Child Interview Section:	[ChildrenParallelStatus]
	Household Interview RPay Section:	[RPayStatus]
	School Section:	[SHParallelStatus]
	Child Care Section:	[CCParallelStatus]
	Absent Parent Section:	[APParallelStatus]
<u>IN HOME COMPONENTS</u>	In-Home Consent Section:	[ConsentParallelStatus]
	Measurements Section:	[HWPParallelStatus]
	PCG WCJ & HH Obs:	[WCJParallelStatus]
	Saliva Collection:	
	PCG & Children Age 5-17:	[SalivaParallelStatus]
	Children Age of Majority (18):	[SalivaChildren18ParallelStatus]
	Other Adults:	[SalivaOAParallelStatus]
	Linkage Form Collection:	[LinkageParallelStatus]
	Time Diary Collection:	[TDPParallelStatus]
	Fall 2020 COVID-19 Interview:	[COVID19ParallelStatus]

- [Not all sections are completed. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]

1. Continue

OTHER BLOCK STATUS INDICATORS:

School Section: Individual Child status	SchoolParallelStatus[1..15]
Measurements Section: PCG status	PCGMeasurementParallelStatus
Measurements Section: Individual Child status	MeasurementParallelStatus[1..15]
PCG Child Section: Individual Child status	ChildParallelStatus[1..15]
Saliva Section: Individual Child status	SalivaChildParallelStatus[1..15]
Saliva Section: Individual AOM Child status	SalivaCh18ParallelStatus[1..15]
Saliva Section: Individual Other Adult status	SalivaOAdultsParallelStatus[1..15]
Linkage Section: PCG status	LinkPCGParallelStatus
Linkage Section: Individual Child status	LinkChildrenParallelStatus[1..15]

Codes for Parallel Block Status Fields.

1. N/A	6. Obs Done	10. PCG REF	15. Done
3. Not Started	7. Mode Invalid-Design	11. PCG REF-Obs Only	16. Child REF
4. Started	8. Mode Invalid-R	13. R REF-Obs Only	17. (PCG, OA, CH18) REF
5. Done (Finish Obs)	9. Unable to Administer	14. IW not Complete	18. R REF
			19. PCG Consent Empty

PCGCONFIRMINFO. Interviewer checkpoint:

Confirm PCG's info

Name: [PCG NAME]

Age: [PCG AGE]

Birthday: [PCG BIRTH MONTH/DAY/YEAR]

- ENTER [1] to continue

1. Continue

CDS19 Fall 2020 Follow-Up: Not asked

PCGINTRO. PCG: [PCG NAME]

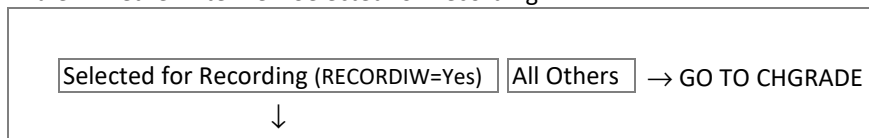
[*FIRST ITERATION*: (Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.) You have been selected to be part of an important study called the F.E.S. (Family Economics Study) Child Development Supplement. / *ALL OTHERS*: (Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.) Thanks for continuing your interview with the F.E.S. (Family Economics Study) Child Development Supplement.]

The purpose of this study is to understand how families, schools, and neighborhoods affect children's and adolescents' growth and development.

- ENTER [1] to continue

1. Continue

RECORD Rule: Whether Interview Selected for Recording



CDS19 Fall 2020 Follow-Up: Not asked

RECORDEDIW_CONSENT. PCG: [PCG NAME]

We sometimes record interviews to help us maintain quality. Your interview may be recorded for quality control purposes. Do you agree for this interview to be recorded for quality control? You can still participate if you do not agree to the interview being recorded.

- If R agrees to the RECORDING of this interview, ENTER [1]
- If R does not agree to the RECORDING of this interview, ENTER [5]
- If resuming a suspended interview, RE-READ the consent and ENTER [1] if R agrees to recording or [5] if R does not agree to recording

1. Yes	2. Unable to Administer (approved partials only)	5. No
--------	--	-------

Repeat CHGRADE[1..15] for each CDS Child; [1..15]=Which CDS Child

CDS19 Fall 2020 Follow-Up: Not asked

CHGRADE[1..15]. PCG: [PCG NAME]

CDS Child: [CHILD NAME], Age [CHILD AGE]

[*1ST CDS CHILD INTERVIEW*: [*1ST ITERATION*: Before moving on to the interview, I'd like to record the grade your [1 CHILD: child is / >1 CHILD: children are] currently attending in school. [>1 CHILD: Let's start with [CHILD NAME].] What grade is [CHILD NAME] currently attending in school? / *ALL OTHER ITERATIONS*: (How about) [CHILD NAME]? (What grade is [CHILD NAME] currently attending in school?)] / *ALL OTHER CDS CHILD INTERVIEWS*: IWER: confirm grade for each child].

- IF NEEDED: I'd like to record the grade your [1 CDS CHILD: child is / >1 CDS CHILD: children are] currently attending in school. What grade is [CHILD NAME] currently attending in school?
- IF R SAYS 'Does not attend school', PROBE to clarify whether Child is not old enough for school, graduated/ finished a GED (and not enrolled in college), or dropped out of school without a diploma/GED

1. Grade 1	2. Grade 2	3. Grade 3	4. Grade 4	5. Grade 5	6. Grade 6
7. Grade 7	8. Grade 8	9. Grade 9	10. Grade 10	11. Grade 11	12. Grade 12
13. Graduated high school; GED; not currently enrolled in postsecondary school				14. College	
15. Dropped out; has not earned GED		95. Kindergarten	96. Pre-kindergarten; nursery school		
97. Not old enough for school					

CDS19 Fall 2020 Follow-Up: Not asked

PCG_RB. [F1]-Help

PCG: [PCG NAME]

ASK/Verify that R has the Respondent/Response Booklet with (him/her) for the interview.

ASK R: Do you have your Response Booklet with you (that we mailed to you with the letter asking for your participation)? We will be using this booklet throughout the interview. On certain questions, I will ask you to refer to a page in the booklet for help in answering the question. (Would you like to go find it?)

- IF R doesn't have the Respondent/Response Booklet with (him/her) or cannot find it, SAY TO R: If you're able to connect to the internet you could view the booklet on line. The website is <http://fes.isr.umich.edu/CDS2019-RB-PCG/index.html>
- RECORD whether R has the Respondent/Response Booklet, is viewing it on line, or the interview is being done without the booklet.

1. R has Response Booklet with (him/her)

2. R viewing Response Booklet on line

3. Interview will be done without Response Booklet

Household Interview

CDS19 Fall 2020 Follow-Up: Not asked

Interview Start
TOC

PCGHH

HHIWSEC_START. Interviewer checkpoint:

Start of HH parallel block

- ENTER [1] to continue

1. Continue

HHIWSTART. Start Date of PCG Household Interview (assigned)

MM/DD/YYYY

PCGF2F_TEL. PCG: [PCG NAME]

Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

PCGVOL. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child's / >1 CDS CHILD: children's] activities during one weekday and one weekend day. We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child's set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children].

Do you have any questions for me?

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue



RETURN TO BLOCKSTATUS

Section J: Neighborhood Measurements

TOC

PCGHH.SECTIONJ

J1. How long have you lived in your current neighborhood?

1. Less than a year 2. 1 year to less than 3 years 3. 3 years to less than 5 years 4. 5 years or more

J2.  [Page 1](#)

How would you rate your neighborhood as a place to raise children?

Would you say excellent, very good, good, fair, or poor?

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

J3.  [Page 2](#)

How difficult is it for you to tell a stranger in your neighborhood from someone who is a resident?

Would you say not at all difficult, somewhat difficult, or very difficult?

1. Not at all difficult 2. Somewhat difficult 3. Very difficult

J4.  [Page 3](#)

How likely is it that a neighbor would do something if someone was trying to sell drugs to your children in plain sight?

Would you say very unlikely, unlikely, likely, or very likely?

1. Very unlikely 2. Unlikely 3. Likely 4. Very likely

J5.  [Page 3](#)

How likely is it that a neighbor would do something if your kids were getting into trouble?

(Would you say very unlikely, unlikely, likely, or very likely?)

1. Very unlikely 2. Unlikely 3. Likely 4. Very likely

J6.  [Page 3](#)

[\[F1\]-Help](#)

How likely is it that a neighbor would do something if a child was showing disrespect to an adult?

(Would you say very unlikely, unlikely, likely, or very likely?)

1. Very unlikely 2. Unlikely 3. Likely 4. Very likely

J7.  [Page 3](#)

How likely is it that a neighbor would do something if a child was taking something out of a neighbor's apartment, house, garage, car or yard?

(Would you say very unlikely, unlikely, likely, or very likely?)

1. Very unlikely 2. Unlikely 3. Likely 4. Very likely

J8.  [Page 4](#)

[\[F1\]-Help](#)

How safe is it to walk around alone in your neighborhood after dark?

Would you say it is completely safe, fairly safe, somewhat dangerous, or extremely dangerous?

1. Completely safe 2. Fairly safe 3. Somewhat dangerous 4. Extremely dangerous

PCGJ_LANG. [Indicate language\(s\) used to conduct this section of the interview](#)

- [ENTER all that apply](#)

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONJ

Section K: Self-Esteem

TOC

PCGHH.SECTIONK

K1.  Page 5

Please tell me your level of agreement with each of the following statements.

I feel that I'm a person of worth, at least on an equal basis with others.

Would you say you strongly disagree, disagree, agree, or strongly agree?

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K2.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I feel that I have a number of good qualities.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K3.  Page 5

(Please tell me your level of agreement with each of the following statements.)

All in all, I am inclined to feel that I am a failure.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K4.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I am able to do things as well as most other people.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K5.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I feel I do not have much to be proud of.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K6.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I take a positive attitude toward myself.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K7.  Page 5

(Please tell me your level of agreement with each of the following statements.)

On the whole, I am satisfied with myself.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K8.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I wish I could have more respect for myself.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K9.  Page 5

(Please tell me your level of agreement with each of the following statements.)

I certainly feel useless at times.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

K10.  Page 5

(Please tell me your level of agreement with each of the following statements.)

At times I think I am no good at all.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

PCGK_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONK

Section M: Child Rearing Values and Rules
 TOC

PCGHH.SECTIONM

M1.  Page 6

How often [*1 CDS CHILD: does / >1 CDS CHILD: do*] your [*1 CDS CHILD: child / >1 CDS CHILD: children*] eat a meal with [*PCG HAS NO SPOUSE/PARTNER IN FU: you / PCG HAS SPOUSE/PARTNER IN FU: both you and [SPOUSE/PARTNER]]*?

Would you say never, a few times a year or less, about once a month, a few times a month, about once a week, several times a week, or at least once a day?

- | | | | |
|----------------------|-------------------------------|------------------------|------------------------|
| 1. Never | 2. A few times a year or less | 3. About once a month | 4. A few times a month |
| 5. About once a week | 6. Several times a week | 7. At least once a day | |

M2.  Page 7

About how often does your whole family get together with friends or relatives?

Would you say once a year or less, a few times a year, about once a month, two or three times a month, about once a week or more?

- “Whole family” includes their immediate family including PCG, Spouse/Partner, and their children

- | | | |
|-------------------------------|------------------------------|-----------------------|
| 1. Once a year or less | 2. A few times a year | 3. About once a month |
| 4. Two or three times a month | 5. About once a week or more | |

M3A.  Page 8

If you had to choose, which thing on the list I will read would you pick as the most important for a child to learn to prepare him or her for life?

Would you say to obey, to be well-liked or popular, to think for himself or herself, to work hard, or to help others when they need help?

- [READ list](#)

- | | | |
|-----------------|---------------------------------------|---------------------------------|
| 1. To obey | 2. To be well liked or popular | 3. To think for himself/herself |
| 4. To work hard | 5. To help others when they need help | |

M3B.  Page 8

Which is second in importance?

- [READ list if needed](#)

- | | | |
|-----------------|---------------------------------------|---------------------------------|
| 1. To obey | 2. To be well liked or popular | 3. To think for himself/herself |
| 4. To work hard | 5. To help others when they need help | |

M3C.  Page 8

Which comes third?

- [READ list if needed](#)

- | | | |
|-----------------|---------------------------------------|---------------------------------|
| 1. To obey | 2. To be well liked or popular | 3. To think for himself/herself |
| 4. To work hard | 5. To help others when they need help | |

M3D.  Page 8

Which comes fourth?

- [READ list if needed](#)

- | | | |
|-----------------|---------------------------------------|---------------------------------|
| 1. To obey | 2. To be well liked or popular | 3. To think for himself/herself |
| 4. To work hard | 5. To help others when they need help | |

M4.  Page 9

Next, I will read some statements about raising children.

Being a parent is harder than I thought it would be.

Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M5.  Page 9

I feel trapped by my responsibilities as a parent.

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M6.  Page 9

I find that taking care of my [*1 CDS CHILD*: child / *>1 CDS CHILD*: children] is much more work than pleasure.

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M7.  Page 9

I often feel tired, worn out, or exhausted from raising a family.

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M8.  Page 9

There are some things that my [*1 CDS CHILD*: child does / *>1 CDS CHILD*: children do] that really bother me a lot.

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M9.  Page 9

I find myself giving up more of my life to meet my [*1 CDS CHILD*: child's / *>1 CDS CHILD*: children's] needs than I ever expected.

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M10.  Page 9

I often feel angry with my [*1 CDS CHILD*: child / *>1 CDS CHILD*: children].

(Thinking about your [*1 CDS CHILD*: child / *>1 CDS CHILD*: children], would you say this statement is not at all true, a little true, somewhat true, mostly true, or completely true?)

1. Not at all true 2. A little true 3. Somewhat true 4. Mostly true 5. Completely true

M11. [\[F1\]-Help](#)

Sometimes parents do certain things to make life better for their children. In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children] have you ever moved to a different neighborhood?

1. Yes 5. No

M12. [\[F1\]-Help](#)

In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children], have you ever increased your work hours, or taken a second job?

1. Yes 5. No

M13. [\[F1\]-Help](#)

In order to make life better for your [1 CDS CHILD: child / >1 CDS CHILD: children], have you ever reduced your work hours, or refused extra work?

1. Yes 5. No

M14. [Page 10](#) [\[F1\]-Help](#)

Please tell me your level of agreement with each of the following statements.
If a husband and a wife both work full-time, they should share household tasks equally.
Would you say you strongly disagree, disagree, agree, or strongly agree?

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

M15. [Page 10](#) [\[F1\]-Help](#)

(Please tell me your level of agreement with each of the following statements.)
Women are much happier if they stay at home and take care of their children.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

M16. [Page 10](#) [\[F1\]-Help](#)

(Please tell me your level of agreement with each of the following statements.)
It is much better for everyone if the man earns the main living and the woman takes care of the home and family.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

M17. [Page 10](#) [\[F1\]-Help](#)


(Please tell me your level of agreement with each of the following statements.)
It is more important for a wife to help her husband's career than to have one herself.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree


M18. [Page 10](#) [\[F1\]-Help](#)


(Please tell me your level of agreement with each of the following statements.)
An employed mother can establish as warm and secure a relationship with her children as a mother who is not employed.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree


- M19.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
Parents should encourage just as much independence in their daughters as in their sons.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M20.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
Preschool children are likely to suffer if their mother is employed.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)


1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M21.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
Mothers should not work full time if their child is younger than 5 years old.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M22.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
It is fine for children under 3 years of age to be cared for all day in a daycare center or daycare home.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M26.  Page 10
(Please tell me your level of agreement with each of the following statements.)
Being a mother and raising children is one of the most fulfilling experiences a woman can have.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M23.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
It is essential for the child's well-being that fathers spend time interacting and playing with their children.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M24.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
A father should be as heavily involved in the care of his child as the mother.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------
- M25.  Page 10 [F1]-Help
(Please tell me your level of agreement with each of the following statements.)
Fathers play a central role in the child's personality development.
(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree
----------------------	-------------	----------	-------------------

M27.  Page 10

(Please tell me your level of agreement with each of the following statements.)

Being a father and raising children is one of the most fulfilling experiences a man can have.

(Would you say you strongly disagree, disagree, agree, or strongly agree?)

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

PCGM_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONM

Section N: Psychological Distress and Wellbeing

TOC

PCGHH.SECTIONN

N1.  Page 11

During the past 30 days, how often did you...

Feel nervous?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N2.  Page 11

(During the past 30 days, how often did you...)

Feel hopeless?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N3.  Page 11

(During the past 30 days, how often did you...)

Feel restless or fidgety?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N4.  Page 11

(During the past 30 days, how often did you...)

Feel that everything was an effort?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N5.  Page 11

(During the past 30 days, how often did you...)

Feel so sad nothing could cheer you up?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N6.  Page 11

(During the past 30 days, how often did you...)

Feel worthless?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

N7CKPT. CAI Checkpoint: Whether Depression Symptoms Reported

1. Depression Symptoms Reported (Any Item N1-N6 = 3, 4, 5) 5. All Others → GO TO N10 RULE



N7. [Page 12](#) [F1]-Help

Thinking about the feelings I just asked you about, altogether, did these feelings occur more often in the past 30 days than is usual for you, less often than usual, or about the same as usual?

1. More often than usual 2. Less often than usual 3. About the same as usual DK/RF



GO TO N9

N8. [Page 13](#) [F1]-Help

Was it a lot [more / less], somewhat [more / less], or only a little [more / less] often than usual?

1. A lot [more/less] than usual 2. Somewhat [more/less] than usual 3. Only a little [more/less] than usual

N9. [Page 14](#)

How much do these feelings usually interfere with your life or activities – a lot, some, a little, or not at all?

1. A lot 2. Some 3. A little 4. Not at all

N10 Rule: Whether PCG Has a Spouse/Partner in FU

Spouse/Partner in FU (PRELOAD.PCGPARTNER=1-24)	All Others	→ GO TO N12
↓		

N10. [Page 15](#) [F1]-Help

How satisfied are you with the amount of practical help you receive from [SPOUSE/PARTNER]?
Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?

1. Completely dissatisfied 2. Somewhat dissatisfied 3. Neither satisfied nor dissatisfied
4. Somewhat satisfied 5. Completely satisfied

N11. [Page 15](#) [F1]-Help

(How satisfied are you with...)

The amount of emotional support you receive from [SPOUSE/PARTNER]?

Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?

1. Completely dissatisfied 2. Somewhat dissatisfied 3. Neither satisfied nor dissatisfied
4. Somewhat satisfied 5. Completely satisfied

N12. [Page 15](#) [F1]-Help

How satisfied are you with the amount of practical help you receive from your family [*PCG HAS SPOUSE/PARTNER IN FU*: besides [SPOUSE/PARTNER]]?

Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?]

1. Completely dissatisfied 2. Somewhat dissatisfied 3. Neither satisfied nor dissatisfied
4. Somewhat satisfied 5. Completely satisfied

N13.  Page 15 [F1]-Help

(How satisfied are you with...)

The amount of emotional support you receive from your family [*PCG HAS SPOUSE/PARTNER IN FU: besides [SPOUSE/PARTNER]*]?

Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?)

1. Completely dissatisfied	2. Somewhat dissatisfied	3. Neither satisfied nor dissatisfied
4. Somewhat satisfied	5. Completely satisfied	

N14.  Page 15 [F1]-Help

(How satisfied are you with...)

The amount of practical help you receive from your friends?

Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?)

1. Completely dissatisfied	2. Somewhat dissatisfied	3. Neither satisfied nor dissatisfied
4. Somewhat satisfied	5. Completely satisfied	

N15.  Page 15

(How satisfied are you with...)

The amount of emotional support you receive from your friends?

Would you say completely dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, or completely satisfied?)

1. Completely dissatisfied	2. Somewhat dissatisfied	3. Neither satisfied nor dissatisfied
4. Somewhat satisfied	5. Completely satisfied	

PCGN_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
------------	------------	---

End SECTIONN

Section P: Family Pets

TOC

PCGHH.SECTIONP

P1. How many pets does your family have?

- ENTER a number from 1 to 20
- If R says 'None', ENTER [0]

0	1 – 20	DK/RF
↓	GO TO P3	

P2. What is the main reason your family doesn't have a pet?

1. Not interested/don't want a pet	2. Too expensive
3. Too much time or work to care for pet	5. Health risks
4. Allergies (own or household member)	
7. Other-specify (P2SPEC. Specify. (String 100))	

P3. Did your family have a pet 5 years ago?

1. Yes	5. No
--------	-------

P4 Rule: Number of Pets in FU

None (P1=0)	→ GO TO PCGP_LANG	One or More (P1=1-20, DK/RF)
		↓

P4. What kind of pet(s) does your family have?

- ENTER all that apply

1. Dog	2. Cat	3. Small mammal (rabbit, gerbil, hamster)
4. Bird	5. Fish	6. Reptile (turtle, snake, lizard)
7. Other-specify (E4SPEC. Specify. (String 100))		

P5.  Page 16

Thinking about your [*P1=2+ PETS*: favorite] pet, how often do you spend time each day playing with or exercising your pet? Would you say almost always, often, sometimes, or never?

1. Almost always	2. Often	3. Sometimes	4. Never
------------------	----------	--------------	----------

P6.  Page 16

(Thinking about your [*P1=2+ PETS*: favorite] pet...)

When you feel bad, how often do you seek your pet for comfort?

(Would you say almost always, often, sometimes, or never?)

1. Almost always	2. Often	3. Sometimes	4. Never
------------------	----------	--------------	----------

P7.  Page 16

(Thinking about your [P1=2+ PETS: favorite] pet...)

How often do you consider your pet to be a member of your family?

(Would you say almost always, often, sometimes, or never?)

1. Almost always 2. Often 3. Sometimes 4. Never

PCGP_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

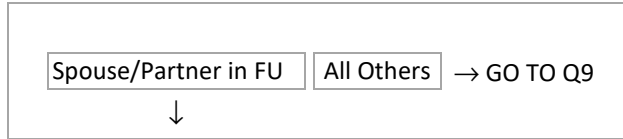
End SECTIONP

Section Q: Disagreement in Parenting and Joint Goals

TOC

PCGHH.SECTIONQ

Q1 RULE: Whether PCG Has a Spouse/Partner in FU

Q1. [Page 17](#)

In most families there are disagreements or arguments. How often do you and [SPOUSE/PARTNER] disagree about...

How your [1 CDS CHILD: child is/ >1 CDS CHILD: children are] raised? Would you say never, hardly ever, sometimes, or often?

1. Never 2. Hardly ever 3. Sometimes 4. Often

Q2. [Page 17](#)

(How often do you and [SPOUSE/PARTNER] disagree about...)

How you spend money on your [1 CDS CHILD: child / >1 CDS CHILD: children]?

(Would you say never, hardly ever, sometimes, or often?)

1. Never 2. Hardly ever 3. Sometimes 4. Often

Q3. [Page 17](#)

(How often do you and [SPOUSE/PARTNER] disagree about...)

The amount of time [SPOUSE/PARTNER] spends with your [1 CHILD: child / >1 CHILD: children]?

(Would you say never, hardly ever, sometimes, or often?)

1. Never 2. Hardly ever 3. Sometimes 4. Often

Q4. [Page 17](#)[\[F1\]-Help](#)

(How often do you and [SPOUSE/PARTNER] disagree about...)

The friends [SPOUSE/PARTNER] spends time with?

(Would you say never, hardly ever, sometimes, or often?)

1. Never 2. Hardly ever 3. Sometimes 4. Often

Q5. [Page 17](#)[\[F1\]-Help](#)

(How often do you and [SPOUSE/PARTNER] disagree about...)

[SPOUSE/PARTNER]'s use of alcohol or drugs?

(Would you say never, hardly ever, sometimes, or often?)

1. Never 2. Hardly ever 3. Sometimes 4. Often

Q6. [Page 18](#)

To what extent do you and [SPOUSE/PARTNER] agree or disagree about...

Your job or career plans?

Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q7. [Page 18](#)

(To what extent do you and [SPOUSE/PARTNER] agree or disagree about...)

[SPOUSE/PARTNER]'s job or career plans?

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q8. [Page 18](#)

(To what extent do you and [SPOUSE/PARTNER] agree or disagree about...)

Spending leisure time?

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q9. [Page 18](#)

[\[F1\]-Help](#)

Next are some statements about how families get along and settle arguments. Tell me how much you agree or disagree with each statement.

We fight a lot in our family.

[PCG HAS SPOUSE/PARTNER in FU: (] Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree? [PCG HAS SPOUSE/PARTNER in FU:]

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q10. [Page 18](#)

[\[F1\]-Help](#)

(Tell me how much you agree or disagree with each statement.)

Family members sometimes get so angry they throw things.

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q11. [Page 18](#)

[\[F1\]-Help](#)

(Tell me how much you agree or disagree with each statement.)

Family members always calmly discuss problems.

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q12. [Page 18](#)

[\[F1\]-Help](#)

(Tell me how much you agree or disagree with each statement.)

Family members often criticize each other.

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q13. [Page 18](#)

[\[F1\]-Help](#)

(Tell me how much you agree or disagree with each statement.)

Family members sometimes hit each other.

(Would you say you completely disagree, disagree, neither agree nor disagree, agree, or completely agree?)

1. Completely disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Completely agree

Q14. [F1]-Help

For these next questions, please think about everyone living in your household.

Does any household member's use of alcohol have a negative effect on your child(ren)?

- If R says no one in the household drinks alcohol, ENTER [5]

1. Yes 5. No → GO TO Q17



Q14A. Which household member's alcohol use are you talking about?

- ENTER all that apply

1. Respondent/PCG	2. Spouse/partner of PCG
3. Child in family	4. Other adult family member
5. Other adult household member (non-family)	
6. Other child in household (non-family)	

Q17. Does any household member's use of illegal street drugs or abuse of prescription medications have a negative effect on your child(ren)?

- If needed, PROBE: Thinking about everyone living in your household.
- If R says no one in the household uses illegal street drugs or abuses prescription medications, ENTER [5]

1. Yes 5. No → GO TO Q18



Q17A. Which household member's substance use are you talking about?

- ENTER all that apply

1. Respondent/PCG	2. Spouse/partner of PCG
3. Child in family	4. Other adult family member
5. Other adult household member (non-family)	
6. Other child in household (non-family)	

Q18. [F1]-Help

Does any household member's mental health have a negative effect on your child(ren)?

- If needed, PROBE: Thinking about everyone living in your household.
- If R says no one in the household has a mental health condition, ENTER [5]

1. Yes 5. No → GO TO Q19



Q18A. Which household member's mental health are you talking about?

- ENTER all that apply

1. Respondent/PCG	2. Spouse/partner of PCG
3. Child in family	4. Other adult family member
5. Other adult household member (non-family)	
6. Other child in household (non-family)	

Q19. [F1]-Help

Does any household member's physical health have a negative effect on your child(ren)?

- If needed, PROBE: Thinking about everyone living in your household.
- If R says no one in the household has a physical health condition, ENTER [5]

1. Yes 5. No → GO TO PCGQ_LANG



Q19A. Which household member's physical health are you talking about?

- ENTER all that apply

1. Respondent/PCG 2. Spouse/partner of PCG

3. Child in family 4. Other adult family member

5. Other adult household member (non-family)

6. Other child in household (non-family)

PCGQ_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONQ

Section R: Food Security
TOC

PCGHH.SECTIONR

Household Stage 1

R1.  Page 19

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months—that is, since last [CURRENT MONTH].

The first statement is “[1 ADULT: I / >1 ADULT: We] worried whether [1 ADULT: my / >1 ADULT: our] food would run out before [1 ADULT: I / >1 ADULT: we] got money to buy more.”

Was that often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true

R2.  Page 19

“The food that [1 ADULT: I / >1 ADULT: we] bought just didn't last, and [1 ADULT: I / >1 ADULT: we] didn't have money to get more.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?)

- 1. Often true
- 2. Sometimes true
- 3. Never true

R3.  Page 19

“[1 ADULT: I / >1 ADULT: We] couldn't afford to eat balanced meals.”

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months?)

- 1. Often true
- 2. Sometimes true
- 3. Never true

Household Stage 2

R4CKPT. CAI Checkpoint: Whether One or More of R1-R3 Endorsed

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">1. One or More Endorsed (1+ R1, R2 or R3 = OFTEN, SOMETIMES)</div> <div style="border: 1px solid black; padding: 2px 10px;">5. All Others</div> <div style="font-size: 0.8em;">→ GO TO R9</div> </div>
↓

R4. In the last 12 months, since last [CURRENT MONTH], did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1. Yes
- 5. No
- GO TO R5



R4A.  Page 20

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months

R5. In the last 12 months, (since last [CURRENT MONTH]), did you ever eat less than you felt you should because there wasn't enough money for food?

1. Yes 5. No

R6. In the last 12 months, (since last [CURRENT MONTH]), were you every hungry but didn't eat because there wasn't enough money for food?

1. Yes 5. No

R7. In the last 12 months, did you lose weight because there wasn't enough money for food?

1. Yes 5. No

Household Stage 3

R8CKPT. CAI Checkpoint: Whether One or More of R4–R7 Endorsed

1. One or More Endorsed (1+ R4, R5, R6, R7 = YES)	5. All Others → GO TO R9
↓	

R8. In the last 12 months, (since last [CURRENT MONTH]), did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever not eat for a whole day because there wasn't enough money for food?

1. Yes 5. No → GO TO R9



R8A. [Page 20](#)

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month 2. Some months but not every month 3. Only 1 or 2 months

Child Stage 1

R9. [Page 21](#)

Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 12 months for your [1 CDS CHILD: child / >1 CDS CHILD: children living in the household who are under 18 years old].

"[1 ADULT: I / >1 ADULT: We] relied on only a few kinds of low-cost food to feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] because [1 ADULT: I was / >1 ADULT: we were] running out of money to buy food."

Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH])?

1. Often true 2. Sometimes true 3. Never true

R10. [Page 21](#)

"[1 ADULT: I / >1 ADULT: We] couldn't feed [1 ADULT: my / >1 ADULT: our] [1 CDS CHILD: child / >1 CDS CHILD: children] a balanced meal, because [1 ADULT: I / >1 ADULT: we] couldn't afford that."

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH])?)

1. Often true 2. Sometimes true 3. Never true

R11.  Page 21

"[1 ADULT: My / >1 ADULT: Our] [1 CDS CHILD: child was / >1 CDS CHILD: children were] not eating enough because [1 ADULT: I / >1 ADULT: we] just couldn't afford enough food."

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 12 months, (since last [CURRENT MONTH]))?

1. Often true 2. Sometimes true 3. Never true

Child Stage 2

R12CKPT. CAI Checkpoint: Whether One or More of R9-R11 Endorsed

<input type="checkbox"/> 1. One or More Endorsed (1+ R9, R10, R11 = OFTEN, SOMETIMES)	<input type="checkbox"/> 5. All Others	→ GO PCGR_LANG
↓		

R12. In the last 12 months, since [CURRENT MONTH] of last year, did you ever cut the size of [1 CDS CHILD: your child's / >1 CDS CHILD: any of the children's] meals because there wasn't enough money for food?

1. Yes 5. No

R13. In the last 12 months, (since last [CURRENT MONTH]), did [1 CDS CHILD: your child / >1 CDS CHILD: any of the children] ever skip meals because there wasn't enough money for food?

1. Yes 5. No → GO TO R14

↓

R13A.  Page 22

How often did this happen? (Would you say almost every month, some months but not every month, or in only 1 or 2 months?)

1. Almost every month 2. Some months but not every month 3. Only 1 or 2 months

R14. In the last 12 months, (since last [CURRENT MONTH]), [1 CDS CHILD: was your child / >1 CDS CHILD: were the children] ever hungry but you just couldn't afford more food?

1. Yes 5. No

R15. In the last 12 months, (since last [CURRENT MONTH]), did [1 CDS CHILD: your child / >1 CDS CHILD: the children] ever not eat for a whole day because there wasn't enough money for food?

1. Yes 5. No

PCGR_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

End SECTIONR

Section S: Home Environment

TOC

PCGHH.SECTIONS

S1. Do you have a working TV in your home?

→ GO TO S9



S2. About how many hours is the TV on in your home each day?

- ENTER a number from 0 to 24
- If R says 'None', ENTER [0]
- Do not double time if two TVs are on at the same time

S3. How many working televisions are in your home?

- ENTER a number from 1 to 7
- ENTER [7] for more than 7

S4. How many televisions have cable or satellite service?

- ENTER a number from 0 to 7
- If R says 'None', ENTER [0]

S5. [*1 CDS CHILD: Does / >1 CDS CHILD: Do any of*] your [*1 CDS CHILD: child / >1 CCDS HILD: children*] have a TV in [*1 CDS CHILD: his/her / >1 CDS CHILD: their*] bedroom?

→ GO TO S9



S6. [*1 CDS CHILD: Does child have / >1 CDS CHILD: Which children have*] a TV in their bedroom?

- READ LIST of children if necessary
- ENTER all that apply
- If only one child is in the household, ENTER that child here

List of CDS Children preloaded for this PCG

S9.  Page 23

How often does your family watch TV programs together?

GO TO S11



S10.  Page 23

How often do you discuss TV programs with your child(ren)?

S11.  Page 24

The next set of questions is about rules you may have.

What rules do you have about how much time your [*1 CDS CHILD: child / >1 CDS CHILD: children*] can watch TV in a day?

Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [*1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their*] own choices, or are there no rules?

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S12.  Page 24

What rules do you have about what TV programs your [*1 CDS CHILD: child watches/ >1 CDS CHILD: children watch*]?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [*1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their*] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S13.  Page 25

How often do you permit your [*1 CDS CHILD: child / >1 CDS CHILD: children*] to watch TV during the evening meal?

Would you say never, less than half of the time, about half of the time, most of the time or all of the time?

1. Never	2. Less than half of the time	3. About half of the time	4. Most of the time	5. All of the time
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S14A. How many cell phones does your household have in use?

- IF NEEDED: Either in service or just to play games
- ENTER a number from 0 to 12

→ GO TO S14D → GO TO S14D



S14B. [F1]-Help

[*S14=1: Is that a smartphone*] / [*S14A>1: How many are smartphones*] like an iPhone or Android (that connects to the internet)?

- [*S14A=1: If R says "Yes", ENTER [1]*]
- [*S14A=1: If R says "No", ENTER [0]*]
- [*S14A>1: ENTER a number from 0 to 12*]

S14D. [F1]-Help

How many tablet computers (like an Apple iPad, Samsung Galaxy Tab, Microsoft Surface, or Kindle Fire) does your household have in use?

- ENTER a number from 0 to 12

S14C. [\[F1\]-Help](#)

How many desktop or laptop computers does your household have in use?

- ENTER a number from 0 to 12

0 – 12

S14AA. How many smart speakers (like an Amazon Alexa, Amazon Echo, or Google Home) does your household have in use?

- ENTER a number from 0 to 12

0 – 12

S14E. [\[F1\]-Help](#)

Does your household have high-speed internet access?

- If “No”, PROBE: Do you have internet access but not high-speed, or no internet access?

1. Yes, high-speed internet access	2. No, has internet access but not high speed	5. No, does not have internet access	DK/RF
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GO TO S14GCKPT

S14GCKPT. CAI Checkpoint: Whether Smartphone, Computer, or Tablet

1. Smartphone, Computer, or Tablet (S14B>1 or S14D>1 or S14C>1)	5. All Others	→ GO TO S14M
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↓

S14L. [Page 26](#)

How often do you monitor your [1 CDS CHILD: child’s / >1 CDS CHILD: children’s] use of computers and other electronic devices (such as tablets and smartphones)?

Would you say never, some of the time, or always?

1. Never	2. Some of the time	3. Always
----------	---------------------	-----------

S14G. [Page 27](#) [\[F1\]-Help](#)

Some families have rules about when and how children can use a computer, tablet or smartphone.

What rules do you have about the amount of time your [1 CDS CHILD: child / >1 CDS CHILD: children] may use a computer or other electronic device (such as a tablet or smartphone) to watch TV shows, videos, or movies?

Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S14H. [Page 27](#) [\[F1\]-Help](#)

(What rules do you have about...)

The types of TV shows, videos, or movies [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may watch on a computer or other electronic device (such as a tablet or smartphone)?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S14I [Page 27](#) [\[F1\]-Help](#)

(What rules do you have about...)

[1 CDS CHILD: Your child / >1 CDS CHILD: Any of your children] using social media, texting, or emailing to interact with friends and others?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S14J. [Page 27](#) [\[F1\]-Help](#)

(What rules do you have about...)

The amount of time [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may use a computer or other electronic device (such as a tablet or smartphone) to play games?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S14K. [Page 27](#) [\[F1\]-Help](#)

(What rules do you have about...)

The types of games [1 CDS CHILD: your child / >1 CDS CHILD: any of your children] may play on electronic devices?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your [1 CDS CHILD: child makes [his / her] / >1 CDS CHILD: children make their] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child/children are too young (Vol)	7. Child/children are too old (Vol)

S14M. [Page 28](#) [\[F1\]-Help](#)

How confident are you in understanding new terms and words related to computers and the internet?
Would you say not at all confident, a little, somewhat, moderately, or very confident?

1. Not at all confident	2. Slightly confident	3. Moderately confident
4. Very confident	5. Extremely confident	

S14N1. [Page 29](#)

What is your level of understanding of the following computer and internet-related terms?

Advanced search.

Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S14N2.  [Page 29](#)

(What is your level of understanding of the following computer and internet-related terms? / How about...?)
Privacy settings.

(Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?)

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S14N3.  [Page 29](#)

(What is your level of understanding of the following computer and internet-related terms? / How about...?)
A wiki.

(Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?)

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S14N4.  [Page 29](#)

(What is your level of understanding of the following computer and internet-related terms? / How about...?)
Spyware.

(Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?)

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S14N5.  [Page 29](#)

(What is your level of understanding of the following computer and internet-related terms? / How about...?)
Hashtag.

(Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?)

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S14N6.  [Page 29](#)

(What is your level of understanding of the following computer and internet-related terms? / How about...?)
Phishing spelled with the letters P and H.

(Would you say you have no understanding, a little understanding, some understanding, good understanding, or full understanding?)

1. No understanding	2. A little understanding	3. Some understanding
4. Good understanding	5. Full understanding	

S15.  [Page 30](#) [\[F1\]-Help](#)

About how many books are there in the house?

- [This includes e-books](#)

1. None	2. One or two	3. 3 to 9	4. 10 to 19	5. 20 or more	DK/RF
---------	---------------	-----------	-------------	---------------	-------

GO TO S17



GO TO S17

S16. What is your best estimate of the number of books in the house?

- This includes e-books

20 – 5000

S17.  Page 30 [F1]-Help

How many books have you read during the past year?

- This includes e-books

1. None 2. One or two 3. 3 to 9 4. 10 to 19 5. 20 or more DK/RF

GO TO S19



GO TO S19

S18. What is your best estimate of the number of books you have read in the past year?

20 – 500

S19. In the last 12 months, how many times have you participated in any of the following activities at (any of) [1 CDS CHILD: [CHILD] / >1 CDS CHILD: your children's] school(s)?

Volunteered in any classroom, school office, or library?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

S20. (In the last 12 months, how many times have you participated in any of the following activities at (any of) [1 CDS CHILD: [CHILD] / >1 CDS CHILD: your children's] school(s)?

Attended a meeting of the PTA or other such organization?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

S21.  Page 31

If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to...

Contact your child's teacher or principal?

Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?

1. Not at all likely 2. Somewhat unlikely 3. Not sure how likely 4. Somewhat likely 5. Very likely

S22.  Page 31

(If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Talk with your child?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

1. Not at all likely 2. Somewhat unlikely 3. Not sure how likely 4. Somewhat likely 5. Very likely

S23.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Keep a closer eye on your child’s activities?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S24.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Punish your child?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S25.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Lecture your child?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S26.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Wait and see if your child improves on [his/her] own?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S27.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Tell your child to spend more time on schoolwork?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S28.  Page 31

(If [*1 CDS CHILD*: your child / >*1 CDS CHILD*: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Spend more time helping your child with schoolwork?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

- | | | | | |
|----------------------|----------------------|------------------------|--------------------|----------------|
| 1. Not at all likely | 2. Somewhat unlikely | 3. Not sure how likely | 4. Somewhat likely | 5. Very likely |
|----------------------|----------------------|------------------------|--------------------|----------------|

S29.  Page 31

(If [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected, how likely would you be to ...)

Limit or reduce your child's non-school activities (play, sports, clubs, etc.)?

(Would you say that would be not at all likely, somewhat unlikely, not sure how likely, somewhat likely, or very likely?)

1. Not at all likely 2. Somewhat unlikely 3. Not sure how likely 4. Somewhat likely 5. Very likely

S30. Are there any other things you would do if [1 CDS CHILD: your child / >1 CDS CHILD: one of your children] brought home a report card with grades or progress lower than expected?

1. Yes 5. No → GO TO S31

↓

S30A. What other things?

- If necessary PROBE: Anything else?

S30B.  Page 31

How likely is it that you would do these things? Is it not at all likely, somewhat unlikely, somewhat likely or very likely?

1. Not at all likely 2. Somewhat unlikely 3. Not sure how likely 4. Somewhat likely 5. Very likely

S31. [F1]-Help

Now I have some questions about your own schooling. Did you attend school for your own education last week?

1. Yes 5. No → GO TO S32

↓

S31A. How many hours do you spend in class each week?

- ENTER a number from 1.0 to 60.0

S31B. How long (in minutes) does it typically take you to get to school each way?

- ENTER a number from 1 to 480

S32. [F1]-Help

Did you work for pay last week?

1. Yes 5. No → GO TO S39

↓

S33. How many jobs do you currently have?

- ENTER a number from 1 to 7

S34. [F1]-Help

Thinking about all work you do for pay – either at home, the workplace, or any other location – how many hours per week do you typically work on [your job/all jobs]?

- ENTER a number from 1 to 97

S35. Thinking about all work you do for pay – either at home, the workplace, or any other location – how many days per week do you typically work on the job you work the most hours?

- ENTER a number from 1 to 7

1 – 7

S36. [On your job / On the job you work the most hours], do you usually work a regular daytime schedule or some other schedule?

1. Regular daytime schedule → GO TO S38 2. Some other schedule DK/RF



S37.  Page 32

Which of the following best describes the hours you usually work at this job?

- IF R says “flextime”, PROBE to determine if shift actually falls in day or evening

- | | |
|--|--------------------------|
| 1. A regular evening shift | 2. A regular night shift |
| 3. A rotating shift; one that changes periodically from days to evenings or nights | |
| 4. A split shift; one consisting of two distinct periods each day | |
| 5. An irregular schedule arranged by employer | |
| 6. An irregular schedule arranged by self | |
| 7. Other-specify (S37SPEC. Please specify. (String 200)) | |

S38. [F1]-Help

How many minutes does it typically take you to get to work each way?

- ENTER a number from 1 to 480

0 – 480

S39. During the last 12 months, on average, how often did you go to religious services?

- ENTER amount here, then ENTER unit of time on next screen (Day, Week, Two weeks, Month, Year)

0 → GO TO S41A 1 – 97 DK/RF → GO TO S41A



S40. The amount entered is [S39] per _____

- ENTER unit of time

- | | | | | |
|--|---------|--------------|----------|---------|
| 2. Day | 3. Week | 4. Two weeks | 5. Month | 6. Year |
| 7. Other-specify (S40SPEC. (H40SPEC) Specify (String 100)) | | | | |

S41A.  Page 33

How important is religion to you?

Would you say not important, not very important, somewhat important, very important, or extremely important?

- | | | |
|-------------------|------------------------|-----------------------|
| 1. Not important | 2. Not very important | 3. Somewhat important |
| 4. Very important | 5. Extremely important | |

S42A.  Page 33

How important is spirituality to you?

(Would you say not important, not very important, somewhat important, very important, or extremely important?)

- | | | |
|-------------------|------------------------|-----------------------|
| 1. Not important | 2. Not very important | 3. Somewhat important |
| 4. Very important | 5. Extremely important | |

Language Proficiency S43 – S54 from PSID Core 19 New Immigrant section IMM1 – IMM12

S43. **IF interview conducted in Spanish or other non-English language, DO NOT READ-ENTER [1] to continue**

Now I have a few questions about your background.

Have you ever spoken any language other than English?

1. Yes → GO TO S45 5. No



S44. **IF interview conducted in Spanish or other non-English language, DO NOT READ-ENTER [1] to continue**

Is any language other than English spoken in your home?

1. Yes 5. No → GO TO PCGS_LANG



S45. **[F1]-Help**

Which languages did you speak in your home with your parents when you were age 10?

- **ENTER ALL THAT APPLY**

1. English	2. Spanish	3. Arabic	4. Chinese	5. Creole	6. Filipino, Tagalog
7. French	8. Hindi	9. Japanese	10. Kru	11. Korean	12. Portuguese
13. Russian	14. Tamil	15. Telugu	16. Urdu	17. Vietnamese	
97. Other-specify (S45SPEC. Specify. (String100))					

S46. **[F1]-Help**

Which languages do you currently speak at home?

- **ENTER all that apply**

1. English	2. Spanish	3. Arabic	4. Chinese	5. Creole	6. Filipino, Tagalog
7. French	8. Hindi	9. Japanese	10. Kru	11. Korean	12. Portuguese
13. Russian	14. Tamil	15. Telugu	16. Urdu	17. Vietnamese	
93. [S46SPEC]					
97. Other-specify (S46SPEC. Specify. (String100))					

S47. **[F1]-Help**

In the past 12 months, while living in the United States, which languages have you spoken outside of home, for example, while at work?

- **ENTER ALL THAT APPLY**

1. English	2. Spanish	3. Arabic	4. Chinese	5. Creole	6. Filipino, Tagalog
7. French	8. Hindi	9. Japanese	10. Kru	11. Korean	12. Portuguese
13. Russian	14. Tamil	15. Telugu	16. Urdu	17. Vietnamese	
93. [S45SPEC]	94. [S46SPEC]				
97. Other-specify (S47SPEC. Specify. (String100))					

S48. **[F1]-Help**

Which languages do you speak when you are with friends?

- **ENTER all that apply**

1. English	2. Spanish	3. Arabic	4. Chinese	5. Creole	6. Filipino, Tagalog
7. French	8. Hindi	9. Japanese	10. Kru	11. Korean	12. Portuguese
13. Russian	14. Tamil	15. Telugu	16. Urdu	17. Vietnamese	
93. [S45SPEC]	94. [S46SPEC]	95. [S47SPEC]			
97. Other-specify (S48SPEC. Specify. (String100))					

S49CKPT. CAI Checkpoint: Languages Selected at S45-S48

1. English plus 1 Non-English	2. English plus >1 Non-English	3. No English but >1 Non-English	4. English Only, or All S45-S48=DK, RF	5. No English but 1 Non-English
GO TO S50		↓	GO TO S51	GO TO S50

S49. [F1]-Help

[*ENGLISH ALSO SELECTED*: Aside from English, which / *ALL OTHERS*: Which] of these languages do you speak or read most often?

- READ list if needed

Languages Selected at S45-S48

	2. Spanish	3. Arabic		
4. Chinese	5. Creole	6. Filipino, Tagalog	7. French	
8. Hindi	9. Japanese	10. Kru	11. Korean	
12. Portuguese	13. Russian	14. Tamil	15. Telugu	
16. Urdu	17. Vietnamese			
93. [S45SPEC]	94. [S46SPEC]	95. [S47SPEC]	96. [S48SPEC]	DK/RF → GO TO S51

S50. In general, which language do you speak and read more often, English or [S49CKPT=2, 3: [S49] / S49CKPT=1, 5: [S45-S48 SELECTION]]?

- If needed, PROBE: Is that (English / [[S49] / [S45-S48]]) only or (English / [[S49] / [S45-S48]]) more frequently?

1. English only	2. English more frequently	3. Both languages about equally (VOL)
4. [[S49] / [S45-S48]] more frequently	5. [[S49] / [S45-S48]] only	

S51. How well do you understand spoken English? Would you say very well, well, not well, or not at all?

1. Very well	2. Well	3. Not well	4. Not at all
--------------	---------	-------------	---------------

S52. How well do you speak English? (Would you say very well, well, not well, or not at all?)

1. Very well	2. Well	3. Not well	4. Not at all
--------------	---------	-------------	---------------

S53. How well do you read English? (Would you say very well, well, not well, or not at all?)

1. Very well	2. Well	3. Not well	4. Not at all
--------------	---------	-------------	---------------

S54. How well do you write English? (Would you say very well, well, not well, or not at all?)

1. Very well	2. Well	3. Not well	4. Not at all
--------------	---------	-------------	---------------

PCGS_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
------------	------------	---

End SECTIONS

Interview Close

TOC

PCG_LANG. Interviewer checkpoint:

Spanish or foreign language used

Was Spanish, or any other foreign language, used anywhere in this interview?

1. Yes, Spanish or Foreign Language Used 5. No

HHIWCOMPLETE. We have reached the end of the Household Interview

- If you are unable to complete the Post Interview HH Observations at this time, click on the PCG tab to return to the Block Status screen. Finish the observations as soon as possible.

1. Complete

Interview Observations

TOC

PCGHH.IWPCGOB

PCGIO1. [PCG Household Interview Observation](#)

Indicate language(s) used to conduct this interview

- ENTER all that apply

1. English	→ GO TO PCGOB1	2. Spanish	7. Language other than English or Spanish -specify (PCGIO1A. Specify the language of interview. (String 100))
------------	----------------	------------	---

PCGIO2. [PCG Household Interview Observation](#)

Who did the translating?

1. Bilingual interviewer using Blaise Spanish translation	
2. Translator / study aide	3. Other FU member
4. Friend / non-relative not in FU	
7. Other -specify (PCGIO2A. Please specify (String 100))	

PCGOB1. [PCG Household Interview Observation](#)

Based on your interview with the primary caregiver during this visit, please rate (her/him) on a scale from 1 to 5 for each item below.

Primary caregiver's speech was distinct, clear, and audible to interviewer?

1. Never	2	3. Sometimes	4	5. Often
----------	---	--------------	---	----------

PCGOB2. [PCG Household Interview Observation](#)

Primary caregiver appeared to readily understand your questions?

1. Never	2	3. Sometimes	4	5. Often
----------	---	--------------	---	----------

PCGOB3. [F1]-Help

[PCG Household Interview Observation](#)

Primary caregiver expressed ideas freely and easily and used statements of appropriate length?

1. Never	2	3. Sometimes	4	5. Often
----------	---	--------------	---	----------

PCGOB4. [F1]-Help

[PCG Household Interview Observation](#)

Primary caregiver initiated interchanges with you, asked questions, and made spontaneous comments?

1. Never	2	3. Sometimes	4	5. Often
----------	---	--------------	---	----------

PCGOB5. [PCG Household Interview Observation](#)

Primary caregiver used complex sentence structure and long words in (his/her) speech?

1. Never	2	3. Sometimes	4	5. Often
----------	---	--------------	---	----------

PCGOB5A. [PCG Household Interview Observation](#)

Is there anything potentially confusing or unusual about this interview that you need to provide to project staff?

1. Yes	5. No	→ GO TO OBSCOMPLETE
--------	-------	---------------------



PCGOB5B. [PCG Household Interview Observation](#)

Please provide a few words to help project staff understand confusing or unusual situations.

- Press INSERT to edit existing text
- To SAVE your entry, use Alt-S
- Ctrl-D and Ctrl-R not allowed

Open end

OBSCOMPLETE. You have reached the end of the PCG Household Interview Observations

- ENTER [1] to complete

1. Complete

End IWPCGOB

Interview End

TOC

HHIWEND. End Date of PCG Household Interview (assigned)

HHIWSEC_END. Interviewer checkpoint:

End of HH parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

End PCGHH

HHPARALLELSTATUS. Status of Parallel Block – PCG-Household Interview

<input type="text" value="3. Not Started"/>	Interview not started	
<input type="text" value="4. Started"/>	Interview in progress	
<input type="text" value="5. Done (Finish Obs)"/>	Interview complete	lwer Obs in progress
<input type="text" value="6. Obs Done"/>	Interview complete	lwer Obs complete
<input type="text" value="9. Unable to Administer"/>	PCGVOL=2	
<input type="text" value="17. Refused"/>	PCGVOL=5	

PCG Interview(s) for Individual CDS Child(ren)

CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 0-18 (Birth Year 2002-2018).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

Interview Start

[TOC](#)

BLOCKSTATUSCHILD

xCHILDRENIWSEC_START. Interviewer checkpoint:

Start of Children parallel block

- ENTER [1] to continue

BLOCKSTATUS. Children Parallel Block Status

Child [CHILD NAME]: [CHILDPARALLELSTATUS[1..15]] → GO TO CHILDIWSEC_START

- [Not all sections are completed. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]



xCHILDRENIWSEC_END. Interviewer checkpoint:

End of Children parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

End BLOCKSTATUSCHILD

PCGCHILDREN.PCGCHILD[1..15] [1..15]=Which CDS Child

CHILDIWSEC_START. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE], [CHILD GRADE]

Interviewer checkpoint:

Start of child parallel block

- ENTER [1] to continue

PCGCHIWSTART. Start Date of PCG Child Interview (assigned)

PCGCHINTRO. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE], [CHILD GRADE]

PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. All of your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child's / >1 CDS CHILD: children's] activities during one weekday and one weekend day.] We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions [and an additional \$[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child's set of completed time diaries / >1CDS CHILD: each set of time diaries completed for your children].

Do you have any questions for me?)

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue	2. Unable to Administer (approved partials only)	5. If Vol: PCG refuses to continue
-------------	--	------------------------------------



RETURN TO BLOCKSTATUS

Section A: Child Health
TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_A [1..15]=Which CDS Child

PCGCHFTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

- 1. Face to face
- 2. Telephone

PCGCHCONFIRMINFO. Confirm info:

- PCG's Name: [PCG NAME]
- PCG's Age: [PCG AGE]
- Relationship to Child: [PCG RTH]
- Child's Name: [CHILD NAME]
- Child's Age: [CHILD AGE]

- ENTER [1] to continue

- 1. Continue

PCGCHINTRO. PCG: [PCG NAME]

Now let's talk about [CHILD NAME].

- ENTER [1] to complete
- If PCG refuses to continue, ENTER [5]

- 1. Continue
- 2. Unable to Administer (approved partials only)
- 5. If Vol: PCG refuses to continue



RETURN TO BLOCKSTATUS

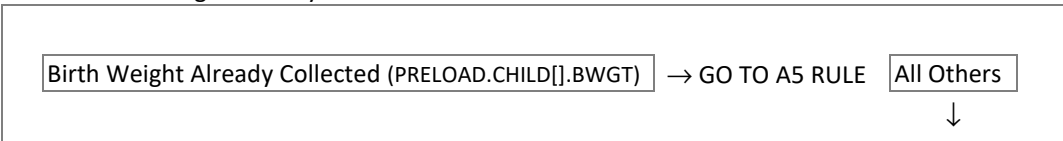
Age 0-18

A2.  Page 34

Would you say [CHILD NAME]'s health in general is excellent, very good, good, fair, or poor?

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

A4 Rule: Whether Birth Weight Already Collected in Previous Wave



Age 0-18

A4. I'd like to ask about [CHILD NAME]'s health. How much did [CHILD NAME] weigh at birth?

- ENTER weight in pounds or press [ENTER] to continue to next screen for kilograms

[Enter]



Age 0-18

A4_KG. (How much did [CHILD NAME] weigh at birth?)

- ENTER weight in kilograms

0.45 - 9.07

0 - 20 DK/RF



Age 0-18

A4_OZ. (How much did [CHILD NAME] weigh at birth?)

- ENTER a number from 0 to 16 ounces

0 - 16

A5 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 0-5	All Others	→ GO TO A6
↓		

Age 0-5

A5. [AGE=0-1: Has [CHILD NAME] been breastfed / ALL OTHERS: Was [CHILD NAME] breastfed as an infant]?

1. Yes	5. No	→ GO TO A6
--------	-------	------------

↓

Age 0 - 5

A5A. How many months old was [CHILD NAME] when breastfeeding stopped?

- ENTER a number from 0 to 60
- If R says still breastfeeding, ENTER [97]

0 – 60	97. Still breastfeeding (VOL)
--------	-------------------------------

Age 0-18

A6. [F1]-Help

About how many times in the past 12 months has [he/she] been seen by a doctor, nurse or other health care professional for illness or injury?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Age 0-18

A7M. Not including visits for illness or injury, when was [CHILD NAME] last seen by a doctor or clinic for a routine health check-up?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?
- IF R says "Never", ENTER [97]

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall	DK/RF	97. Never (VOL)

↓

GO TO A8 RULE

Age 0-18

A7Y. (Not including visits for illness or injury, when was [CHILD NAME] last seen by a doctor or clinic for a routine health check-up?)

- ENTER year

1997 – 2020

A8 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 2-18	All Others	→ GO TO A10A
↓		

Age 2-18

A8. [F1]-Help

Has [CHILD NAME] ever seen a doctor or health professional about a psychological, developmental or behavioral condition?

1. Yes 5. No → GO TO A10A

Age 2-18

A8M. When was the last time [CHILD NAME] was seen by a doctor or health professional about a psychological, developmental or behavioral condition?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

Age 2-18

A8Y. (When was the last time [CHILD NAME] was seen by a doctor or health professional about a psychological, developmental or behavioral condition?)

- ENTER year

Age 0-18

A10A. [F1]-Help

Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...
An epileptic seizure or convulsion?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10B. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Asthma?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No → GO TO A10D

Age 0 – 18

A10C. Is [CHILD NAME] taking asthma medications?

1. Yes 5. No

Age 0-18

A10D. [F1]-Help

Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had ...
Diabetes?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10E. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Three or more ear infections?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10F. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Speech impairment or delay?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10G. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Serious hearing difficulty or deafness?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10H. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Serious difficulty seeing that could not be corrected with standard glasses or contact lenses?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10I. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Intellectual disability, also known as-mental retardation?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10J. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
An emotional or behavioral problem?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10K. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Anemia or iron deficiency?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10L. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Elevated levels of lead in the blood?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10M. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Orthopedic impairment or physical disability?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

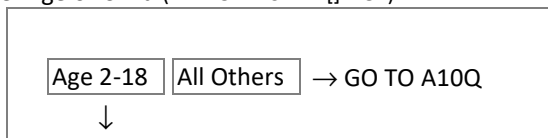
A10N. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Developmental problems, such as developmental delay or learning disability?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

A100 Rule: Age of Child (PRELOAD.CHILD[.AGE])

Age 2-18

A10O. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 2-18

A10P. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD)?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10Q. [F1]-Help

(Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...)
Allergies, such as a food or digestive allergy, skin allergy or eczema, or a respiratory allergy?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10R. [F1]-Help

Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] was obese, over-weight, or at risk of over-weight?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No

Age 0-18

A10S. [F1]-Help

Has [CHILD NAME]'s doctor or health professional ever said that [CHILD NAME] had...
Any other problems?

- DOCTORS include general practitioners and pediatricians, osteopaths, and specialists.
- HEALTH PROFESSIONALS include nurses, physician's assistants, and nurse practitioners.

1. Yes 5. No → GO TO A11

↓

A10SSPEC. [F1]-Help

Please specify other problem.

- If necessary PROBE: Anything else?

String 200

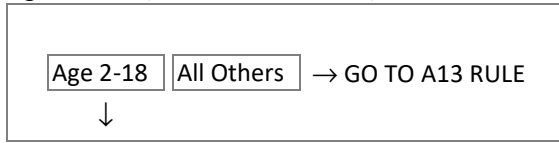
Age 0-18A11.  Page 35

In the past 12 months, how often has [CHILD NAME] had an attack of wheezing (a whistling sound coming from the chest) that made it hard for [him/her] to breathe or catch [his/her] breath?

Would you say never, less than 3 times altogether, between 4-10 times altogether, 1-2 times a month, once a week, more than once a week, or every day?

1. Never	2. Less than 3 times altogether	3. Between 4-10 times altogether
4. 1-2 times a month	5. Once a week	6. More than once a week
		7. Every day

A12 Rule: Age of Child (PRELOAD.CHILD[.AGE)



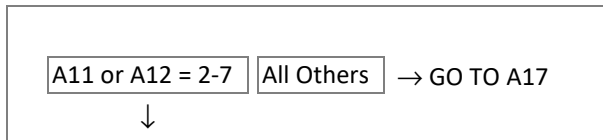
Age 2-18

A12. [Page 35](#)

In the past 12 months, how often has [CHILD NAME] wheezed with exercise or running or playing hard? (Would you say never, less than 3 time altogether, between 4-10 times altogether, 1-2 times a month, once a week, more than once a week, or every day?)

1. Never	2. Less than 3 times altogether	3. Between 4-10 all together
4. 1-2 times a month	5. Once a week	6. More than once a week
		7. Every day

A13 Rule: Whether A11 or A12 is Less Than 3 Times or Greater



Age 0-18

A13. [\[F1\]-Help](#)

How many times in the past 12 months has [CHILD NAME] been to a hospital emergency room for asthma or wheezing?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Age 0-18

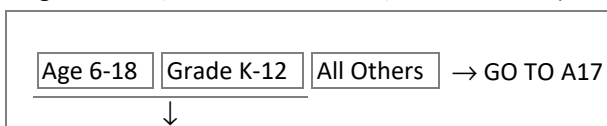
A14. [\[F1\]-Help](#)

How many times in the past 12 months has [CHILD NAME] been to a doctor's office or health care clinic for asthma or wheezing?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

A16 Rule: Age of Child (PRELOAD.CHILD[.AGE); Child's Grade (CHGRADE)



Age 6-18 or Grade K-12

A16. [\[F1\]-Help](#)

How many times in the past 12 months has [CHILD NAME] missed school because of [his / her] asthma or wheezing?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

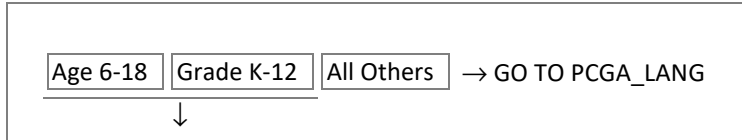
0 – 365

Age 0-18

A17. Does [CHILD NAME] currently have any physical or psychological condition that would limit or prevent [his/her] ability to do usual childhood activities such as play, or participate in games or sports?

1. Yes 5. No

A18 Rule: Age of Child (PRELOAD.CHILD[].AGE); Child's Grade (CHGRADE)

Age 6-18 or Grade K-12

A18. [\[F1\]-Help](#)

Does [CHILD NAME] currently have any physical or psychological that would limit or prevent [his/her] ability to attend school regularly?

1. Yes 5. No

Age 6-18 or Grade K-12

A19. [\[F1\]-Help](#)

Does [CHILD NAME] currently have any physical or psychological that would limit or prevent [his/her] ability to do regular school work?

1. Yes 5. No

PCGA_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

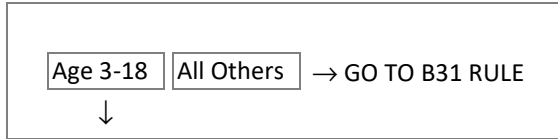
1. English 2. Spanish 7. Language other than English or Spanish

End SECTION_A

Section B: Psychological Wellbeing, Personality, Behavior TOC

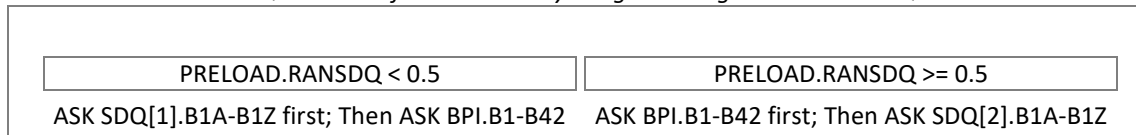
PCGCHILDREN.PCGCHILD[1..15].SECTION_B [1..15]=Which CDS Child

B1 Rule: Age of Child (PRELOAD.CHILD[.AGE])



SDQ Rule: Random Assignment of SDQ / BPI Order

One CDS Child per PCG is randomly selected for asking the SDQ series (Preload.Child[1..15].WhichKid for the selected child is assigned to Preload.SDQWhichKid). For the CDS Child selected for asking the SDQ series, whether to ask the SDQ or the BPI first is randomly assigned using Preload.RansDQ.



SDQ[1..2] [1..2] = Whether SDQ asked first or second

Age 3-18

B1A. [Page 36](#)

For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months.

[He / She] is considerate of other people's feelings.

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1B. [Page 36](#)

[He / She] is restless, overactive, cannot stay still for long.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1C. [Page 36](#)

[He / She] often complains of headaches, stomach-aches or sickness.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18

B1D. [Page 36](#)

[He / She] shares readily with other [AGE 3-10: children / AGE 11-18: youth] for example [AGE 3-10: toys, treats, pencils / AGE 11-18: books, games, food].

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

Age 3-18B1E.  Page 36

[He / She] often loses [his/her] temper.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1F.  Page 36[He / She] is rather solitary, prefers to play alone [*AGE 11-18*: than with other youth].

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1G.  Page 36

[He / She] is generally well behaved, usually does what adults request.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1H.  Page 36

[He / She] has many worries or often seems worried.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1J.  Page 36

[He / She] is helpful if someone is hurt, upset or feeling ill.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1K.  Page 36

[He / She] is constantly fidgeting or squirming.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1L.  Page 36

For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months.

[He / She] has at least one good friend.

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1M.  [Page 36](#)

[He / She] often fights with other children or bullies them.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1N.  [Page 36](#)

[He / She] is often unhappy, depressed or tearful.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1O.  [Page 36](#)

[He / She] is generally liked by other [AGE 3-10: children / AGE 11-18: youth].

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1P.  [Page 36](#)

[He / She] is easily distracted, concentration wanders.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1Q.  [Page 36](#)

[He / She] is nervous or clingy in new situations, easily loses confidence.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1R.  [Page 36](#)

[He / She] is kind to younger children.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1S1.  [Page 36](#)

[He / She] is often argumentative with adults.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

Age 3-18B1S2.  Page 36

[He / She] often lies or cheats.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

 1. Not true 2. Somewhat true 3. Certainly true
Age 3-18B1T.  Page 36

[He / She] is picked on or bullied by other [AGE 3-10: children / AGE 11-18: youth].

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

 1. Not true 2. Somewhat true 3. Certainly true
Age 3-18B1U.  Page 36

[He / She] often offers to help others such as parents, teachers, and other children.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

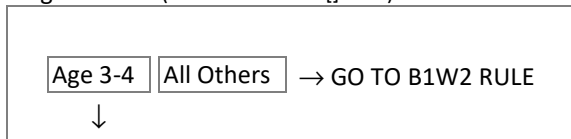
 1. Not true 2. Somewhat true 3. Certainly true
Age 3-18B1V.  Page 36

[He / She] can [AGE 3-4: stop and] think things out before acting.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

 1. Not true 2. Somewhat true 3. Certainly true

B1W1Rule: Age of Child (PRELOAD.CHILD[.AGE])

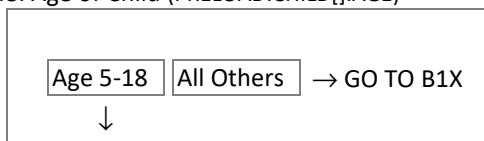
Age 3-4B1W1.  Page 36

[He / She] can be spiteful to others.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

 1. Not true 2. Somewhat true 3. Certainly true

B1W2 Rule: Age of Child (PRELOAD.CHILD[.AGE])



Age 5-18B1W2.  [Page 36](#)

[He / She] steals from home, school or elsewhere.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1X.  [Page 36](#)[He / She] gets along better with adults than with other [*AGE 3-10: children / AGE 11-18: youth*].

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1Y.  [Page 36](#)

[He / She] has many fears, easily scared.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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Age 3-18B1Z.  [Page 36](#)

[He / She] has a good attention span, sees work through to the end.

(Is that not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
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End SDQ**BPI**Age 3-18B1.  [Page 37](#)

For the next set of statements, decide whether they are often true, sometimes true, or not true according to [CHILD NAME]'s behavior.

[He / She] has sudden changes in mood or feeling.

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B2.  [Page 37](#)

[He / She] feels or complains that no one loves [him / her].

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B3.  [Page 37](#)

[He / She] is rather high strung, tense and nervous.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B4.  [Page 37](#)

[He / She] cheats or tells lies.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B5.  [Page 37](#)

(For the next set of statements, decide whether they are often true, sometimes true, or not true according to [CHILD NAME]'s behavior.)

[He / She] is too fearful or anxious.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B6.  [Page 37](#)

[He / She] argues too much.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B7.  [Page 37](#)

[He / She] has difficulty concentrating, cannot pay attention for long.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B8.  [Page 37](#)

[He / She] is easily confused, seems to be in a fog.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B9.  [Page 37](#)

[He / She] bullies or is cruel or mean to others.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B10.  [Page 37](#)

[He / She] is disobedient.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B11.  [Page 37](#)

[He / She] does not seem to feel sorry after [he / she] misbehaves.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B12.  Page 37

[He / She] has trouble getting along with other children.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B13.  Page 37

[He / She] is impulsive, or acts without thinking.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B14.  Page 37

[He / She] feels worthless or inferior.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B15.  Page 37

[He / She] is not liked by other children.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B16.  Page 37

[He / She] has a lot of difficulty getting [his / her] mind off certain thoughts.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

- **IF Necessary:** Has obsessions

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B17.  Page 37

[He / She] is restless or overly active, cannot sit still.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
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Age 3-18B18.  Page 37

[He / She] is stubborn, sullen, or irritable.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B19.  Page 37

[He / She] has a very strong temper and loses it easily.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B20.  [Page 37](#)

[He / She] is unhappy, sad or depressed.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B21.  [Page 37](#)

[He / She] is withdrawn, does not get involved with others.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B22.  [Page 37](#)

[He / She] breaks things on purpose or deliberately destroys [his / her] own or another's things.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B23.  [Page 37](#)

[He / She] clings to adults.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B24.  [Page 37](#)

[He / She] cries too much.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B25.  [Page 37](#)

[He / She] demands a lot of attention.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B26.  [Page 37](#)

[He / She] is too dependent on others.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B27.  [Page 37](#)

[He / She] feels others are out to get [him / her].

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true	2. Sometimes true	3. Not true
---------------	-------------------	-------------

Age 3-18B28.  Page 37

[He / She] hangs around with kids who get into trouble.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true 2. Sometimes true 3. Not true

Age 3-18B29.  Page 37

[He / She] is secretive, keeps things to [himself / herself].

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true 2. Sometimes true 3. Not true

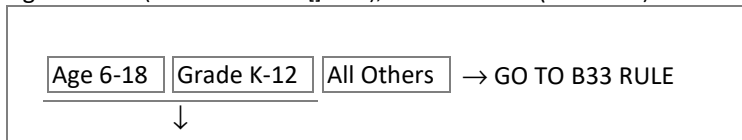
Age 3-18B30.  Page 37

[He / She] worries too much.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true 2. Sometimes true 3. Not true

B31 Rule: Age of Child (PRELOAD.CHILD[.AGE); Child's Grade (CHGRADE)

Age 6-18 or Grade K-12B31.  Page 37

[He / She] is disobedient at school.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true 2. Sometimes true 3. Not true

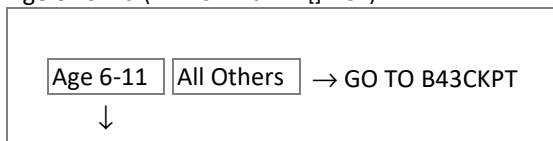
Age 6-18 or Grade K-12B32.  Page 37

[He / She] has trouble getting along with teachers.

(Would you say this is often true, sometimes true, or not true according to [CHILD NAME]'s behavior?)

1. Often true 2. Sometimes true 3. Not true

B33 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-11B33.  Page 38

Thinking about [CHILD NAME], please tell me how much each statement applies to [CHILD NAME].

Is cheerful, happy.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?

1. Not at all like child 2. A little like child 3. Somewhat like child 4. A lot like child 5. Totally like child

Age 6-11B34.  Page 38

Waits [his/her] turn in games and other activities.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B35.  Page 38

Does neat, careful work.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B36.  Page 38

Is curious and exploring, likes new experiences.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B37.  Page 38

Thinks before [he/she] acts, is not impulsive.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B38.  Page 38

Gets along well with other children.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B39.  Page 38

Usually does what you tell [him/her] to do.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B40.  Page 38

Can get over being upset quickly.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B41.  Page 38

Is admired and well-liked by other children.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

Age 6-11B42.  Page 38

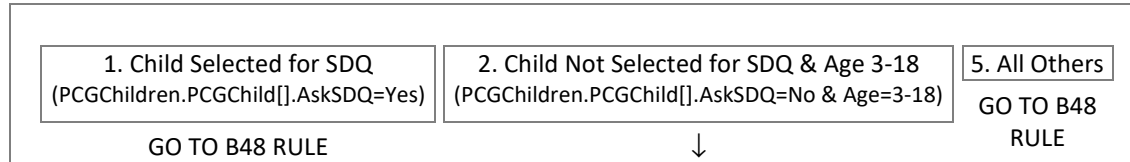
Tries to do things for [himself/herself], is self-reliant.

Would you say this statement is not at all, a little, somewhat, a lot, or totally like your child?)

- | | | | | |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|
| 1. Not at all like child | 2. A little like child | 3. Somewhat like child | 4. A lot like child | 5. Totally like child |
|--------------------------|------------------------|------------------------|---------------------|-----------------------|

End BPI

B43CKPT. CAI Checkpoint: Whether Child Selected for SDQ; Age of Child (PRELOAD.CHILD[.AGE])

**PCGCHILDREN.PCGCHILD[1..15].SECTIONB.B43BLOCK [1..15]=Which CDS child**Age 3-18B43.  Page 39

Please give your answers to the next questions on the basis of [CHILD NAME's] behavior over the last six months. Answer as best you can, even if you are not absolutely certain.

Now, thinking about [CHILD NAME], [CHILD NAME] is considerate of other people's feelings. Is this not true, somewhat true, or certainly true?

- | | | |
|-------------|------------------|-------------------|
| 1. Not true | 2. Somewhat true | 3. Certainly true |
|-------------|------------------|-------------------|

Age 3-18B44.  Page 39

[CHILD NAME] shares readily with other children.

(Is this not true, somewhat true, or certainly true?)

- | | | |
|-------------|------------------|-------------------|
| 1. Not true | 2. Somewhat true | 3. Certainly true |
|-------------|------------------|-------------------|

Age 3-18B45.  Page 39

[CHILD NAME] is helpful if someone is hurt, upset, or feeling ill.

(Is this not true, somewhat true, or certainly true?)

- | | | |
|-------------|------------------|-------------------|
| 1. Not true | 2. Somewhat true | 3. Certainly true |
|-------------|------------------|-------------------|

Age 3-18B46.  Page 39

[CHILD NAME] is kind to younger children.

(Is this not true, somewhat true, or certainly true?)

- | | | |
|-------------|------------------|-------------------|
| 1. Not true | 2. Somewhat true | 3. Certainly true |
|-------------|------------------|-------------------|

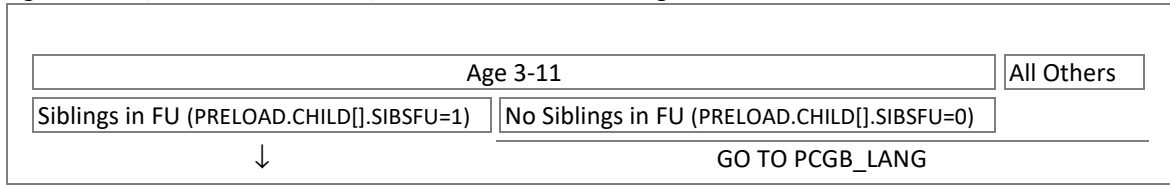
Age 3-18B47.  Page 39

[CHILD NAME] often volunteers to help others.

(Is this not true, somewhat true, or certainly true?)

- | | | |
|-------------|------------------|-------------------|
| 1. Not true | 2. Somewhat true | 3. Certainly true |
|-------------|------------------|-------------------|

B48 Rule: Age of Child (PRELOAD.CHILD[.AGE); Whether Child Has Siblings in FU



Age 3-11

B48. [Page 40](#) [\[F1\]-Help](#)

Next, I will read some things your child may do. Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month.

Helped sibling(s)?

Would you say never, once in a while, sometimes, most days, or every day?

1. Never 2. Once in a while 3. Sometimes 4. Most days 5. Every day

Age 3-11

B49. [Page 40](#) [\[F1\]-Help](#)

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

Was kind toward sibling(s)?

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never 2. Once in a while 3. Sometimes 4. Most days 5. Every day

Age 3-11

B50. [Page 40](#) [\[F1\]-Help](#)

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

Cooperated with sibling(s)?

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never 2. Once in a while 3. Sometimes 4. Most days 5. Every day

Age 3-11

B51. [Page 40](#) [\[F1\]-Help](#)

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

Taken turns with play materials with sibling(s)?

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never 2. Once in a while 3. Sometimes 4. Most days 5. Every day

Age 3-11

B52. [Page 40](#) [\[F1\]-Help](#)

(Please tell me how often [CHILD NAME] has done each of the following without adult encouragement in the last month?)

Listened to sibling(s)?

(Would you say never, once in a while, sometimes, most days, or every day?)

1. Never 2. Once in a while 3. Sometimes 4. Most days 5. Every day

End B43BLOCK

PCGB_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

 1. English 2. Spanish 7. Language other than English or Spanish

End SECTION_B

Section C: Parenting and Family Interaction

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_C [1..15]=Which CDS Child

Age 0-18

C1. [Page 41](#) [\[F1\]-Help](#)

In the past month, how often did a family member get to play [AGE 0-2: puzzles or pretend games / AGE 3-5: pretend games, board games, or puzzles / AGE 6-18: board games, card games, or puzzles] with your child? Never because child is too young, not in the past month, 1 or 2 times in the past month, about once a week, several times a week, or every day?

1. Never, child is too young	2. Not in the past month	3. 1 or 2 times in the past month
4. About once a week	5. Several times a week	6. Every day

C2 Rule: Age of Child (PRELOAD.CHILD[.AGE])

Age 12-18	All Others	→ GO TO C5 RULE
↓		

Age 12-18

C2. [Page 42](#) [\[F1\]-Help](#)

How many of [CHILD NAME]'s close friends do you know by sight and by first and last name? Do you know none of them, only a few, about half, most of them, or all of them?

1. None of them	2. Only a few	3. About half	
4. Most of them	5. All of them	DK/RF	7. Doesn't have any (Vol)
↓			GO TO C5 RULE

Age 12-18

C2A. [Page 42](#) [\[F1\]-Help](#)

How many of [CHILD NAME]'s close friends' parents do you know by sight and by first and last name? (None of them, only a few, about half, most of them, or all of them?)

1. None of them	2. Only a few	3. About half	4. Most of them	5. All of them
-----------------	---------------	---------------	-----------------	----------------

Age 12-18

C2B. [Page 42](#) [\[F1\]-Help](#)

How many of [CHILD NAME]'s friends did you see last week? (None of them, only a few, about half, most of them, or all of them?)

1. None of them	2. Only a few	3. About half	4. Most of them	5. All of them
-----------------	---------------	---------------	-----------------	----------------

Age 12-18

C2C. [Page 43](#) [\[F1\]-Help](#)

About how often did [CHILD NAME] play or do things with [his/her] friends outside of school in the last month? Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or every day?

1. Not in the past month	2. One or two times in the past month	3. About once a week
4. Several times a week	5. Every day	

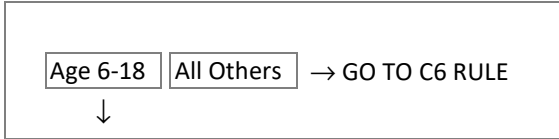
Age 12-18

C3. [Page 44](#) [F1]-Help

About how often do you know who [CHILD NAME] is with when [he/she] is not at home? Would you say you know who [he/she] is with only rarely, some of the time, most of the time or all of the time?

- | | | | | |
|----------------|---------------------|---------------------|--------------------|----------------|
| 1. Only rarely | 2. Some of the time | 3. Most of the time | 4. All of the time | 7. Never (Vol) |
|----------------|---------------------|---------------------|--------------------|----------------|

C5 Rule: Age of Child (PRELOAD.CHILD[.AGE)



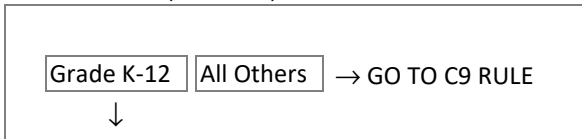
Age 6-18

C5. [Page 45](#)

What rules do you have about how late [CHILD NAME] can stay up at night? Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?

- | | |
|---|--|
| 1. Yes, clear rules that are enforced | 2. Yes, general rules that are monitored |
| 3. Yes, rules but child makes own choices | 5. No rules |
| 6. Child is too young (Vol) | 7. Child is too old (Vol) |

C6 Rule: Child's Grade (CHGRADE)



Grade K-12

C6. [Page 45](#)

What rules do you have about when [CHILD NAME] does [his/her] homework?

[C5 ASKED: (] Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?[C5 ASKED:)]

- | | | |
|--|---|---------------------------------|
| 01. Yes, clear rules that are enforced | 02. Yes, general rules that are monitored | 08. Does not get homework (Vol) |
| 03. Yes, rules but child makes own choices | 05. No rules | |
| 06. Child is too young (Vol) | 07. Child is too old (Vol) DK/RF | |



GO TO C9 RULE

Grade K-12

C7. [Page 46](#) [F1]-Help

How often do you set a place where [he/she] does homework? Would you say never, less than half of the time, about half of the time, most of the time or all of the time?

- | | | |
|---------------------|-------------------------------|---------------------------|
| 1. Never | 2. Less than half of the time | 3. About half of the time |
| 4. Most of the time | 5. All of the time | |

Grade K-12

C8.  Page 46

How often do you check [his/her] homework?

(Would you say never, less than half of the time, about half of the time, most of the time or all of the time?)

1. Never	2. Less than half of the time	3. About half of the time
4. Most of the time	5. All of the time	

C9 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 12-18	All Others	→ GO TO C14CKPT
↓		

Age 12-18

C9.  Page 47

What rules do you have about how [CHILD NAME] spends time after school?

[C6=06-08: (] Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?[C6=06-08:)]

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child is too young (Vol)	7. Child is too old (Vol)

Age 12-18

C10.  Page 47

What rules do you have about who [CHILD NAME] can spend time with and where they can go?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child is too young (Vol)	7. Child is too old (Vol)

Age 12-18

C11.  Page 47

What rules do you have about [CHILD NAME]'s dating?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your {child makes [his / her]} own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child is too young (Vol)	7. Child is too old (Vol)

Age 12-18C12.  Page 47

(What rules do you have about...)

How late [CHILD NAME] can stay out on weeknights or weekends?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child is too young (Vol)	7. Child is too old (Vol)

Age 12-18C13.  Page 47

(What rules do you have about...)

The amount of time [CHILD NAME] can work at a job?

(Do you have clear rules that are enforced, general rules that are monitored, are there rules but your child makes [his / her] own choices, or are there no rules?)

1. Yes, clear rules that are enforced	2. Yes, general rules that are monitored
3. Yes, rules but child makes own choices	5. No rules
6. Child is too young (Vol)	7. Child is too old (Vol)

C14CKPT. CAI Checkpoint: Whether Spanking Reported Last Wave; Age of Child (PRELOAD.CHILD[.AGE])

1. Not Spanked Last Wave (PRELOAD.C14<>Yes & Age 3-18)	3. Spanked Last Wave (PRELOAD.C14=Yes & Age 3-18)	5. All Others (Age 0-2)	→ GO TO C17CKPT
↓		GO TO C16	

Age 3-18

C14. Parents sometimes use physical punishment to discipline their child. Have you ever spanked [CHILD NAME]?

1. Yes 5. No → GO TO C17CKPT

Age 3-11C15A. -Help

How old was [CHILD NAME] when you first spanked [him/her]?

- Enter a number from 1 to 18 first, then enter unit of time at next screen (Weeks, Months, Years)

1-18 DK/RF → GO TO C16

Age 3-11

C15B. (Was that weeks, months, or years old?)

- ENTER unit of time

1. Weeks 2. Months 3. Years

Age 3-18

C16. [C14CKPT=3: Parents sometimes use physical punishment to discipline their child. How old was [CHILD NAME] the last time you spanked [him/her], if ever? / C14CKPT=1: How old was [CHILD NAME] when you last spanked [him/her]?)

- ENTER age here, then ENTER unit of time on next screen (Weeks, Months, Years)

1-18 [C14CKPT=3: 97. Never spanked] DK/RF



GO TO C17CKPT

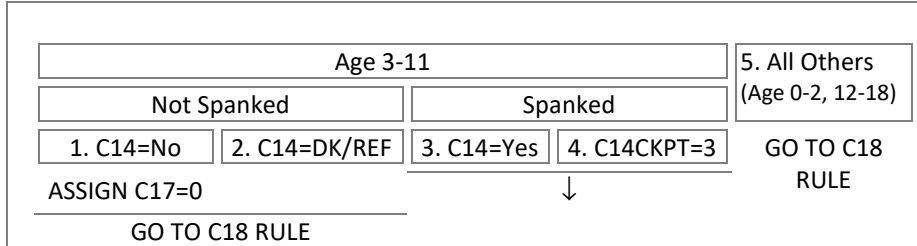
Age 3-18

C16A. (Was that weeks, months, or years old?)

- ENTER unit of time

1. Weeks 2. Months 3. Years

C17CKPT. CAI Checkpoint: Whether Spanking Reported This Wave or Last; Age of Child (PRELOAD.CHILD[.AGE])

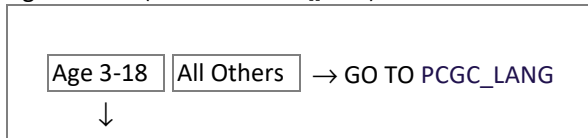
Age 3-11C17. How many times in the past week have you...

Spanked [CHILD NAME]?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

C18 Rule: Age of Child (PRELOAD.CHILD[.AGE])

Age 3-18C18. How many times in the past week have you grounded [CHILD NAME]?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18C19. (How many times in the past week have you...)

Taken away TV or other privileges?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18

C20. (How many times in the past week have you...)

Praised [CHILD NAME] for doing something worthwhile?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18

C21. (How many times in the past week have you...)

Had to scold or threaten your child for misbehavior?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18

C22. (How many times in the past week have you...)

Shown [CHILD NAME] physical affection (kiss, hug, stroke hair, etc.)?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18

C23. (How many times in the past week have you...)

Sent [CHILD NAME] to [his/her] room?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

Age 3-18

C24. (How many times in the past week have you...)

Told another adult (spouse, friend, co-worker, visitor, relative) something positive about [CHILD NAME]?

- ENTER a number from 0 to 40
- If R says "None", ENTER [0]
- If R says more than 40, ENTER [40]
- PROBE for R's best estimate of the number of times in the past week

0 – 40

C25 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-18	All Others	→ GO TO C27 RULE
↓		

Age 6-18

C25. [Page 48](#)

(About how often in the past month have you...)

Talked with [CHILD NAME] about [his/her] relationships, like [his/her] relationships with friends?

Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or every day?

1. Not in the past month	2. 1 or 2 times in the past month	3. About once a week
4. Several times a week	5. Every day	

Age 6-18

C26. [Page 48](#)

(About how often in the past month have you...)

Talked with [CHILD NAME] about current events, like things going on in the news?

(Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or every day?)

1. Not in the past month	2. 1 or 2 times in the past month	3. About once a week
4. Several times a week	5. Every day	

C27 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 3-18	All Others	→ GO TO PCGC_LANG
↓		

Age 3-18

C27. [Page 48](#)

[AGE 6-18: (] About how often in the past month have you... [AGE 6-18:)]

Talked with [CHILD NAME] about [his/her] day?

[AGE 6-18: (] Would you say not in the past month, one or two times in the past month, about once a week, several times a week, or every day? [AGE 6-18:)]

1. Not in the past month	2. 1 or 2 times in the past month	3. About once a week
4. Several times a week	5. Every day	

PCGC_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
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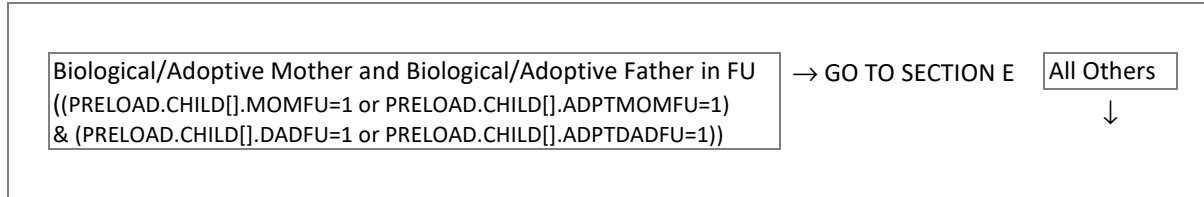
End SECTION_C

Section D: Non Co-Resident Parent

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_D [1..15]=Which CDS Child

D1A Rule: Whether Both Biological/Adoptive Parents in the FU



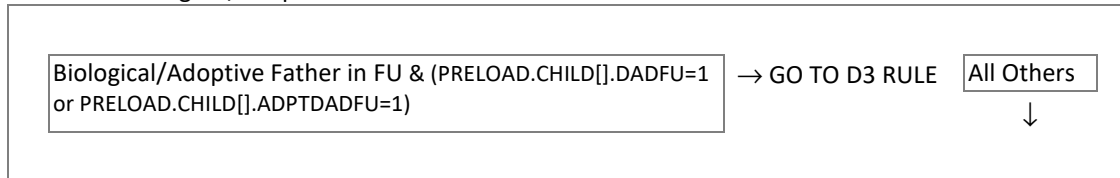
D1B Rule: Whether Biological/Adoptive Mother in the FU

Age 0-18

D1. Does [CHILD NAME] have an adoptive mother?

1. Yes 5. No 7. Person is deceased (Vol)

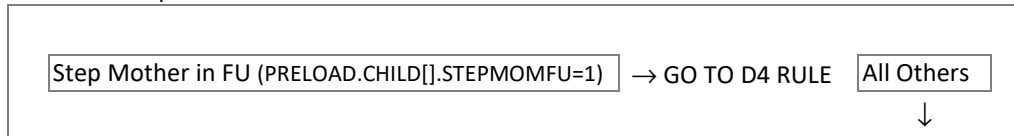
D2 Rule: Whether Biological/Adoptive Father in the FU

Age 0-18

D2. Does [CHILD NAME] have an adoptive father?

1. Yes 5. No 7. Person is deceased (Vol)

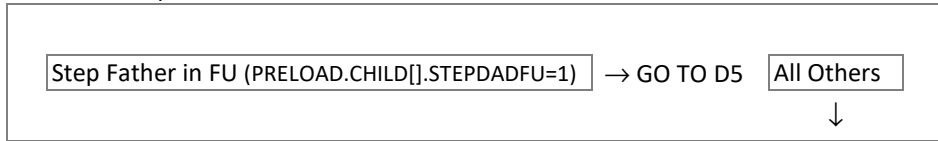
D3 Rule: Whether Step-Mother in the FU

Age 0-18

D3. Does [CHILD NAME] have a stepmother?

1. Yes 5. No 7. Person is deceased (Vol)

D4 Rule: Whether Step-Father in the FU

Age 0-18

D4. Does [CHILD NAME] have a stepfather?

 1. Yes 5. No 7. Person is deceased (Vol)
Age 0-18

D5. [F1]-Help

Does [CHILD NAME] have another father-figure?

- If R says "Yes", PROBE: Does this person live with the child?

 1. Yes, living with child 3. Yes, not living with child 5. No, does not have
Age 0-18

D6. [F1]-Help

Does [CHILD NAME] have another mother-figure?

- If R says "Yes", PROBE: Does this person live with the child?

 1. Yes, living with child 3. Yes, not living with child 5. No, does not have
Age 0-18

D7. Does [CHILD NAME] have a legal guardian/foster mother?

- If R says "Yes", PROBE: Does this person live with the child?

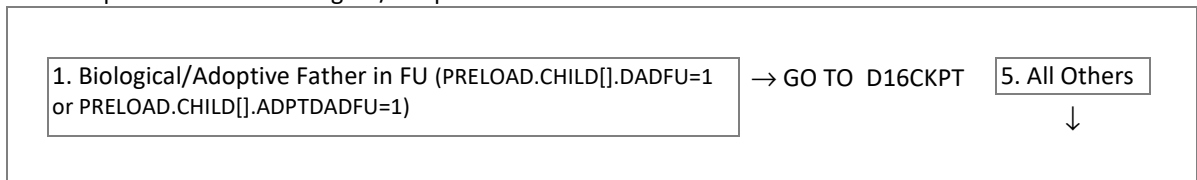
 1. Yes, living with child 3. Yes, not living with child 5. No, does not have
Age 0-18

D8. Does [CHILD NAME] have a legal guardian/foster father?

- If R says "Yes", PROBE: Does this person live with the child?

 1. Yes, living with child 3. Yes, not living with child 5. No, does not have
Absent Father

D9CKPT. CAI Checkpoint: Whether Biological/Adoptive Father in the FU

Age 0-18

D9_1 (ABP1). Is [CHILD NAME]'s biological or adoptive father still living?

- If R says "Never had contact", PROBE: Do you know whether he is still living?

 1. Yes 5. No → GO TO D9AM DK/RF → GO TO D10CKPT

↓

Age 0-18

D9. Does [CHILD NAME] ever live with [his / her] biological or adoptive father?

- If R says Yes, PROBE: Is that part-time during the year, part of the year, or part-time during the year and part of the year?

1. Yes, part-time during the year	2. Yes, part of the year
3. Yes, part time during the year AND part of the year	5. No

GO TO D10CKPT

Age 0-18

D9AM. In what month and year did he die?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

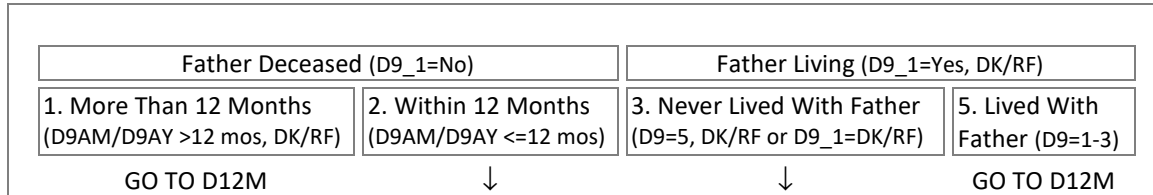
Age 0-18

D9AY. (In what month and year did he die?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

D10CKPT. CAI Checkpoint: Whether Biological/Adoptive Father Living; Whether Lived with Biological/Adoptive Father



Age 0-18

D10. [DECEASED: Did [CHILD NAME] have / ALL OTHERS: Has [CHILD NAME] had] any contact with [his / her] father in the last 12 months?

1. Yes 5. No DK/RF → GO TO D16CKPT

↓

Age 0-18

D11M. In what month and year did [CHILD NAME] last see him?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?
- If R says "Never", ENTER [97]

1. January	2. February	3. March	4. April		
5. May	6. June	7. July	8. August		
9. September	10. October	11. November	12. December		
21. Winter	22. Spring	23. Summer	24. Fall	DK/RF	97. Never (Vol)

↓

GO TO D13CKPT

Age 0-18

D11Y. (In what month and year did [CHILD NAME] last see him?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

Age 0-18

D12M. In what month and year did [CHILD NAME]'s father last live with [CHILD NAME] full time?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?
- If R says "Never lived with child", ENTER [97]

1. January	2. February	3. March	4. April	
5. May	6. June	7. July	8. August	
9. September	10. October	11. November	12. December	
21. Winter	22. Spring	23. Summer	24. Fall	DK/RF

97. Never lived with child full time (Vol)



GO TO D13CKPT

Age 0-18

D12Y. (In what month and year did [CHILD NAME]'s father last live with [CHILD NAME]?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

D13CKPT. CAI Checkpoint: Whether Child Has Had Contact with Biological/Adoptive Father

1. Lives with Father (D9_1=Yes & D9=1-3)	2. Had Contact with Father (D9_1=Yes & D9=No, DK/RF & D10=Yes)	5. All Others GO TO D16CKPT
GO TO D15	↓	

Age 0-18

D13. [Page 49](#) [F1]-Help

During the past 12 months, about how often did [CHILD NAME] and [his / her] father communicate by phone, internet, or mail? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. Not at all	2. About once a year	3. Several times a year	4. One to three times a month
5. About once a week	6. Several times a week		

Age 0-18

D14. [Page 49](#)

During the past 12 months, how often did [CHILD NAME] see [his / her] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. Not at all	2. About once a year	3. Several times a year	4. One to three times a month
GO TO D16CKPT	5. About once a week	6. Several times a week	DK/RF

Age 0-18

D15. [F1]-Help

During the past 12 months, about how many days did [CHILD NAME] spend with [his / her] father either overnight or just for the day?

- ENTER a number from 1 to 365

1 – 365

D16CKPT. CAI Checkpoint: Whether Biological/Adoptive Mother in the FU

1. Biological/Adoptive Mother in FU (PRELOAD.CHILD[.MOMFU=1 or PRELOAD.CHILD[.ADPTMOMFU=1)	→ GO TO PCGD_LANG	5. All Others
		↓

Age 0-18

D16_1 (ABP1). Is [CHILD NAME]'s biological or adoptive mother still living?

- If R says "Never had contact", PROBE: Do you know whether he is still living?

1. Yes	5. No	→ GO TO D16AM	DK/RF	→ GO TO D17CKPT
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↓

Age 0-18

D16. Does [CHILD NAME] ever live with [his / her] biological or adoptive mother?

- If R says Yes, PROBE: Is that part-time during the year, part of the year, or part-time during the year and part of the year?

1. Yes, part-time during the year	2. Yes, part of the year
-----------------------------------	--------------------------

3. Yes, part time during the year AND part of the year	5. No
--	-------

GO TO D17CKPT

Age 0-18

D16AM. In what month and year did she die?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

Age 0-18

D16AY. (In what month and year did she die?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

D17CKPT. CAI Checkpoint: Whether Biological/Adoptive Mother Living; Whether Lived with Biological/Adoptive Mother

Mother Deceased (D16_1=No)		Mother Living (D16_1=Yes, DK/RF)	
1. More Than 12 Months (D16A[M/Y] >12 mos, DK/RF)	2. Within 12 Months (D16A[M/Y] <=12 mos)	3. Never Lived With Mother (D16=5, DK/RF or D16_1=DK/RF)	5. Lived With Mother (D16=1-3)
GO TO D20M	↓	↓	GO TO D20M

Age 0-18D17. [DECEASED: Did [CHILD NAME] have / ALL OTHERS: Has [CHILD NAME] had] any contact with [his / her] mother in the last 12 months?

1. Yes	5. No	DK/RF	→ GO TO PCGD_LANG
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↓

Age 0-18

D19M. In what month and year did [CHILD NAME] last see her?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?
- If R says "Never", ENTER [97]

1. January	2. February	3. March	4. April		
5. May	6. June	7. July	8. August		
9. September	10. October	11. November	12. December		
21. Winter	22. Spring	23. Summer	24. Fall	DK/RF	97. Never (Vol)



GO TO D21CKPT

Age 0-18

D19Y. (In what month and year did [CHILD NAME] last see her?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

Age 0-18

D20M. In what month and year did [CHILD NAME]'s mother last live with [CHILD NAME] full time?

- ENTER Month or Season (Enter Year at next screen)
- If R says "DK", PROBE: Do you know what season it was?
- If R says "Never lived with child", ENTER [97]

1. January	2. February	3. March	4. April		
5. May	6. June	7. July	8. August		
9. September	10. October	11. November	12. December		
21. Winter	22. Spring	23. Summer	24. Fall	DK/RF	97. Never lived with child full time (Vol)



GO TO D21CKPT

Age 0-18

D20Y. (In what month and year did [CHILD NAME]'s mother last live with [CHILD NAME]?)

- ENTER year

2002 – [CYEAR/CYEAR+1]

D21CKPT. CAI Checkpoint: Whether Child Has Had Contact with Biological/Adoptive Mother

1. Lives with Mother (D16_1=Yes & D16=1-3) GO TO D23	2. Had Contact with Mother (D16_1=Yes & D16=No, DK/RF & D17=Yes) ↓	5. All Others GO TO PCGD_LANG
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Age 0-18

D21. [Page 49](#) [F1]-Help

During the past 12 months, about how often did [CHILD NAME] and mother communicate by phone, internet, or mail? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. Not at all	2. About once a year	3. Several times a year	4. One to three times a month
5. About once a week	6. Several times a week		

Age 0-18D22.  Page 49

During the past 12 months, how often did [CHILD NAME] see [his/her] mother?

(Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?)

1. Not at all	2. About once a year	3. Several times a year	4. One to three times a month
GO TO PCGD_LANG	5. About once a week	6. Several times a week	DK/RF

↓

Age 0-18D23. [\[F1\]-Help](#)

During the past 12 months, about how many days did [CHILD NAME] spend with [his / her] mother either overnight or just for the day?

- ENTER a number from 1 to 365

PCGD_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
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End SECTION_D

Section E: Home Environment

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_E [1..15]=Which CDS Child

Age 0-18E1. [\[F1\]-Help](#)

Now I have some questions about things [CHILD NAME] does at home.
Does [CHILD NAME] usually eat breakfast in the morning?

Age 0-18E2. [Page 50](#) [\[F1\]-Help](#)

About how many books does [CHILD NAME] have?

- [This includes ebooks](#)

→ GO TO E4 RULE

GO TO E4 RULE

Age 0-18

E3. What is your best estimate of the number of books [CHILD NAME] has?

- [This includes ebooks](#)

E4 Rule: Age of Child (PRELOAD.CHILD[.AGE])

<input type="text" value="Age 6-18"/>	<input type="text" value="All Others"/>	→ GO TO E7 RULE
↓		

Age 6-18E4. [Page 51](#) [\[F1\]-Help](#)

About how often does [CHILD NAME] read for enjoyment?

Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?

Age 6-18

E5. Is there a musical instrument (for example, piano, drum, guitar, etc.) that [CHILD NAME] can use at home?

→ GO TO E7 RULE

Age 6-18E6. [Page 51](#)

About how often does [CHILD NAME] use these instruments?

Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?

E7 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 0-11	All Others	→ GO TO E8 RULE
↓		

Age 0-11

E7.  Page 52

How often have you or another family member taken or arranged to take [CHILD NAME] to the library within the past year?

Would you say never, once or twice, several times, about once a month, or more than once a month?

1. Never	2. Once or twice	3. Several times	4. About once a month	5. More than once a month
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E8 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 3-18	All Others	→ GO TO E9 RULE
↓		

Age 3-18

E8. Does [CHILD NAME] have a library card or [his/her] name on a library list?

1. Yes	5. No
--------	-------

E9 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18	All Others	→ GO TO E35 RULE
↓		

Age 6-18

E9A. Did [CHILD NAME] receive tutoring in the last 12 months?

- If [CHILD NAME] was the tutor, ENTER no

1. Yes	5. No	→ GO TO E15
--------	-------	-------------

↓

Age 6-18

E10. What was the tutoring for?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Math	2. Reading	7. Other-specify (E10SPEC. Specify (String 100))
---------	------------	--

Age 6-18

E11.  Page 53

During the last year, how often did [CHILD NAME] spend time on tutoring programs?

Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

1. Less than once a month	2. At least once a month	3. Once a week	4. More than once a week
5. Usually every day	7. Every day while program lasted (Vol)		

Age 6-18

E13. [F1]-Help

During the past 12 months, how much money did you or anyone else living with you spend on [CHILD NAME] to be in tutoring?

- If R says nothing or \$0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0	→ GO TO E15	1.00 – 9,996.00	9997	DK/RF
-----	-------------	-----------------	------	-------



Age 6-18

E14. Who paid for [CHILD NAME]’s tutoring programs? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child’s parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (E14SPEC. Specify (String 100))	

Age 6-18

E15. Did [CHILD NAME] take lessons, such as music, dance, or drama in the last 12 months?

1. Yes	5. No	→ GO TO E20
--------	-------	-------------



Age 6-18

E16. Which lessons was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Dance	2. Drama	3. Music	4. Other
----------	----------	----------	----------

Age 6-18

E17.  Page 53

During the last 12 months, how often did [CHILD NAME] spend time on lessons? Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

1. Less than once a month	2. At least once a month	3. Once a week	4. More than once a week
5. Usually every day	7. Every day while program lasted (Vol)		

Age 6-18E18. [\[F1\]-Help](#)

During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in the lessons?

- If R says nothing or \$0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0 → GO TO E20 1.00 – 9,996.00 9997 DK/RF

Age 6-18

E19. Who paid for [CHILD NAME]'s lessons? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child's parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (E19SPEC. Specify (String 100))	

Age 6-18

E20. Was [CHILD NAME] a member of any athletic or sports teams in the last 12 months?

1. Yes 5. No → GO TO E25

Age 6-18

E21. In the last 12 months, which athletic or sports teams was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Baseball	2. Basketball	3. Cheerleading	4. Cross country
5. Football	6. Gymnastics	7. Ice hockey	8. Soccer
9. Softball	10. Swimming	11. Tennis	12. Track and Field
13. Volleyball	14. Wrestling	97. Other-specify (E21SPEC. Specify (String 100))	

Age 6-18E22. [Page 53](#)

When [CHILD NAME] played those sports, how often did [he/she] spend time on them?

Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

1. Less than once a month	2. At least once a month	3. Once a week	4. More than once a week
5. Usually every day	7. Every day while program lasted (Vol)		

Age 6-18

E23. [F1]-Help

During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in athletic and sports teams and programs?

- If R says nothing or \$0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0 → GO TO E25 1.00 – 9,996.00 9997 DK/RF



Age 6-18

E24. Who paid for [CHILD NAME]’s athletic and sports teams? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child’s parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (E24SPEC. Specify (String 100))	

Age 6-18

E25. Was [CHILD NAME] a member of any groups or programs in the community in the last 12 months?

- Groups or programs in the community includes scouts, service, or hobby clubs

1. Yes 5. No → GO TO E30



Age 6-18

E26. Which community groups or programs was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Community service groups	2. Educational/school-based programs	3. Religious groups
4. Youth family groups/clubs	5. Art/music/dance/theater	6. Sports
7. Other-specify (E26SPEC. Specify (String 100))		8. Leadership (including 4H, sororities)

Age 6-18

E27.  Page 53

During the last 12 months, how often did [CHILD NAME] spend time on community groups or programs?

Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

1. Less than once a month	2. At least once a month	3. Once a week	4. More than once a week
5. Usually every day		7. Every day while program lasted (Vol)	

Age 6-18

E28. [\[F1\]-Help](#)

During the last 12 months, how much did you and your family living there pay for [CHILD NAME] to be involved in community groups or programs?

- If R says nothing or \$0, PROBE: Was this program offered free of charge to child, or was there a cost covered by someone like a friend or family member living elsewhere?
- ENTER [0] if program was free of charge
- ENTER [9997] if the cost was covered by someone living elsewhere
- ENTER a number from 1.00 to 9,996.00

0.0	→ GO TO E30	1 .00 – 9,996.00	9997	DK/RF
-----	-------------	------------------	------	-------



Age 6-18

E29. Who paid for [CHILD NAME]’s involvement in community groups or programs? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child’s parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (E29SPEC. Specify (String 100))	

Age 6-18

E30. Did [CHILD NAME] attend religious services in the last 12 months?

1. Yes	5. No	→ GO TO E34A RULE
--------	-------	-------------------



Age 6-18

E31. [Page 54](#)

During the last 12 months, how often did [CHILD NAME] spend time on religious services or activities? Would you say not at all, a few times a year, about once a month, 2 or 3 times a month, about once a week, or more than once a week?

1. Not at all	2. A few times a year	3. About once a month
4. 2 or 3 times a month	5. About once a week	6. More than once a week

Age 6-18

E32. [\[F1\]-Help](#)

Did [CHILD NAME] participate in other religious activities in the last 12 months?

1. Yes	5. No	→ GO TO E34A RULE
--------	-------	-------------------



Age 6-18

E33. Which religious activities was [CHILD NAME] involved in?

- ENTER all that apply
- If necessary PROBE: Any others?

1. Youth ministry and other church groups	2. Religious education
3. Religious services (attending or participating)	4. Summer camp/retreat
5. Social events	7. Other- specify (E33SPEC. Specify (String 100))

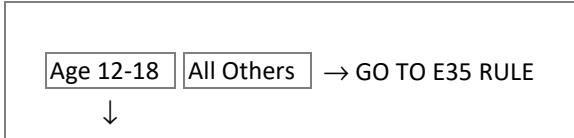
Age 6-18

E34.  Page 55

During the last 12 months, how often did [CHILD NAME] spend time on these religious activities?
Would you say less than once a month, at least once a month, once a week, more than once a week, or usually every day?

- | | | | |
|---------------------------|---|----------------|--------------------------|
| 1. Less than once a month | 2. At least once a month | 3. Once a week | 4. More than once a week |
| 5. Usually every day | 7. Every day while program lasted (Vol) | | |

E34A Rule: Age of Child (PRELOAD.CHILD[.AGE)



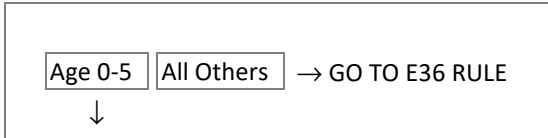
Age 12-18

E34A. Do you ever talk to [CHILD NAME] about giving some of [his/her] money—if only a few pennies—to a church, synagogue, or another charity?

- If “Yes”, PROBE: To a church or synagogue, or a charity or to both groups?

- | | |
|---|------------------------------------|
| 1. Yes, to a church/synagogue/other religious group | 2. Yes, to another type of charity |
| 3. Yes, both to a church/synagogue/other religious group and to another type of charity | 5. No |

E35 Rule: Age of Child (PRELOAD.CHILD[.AGE)



Age 0-5

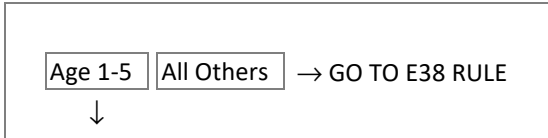
E35.  Page 56

How often do you read to [CHILD NAME]?

Would you say never, several times a year, several times a month, about once a week, a few times a week, every day?

- | | | |
|----------------------|-------------------------|--------------------------|
| 1. Never | 2. Several times a year | 3. Several times a month |
| 4. About once a week | 5. A few times a week | 6. Every day |

E36 Rule: Age of Child (PRELOAD.CHILD[.AGE)



Age 1-5

E36.  Page 56

How often does [CHILD NAME] read or look at books on [his/her] own?

(Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?)

- | | | |
|----------------------|-------------------------|--------------------------|
| 1. Never | 2. Several times a year | 3. Several times a month |
| 4. About once a week | 5. A few times a week | 6. Every day |

E38 Rule: Age of Child (PRELOAD.CHILD[.AGE); Child's Grade (CHGRADE)

Age 1-6 & Not Yet in School	All Others	→ GO TO E39 RULE
↓		

Age 1-6 & Not Yet in School

E38. [Page 56](#)

How often do you encourage [CHILD NAME] to learn to read?

(Would you say never, several times a year, several times a month, about once a week, a few times a week, or every day?)

1. Never	2. Several times a year	3. Several times a month
4. About once a week	5. A few times a week	6. Every day

E39 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-11	All Others	→ GO TO E40 RULE
↓		

Age 6-11

E39. [Page 56](#)

How often do you encourage [CHILD NAME] to read on [his/her] own?

[AGE=1-5: (] Would you say never, several times a year, several times a month, about once a week, a few times a week, every day? [AGE=1-5:)]

1. Never	2. Several times a year	3. Several times a month
4. About once a week	5. A few times a week	6. Every day

E40 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 0-5	All Others	→ GO TO E43 RULE
↓		

Age 0-5

E40. [Page 57](#)

How often does a family member take [CHILD NAME] away from home to a park, playground, or other type of outdoor space where there are trees and grass?

- If R asks which family member, **PROBE:** Any family member, including yourself

Would you say a few times a year or less, about once a month, about 2 or 3 times a month, several times a week or about once a day?

1. A few times a year or less	2. About once a month	3. About 2 or 3 times a month
4. Several times a week	5. About once a day	

Age 0-5E41.  Page 58Which things have you (or another adult/or an older child) used to help [CHILD NAME] learn at home?

- ENTER all that apply

 1. Numbers
 2. The alphabet
 3. Colors
 4. Shapes and sizes
 5. None of the above
Age 0-5E42.  Page 59

How much choice is [CHILD NAME] allowed in deciding what foods [he/she] eats at breakfast and lunch? Would you say no choice, a little choice, some choice, or a great deal of choice?

 1. No choice
 2. A little choice
 3. Some choice
 4. A great deal of choice

E43 Rule: Age of Child (PRELOAD.CHILD[.AGE)

<input type="checkbox"/> Age 6-18 <input type="checkbox"/> All Others → GO TO E45 RULE ↓

Age 6-18

E43. How much choice do you give [CHILD NAME] in regard to room decorations? Would you say very little, some or a lot?

 1. Very Little
 2. Some
 3. A lot
Age 6-18

E44. (How much choice do you give [CHILD NAME] in regard to)...

The type of clothes [he/she] buys or wears?

(Would you say very little, some or a lot?)

 1. Very Little
 2. Some
 3. A lot

E45 Rule: Age of Child (PRELOAD.CHILD[.AGE)

<input type="checkbox"/> Age 9-18 <input type="checkbox"/> All Others → GO TO E47ACKPT ↓

Age 9-18E45. [\[F1\]-Help](#)

How much choice do you give [CHILD NAME] in regard to hobbies or other leisure activities done for enjoyment? Would you say very little, some, or a lot?

- This includes watching tv, doing physical activities that R enjoys, going online, or spending time with friends

 1. Very Little
 2. Some
 3. A lot
Age 9-18

E46. (How much choice do you give [CHILD NAME] in regard to)...

Managing their own homework?

(Would you say very little, some or a lot?)

 1. Very Little
 2. Some
 3. A lot

E47ACKPT. CAI Checkpoint: Whether Cell Phone Status Already Reported in PCG-HH IW; Age of Child (PRELOAD.CHILD[.AGE)

Age 6-18	3. Age 0-5	→ GO TO E48ACKPT
1. Reported No Cell Phone (PCG-HH S14A=0)	2. All Others	
Assign E47A=No; Then GO TO E48ACKPT		↓

Age 6-18

E47A. Does [CHILD NAME] have [his/her] own cell phone that is used to make calls or text?

1. Yes 5. No → GO TO E48CKPT



Age 6-18

E47B. [\[F1\]-Help](#)

Is that a smartphone like an iPhone or Android (that connects to the internet)?

1. Yes 5. No

E48ACKPT. CAI Checkpoint: Whether Tablet Status Already Reported in PCG-HH IW

1. Reported No Tablet (PCG-HH S14D=0)	5. All Others
Assign E48A=No; Then GO TO E49ACKPT	
↓	

Age 0-18

E48A. [\[F1\]-Help](#)

Does [CHILD NAME] use a tablet at home (like an Apple iPad, Samsung Galaxy Tab, Microsoft Surface, or Kindle Fire)?

1. Yes 5. No → GO TO E49ACKPT



E48B Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-18	All Others	→ GO TO E49ACKPT
↓		

Age 6-18

E48B. [\[F1\]-Help](#)

Does [CHILD NAME] have [his/her] own tablet (like an Apple iPad, Samsung Galaxy Tab, Microsoft Surface, or Kindle Fire)?

1. Yes 5. No

E49ACKPT. CAI Checkpoint: Whether Desktop/Laptop Status Already Reported in PCG-HH IW

1. Reported No Desktop/Laptop (PCG-HH S14C=0)	5. All Others
Assign E49=No; Then GO TO E50 RULE	
↓	

Age 0-18

E49A. [\[F1\]-Help](#)

Does [CHILD NAME] use a desktop or laptop computer at home?

1. Yes 5. No → GO TO E50 RULE



E49B Rule: Age of Child (PRELOAD.CHILD[].AGE)

<input type="checkbox"/> Age 6-18	<input type="checkbox"/> All Others	→ GO TO E50 RULE
↓		

Age 6-18

E49B. Does [CHILD NAME] have [his/her] own desktop or laptop computer?

1. Yes 5. No

E50 Rule: Whether Child Uses a Device at Home; Age of Child (PRELOAD.CHILD[].AGE)

<input type="checkbox"/> Uses Device at Home (E47, E48, or E49 =YES)	<input type="checkbox"/> All Others	→ GO TO E57 RULE
<input type="checkbox"/> Age 2-5	<input type="checkbox"/> Age 6-18	
↓		GO TO E52 RULE

Age 2-5

E51. [Page 60](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) at home for learning? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never

E52 Rule: Age of Child (PRELOAD.CHILD[].AGE)

<input type="checkbox"/> Age 6-18	<input type="checkbox"/> All Others	→ GO TO E53
↓		

Age 6-18

E52. [Page 60](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) at home to do school work or other educational activities? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never

Age 2-18

E53. [Page 60](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to watch movies or TV shows?

(Would you say every day, a few times a week, once a week, less than once a week, or never?)

1. Every day 2. A few times a week 3. Once a week 4. Less than once a week 5. Never

Age 2-18

E53A.  [Page 60](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to listen to music? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day | 2. A few times a week | 3. Once a week | 4. Less than once a week | 5. Never

Age 2-18

E54.  [Page 60](#)

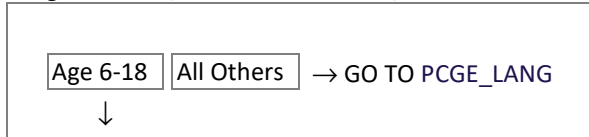
(In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to...)

Play games?

(Would you say every day, a few times a week, once a week, less than once a week, or never?)

1. Every day | 2. A few times a week | 3. Once a week | 4. Less than once a week | 5. Never

E55 Rule: Age of Child (PRELOAD.CHILD[.AGE])



Age 6-18

E55.  [Page 60](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive email?

(Would you say every day, a few times a week, once a week, less than once a week, or never?)

1. Every day | 2. A few times a week | 3. Once a week | 4. Less than once a week | 5. Never | DK/RF

↓

GO TO E55B

Age 6-18

E55A.  [Page 61](#)

On an average day in the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive email? Would you say almost all of the time, several times a day, about once a day?

1. Almost all of the time | 2. Several times a day | 3. About once a day

Age 6-18

E55B.  [Page 62](#)

In the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive text messages including in a group chat?

1. Every day | 2. A few times a week | 3. Once a week | 4. Less than once a week | 5. Never | DK/RF

↓

GO TO E57 RULE

Age 6-18

E55C.  [Page 63](#)

On an average day in the past 30 days, how often did [CHILD NAME] use a computer or other electronic device (such as a smartphone or tablet) to send or receive text messages including in a group chat? Would you say almost all of the time, several times a day, about once a day?

1. Almost all of the time | 2. Several times a day | 3. About once a day

E57 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-18	All Others	→ GO TO PCGE_LANG
↓		

Age 6-18

E57. [Page 64](#) [\[F1\]-Help](#)

How often in the past 30 days have you or another adult in your household helped [CHILD NAME] do something on the computer or other electronic device (such as a tablet or smartphone)? Would you say every day, a few times a week, once a week, less than once a week, or never?

1. Every day	2. A few times a week	3. Once a week	4. Less than once a week	5. Never
--------------	-----------------------	----------------	--------------------------	----------

Age 6-18

E58. [Page 64](#) [\[F1\]-Help](#)

(How often in the past 30 days...)

Has [CHILD NAME] helped you or another adult by doing something on the computer for you or the other adult?

(Would you say every day, a few times a week, once a week, less than once a week, or never?)

1. Every day	2. A few times a week	3. Once a week	4. Less than once a week	5. Never
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PCGE_LANG. [Indicate language\(s\) used to conduct this section of the interview](#)

- [ENTER all that apply](#)

1. English	2. Spanish	7. Language other than English or Spanish
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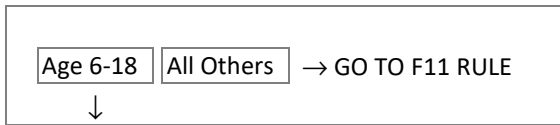
End SECTION_E

Section F: Child Education

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_F [1..15]=Which CDS Child

F2 Rule: Age of Child (PRELOAD.CHILD[.AGE])



Age 6-18

F2. [\[F1\]-Help](#)

Now I have some questions about [CHILD NAME]’s school experiences. In the best of all worlds, how much schooling would you like [CHILD NAME] to complete?

- [Do not read responses](#)

1. Grade 11 or less	2. Graduate from high school or receive GED
3. Post-high school vocational training	4. Some college
5. Graduate from 2 year college (Associate’s degree)	6. Graduate from 4 year college (Bachelor’s degree)
7. Master’s (MA, MS, MBA) degree	8. Medicine (MD), law (JD), doctorate (PhD) degree

Age 6-18

F3. [\[F1\]-Help](#)

Sometimes children do not get as much education as we would like. How much schooling do you expect that [CHILD NAME] will really complete?

- [Do not read responses](#)

1. Grade 11 or less	2. Graduate from high school or receive GED
3. Post-high school vocational training	4. Some college
5. Graduate from 2 year college (Associate’s degree)	6. Graduate from 4 year college (Bachelor’s degree)
7. Master’s (MA, MS, MBA) degree	8. Medicine (MD), law (JD), doctorate (PhD) degree

Age 6-18

F4. Did [CHILD NAME] ever participate in any early intervention program such as Head Start, Even Start, or Fair Start?

1. Yes	5. No	→ GO TO F9
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Age 6-18

F5. How old was [CHILD NAME] at the time [he/she] started the program?

- [ENTER number first; ENTER unit of time on next screen \(Years, Months, Weeks\)](#)

0.0 – 17.0	DK/RF	→ GO TO F7
------------	-------	------------



Age 6-18

F6. (How old was [CHILD NAME] at the time [he/she] started the program?)

- [ENTER unit of time](#)

1. Years	2. Months	3. Weeks
----------	-----------	----------

Age 6-18

F7. How long was [CHILD NAME] in the program?

- ENTER number first; ENTER unit of time on next screen (Years, Months, Weeks)

01 – 52 DK/RF → GO TO F9



Age 6-18

F8. (How long was [CHILD NAME] in the program?)

- ENTER unit of time

1. Weeks 2. Months 3. Years

Age 6-18

F9. Did [CHILD NAME] attend kindergarten?

1. Yes 5. No → GO TO F14 RULE



Age 6-18

F10. Most school districts have guidelines about when a child can start school based upon his or her birth date.

Did you enroll [CHILD NAME] in kindergarten early, when [he/she] was old enough based on [his/her] birth date, or did you wait until [he/she] was older?

1. Early 2. When eligible 3. Waited DK → GO TO F11 RULE RF → GO TO F14 RULE

GO TO F11 RULE



Age 6-18

F10A. Why did you wait?

String 100

F11 Rule: Age of Child (PRELOAD.CHILD[.AGE)

Age 6-11 All Others → GO TO F14 RULE

↓

Age 6-11

F11M. In what month and year, or at what age, did [CHILD NAME] start kindergarten?

- ENTER Month or Season (Enter Year at next screen)
- Or PRESS [Enter] to record Age
- PROBE DK month: Do you know what season it was?

[Enter]	1. January	2. February	3. March	4. April	5. May	6. June
GO TO F11	7. July	8. August	9. September	10. October	11. November	12. December
	21. Winter (Dec-Feb)	22. Spring (Mar-May)	23. Summer (Jun-Aug)	24. Fall (Sep-Nov)	DK/RF	



Age 6-11

F11Y. (In what year did [CHILD NAME] start kindergarten?)

[F11M], ____

- ENTER Year
- If R reports an age, GO BACK to F11M and PRESS [Delete] - then PRESS [Enter] to record Age

2006 – [CYEAR/CYEAR+1] → GO TO F14 RULE DK/RF



Age 6-11

F11. How old was [CHILD NAME] in years and months when [he/she] started kindergarten?

- ENTER age in years

1 – 6

Age 6-11

F12. (How old was [CHILD NAME] in years and months when [he/she] started kindergarten?)

- ENTER age in months

1 – 11

F14 Rule: Child's Grade (CHGRADE)

K-12, Graduated/GED, College, Dropped Out	PreK, Not In School Yet	All Others	→ GO TO
↓	GO TO F25 RULE		F16 RULE

Grade K-12, Grad/GED, College, Dropped Out

F14. [\[F1\]-Help](#)

For the previous school year, was [CHILD NAME] attending a public school, a private school, or was [he/she] attending school at home?

- ENTER all that apply

1. Public school	2. Private school	3. Attending school at home	7. Not in school (Vol)	DK/RF
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GO TO F16 RULE



GO TO F16 RULE

Grade K-12, Grad/GED, College, Dropped Out

F15A. [\[F1\]-Help](#)

How much did you pay for private school last school year?

- ENTER a number from 0.0 to 99,997.00; ENTER unit of time on next screen (Hour, Day, Week, 2 Weeks, Month, Year)

\$ 0.00	→ GO TO F16 RULE	\$ 1.00 – 99997.00	DK/RF	→ GO TO F16 RULE
---------	------------------	--------------------	-------	------------------



Grade K-12, Grad/GED, College, Dropped Out

F15B. [\[F1\]-Help](#)

Was that per hour, per day, per week, every two weeks, every month or for the year?

- Enter unit of time

1. Per hour	2. Per day	3. Per week	4. Every two weeks	5. Every month
6. For the year		7. Other -specify (F15BSPEC. Specify (String 100))		

Grade K-12, Grad/GED, College, Dropped Out

F15C. Who paid for [CHILD NAME]'s private school expenses? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child's parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (F15CSPEC) Specify (String 100))	

F16 Rule: Whether Child Attended Private School; Age of Child (PRELOAD.CHILD[.AGE)

Age 12-18		All Others
Did Not Attend Private School (F14<>2)	Attended Private School (F14=2)	GO TO F21 RULE
↓	GO TO F17	

Age 12-18

F16. Between starting kindergarten and now, did [CHILD NAME] ever attend a religious or other private school (instead of public school)?

1. Yes 5. No → GO TO F20



Age 12-18

F17. [\[F1\]-Help](#)

Between starting kindergarten and now, what type of private school has [CHILD NAME] attended: a private religious school, a private non-religious school or both?

1. Private/Religious school 2. Private/Non-religious school 3. Both

7. [Other -specify](#) (F17SPEC. [Specify](#). String 200)) DK/RF ↓

GO TO F19

Age 12-18

F18. Was most of the time spent in a religious private school or a non-religious private school?

1. Religious private school 2. Non-religious private school 3. Half and half

Age 12-18

F19. In which grade or grades did [CHILD NAME] attend a private school?

- [ENTER all that apply](#)
- [Do not read responses](#)
- [INCLUDE both religious and non-religious private schools](#)

1. Grade 1	2. Grade 2	3. Grade 3	4. Grade 4	5. Grade 5	6. Grade 6
7. Grade 7	8. Grade 8	9. Grade 9	10. Grade 10	11. Grade 11	12. Grade 12
13. Kindergarten	95. Pre-kindergarten	96. Pre-first grade (after kindergarten)			

Age 12-18

F20. [\[F1\]-Help](#)

Has [CHILD NAME] ever attended a special class or school for gifted students or done advanced work in any subjects?

1. Yes 5. No

F21 Rule: Age of Child (PRELOAD.CHILD[.AGE); Child's Grade (CHGRADE)

Age 6-18	Grade 1-12, Graduated/GED, College, Dropped Out	All Others	→ GO TO F23
↓			

Age 6-18 or Grade 1-12, Grad/GED, College, Dropped Out

F21. [\[F1\]-Help](#)

Has [he/she] ever been classified by the school as needing an Individualized Education Plan or IEP?

1. Yes 5. No → GO TO F23



F22 Rule: Child's Grade (CHGRADE)

<input type="checkbox"/> Grade 1-12	<input type="checkbox"/> Graduated/GED, College, Dropped Out	→ GO TO F23
↓		

Age 6-18 or Grade 1-12

F22. Does [CHILD NAME] currently have an Individualized Education Plan or IEP?

1. Yes 5. No

Age 6-18

F23. Has [CHILD NAME] ever been suspended or expelled from school?

1. Yes 5. No

Age 6-18

F24. Since starting kindergarten, has [CHILD NAME] ever repeated a grade or been held back?

1. Yes 5. No → GO TO F25 RULE



Age 6-18

F24A. Which grades did [CHILD NAME] repeat?

- [ENTER all that apply](#)
- [Do not read responses](#)

1. Grade 1	2. Grade 2	3. Grade 3	4. Grade 4	5. Grade 5	6. Grade 6
7. Grade 7	8. Grade 8	9. Grade 9	10. Grade 10	11. Grade 11	12. Grade 12
13. Kindergarten		96. Pre-first grade (after kindergarten)			

F25 Rule: Child's Grade (CHGRADE)

<input type="checkbox"/> Grade 6-12, Graduated/GED, College	<input type="checkbox"/> Grade K-5, PreK, Not In School Yet	<input type="checkbox"/> Dropped Out
↓		
GO TO F33 RULE		GO TO F26

Grade 6-12, Grad/GED, College

F25. Did [CHILD NAME] ever drop out of school?

1. Yes 5. No → GO TO F33 RULE



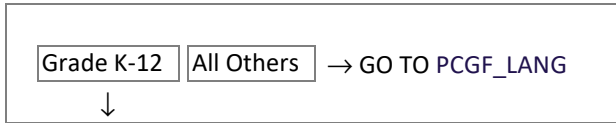
Grade 6-12, Grad/GED, College

F26. What was the last grade [CHILD NAME] completed in school before dropping out?

- [If child has dropped out of school more than once, ASK "What grade was completed most recently"](#)

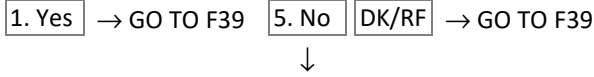
6. Sixth grade	7. Seventh grade	8. Eighth grade
9. Ninth grade	10. Tenth grade	11. Eleventh grade
12. Twelfth grade		

F33 Rule: Child's Grade (CHGRADE)



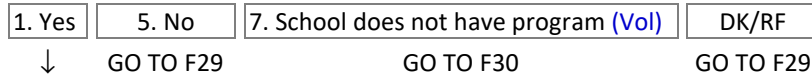
Grade K-12

F33. Is [CHILD NAME] home schooled?



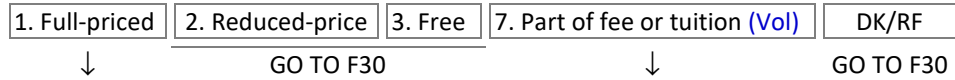
Grade K-12

F27. Does [CHILD NAME] usually eat breakfast at school under the School Breakfast Program?



Grade K-12

F28. Are the breakfasts full-price, reduced-price or free?



Grade K-12

F29. [\[F1\]-Help](#)

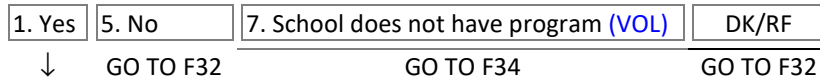
Did you (or another person) apply for [CHILD NAME] to receive free or reduced-price breakfasts under the School Breakfast Program during this school year?



Grade K-12

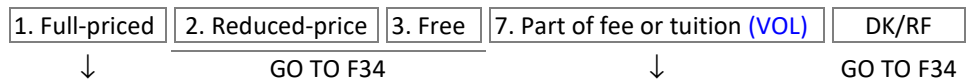
F30. [\[F1\]-Help](#)

Does [CHILD NAME] usually eat a complete hot lunch offered at school 3 or more days a week?



Grade K-12

F31. Are the lunches full-price, reduced-price or free?



Grade K-12

F32. [\[F1\]-Help](#)

Did you (or another person) apply for [CHILD NAME] to receive free or reduced-price lunches under the National School Lunch Program during this school year?



Grade K-12

F34. In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]'s school?

Had a conference with any of [CHILD NAME]'s teachers?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Grade K-12

F35. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]'s school?)

Had a conference with [CHILD NAME]'s school principal about [CHILD NAME]?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Grade K-12

F36. [F1]-Help

(In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]'s school?)

Had an informal conversation with [CHILD NAME]'s teacher?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Grade K-12

F37. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]'s school?)

Attended a school event in which [CHILD NAME] participated such as a play, sporting event or concert?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Grade K-12

F38. (In the last 12 months, how many times have you participated in any of the following activities at [CHILD NAME]'s school?)

Met with a school counselor at [CHILD NAME]'s school about [CHILD NAME]?

- ENTER a number from 0 to 365
- If R says "None", ENTER [0]

0 – 365

Grade K-12F39.  Page 65

In the last 12 months, please tell me how often you discussed the following with [CHILD NAME].
School activities or events of particular interest to [CHILD NAME]? Would you say never, once or twice in the past 12 months, a few times in the past 12 months, about once a week, more than once a week, or every day?

1. Never	2. Once or twice in the past 12 months	3. A few times in the past 12 months
4. About once a week	5. More than once a week	6. Every day

Grade K-12F40.  Page 65

(In the last 12 months, please tell me how often you discussed the following with [CHILD NAME].)
Things [CHILD NAME] has studied in class?

(Would you say never, once or twice in the past 12 months, a few times in the past 12 months, about once a week, more than once a week, or every day?)

1. Never	2. Once or twice in the past 12 months	3. A few times in the past 12 months
4. About once a week	5. More than once a week	6. Every day

Grade K-12F41.  Page 65

(In the last 12 months, please tell me how often you discussed the following with [CHILD NAME].)
[CHILD NAME]'s experiences in school?

(Would you say never, once or twice in the past 12 months, a few times in the past 12 months, about once a week, more than once a week, or every day?)

1. Never	2. Once or twice in the past 12 months	3. A few times in the past 12 months
4. About once a week	5. More than once a week	6. Every day

PCGF_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
------------	------------	---

End SECTION_F

Section G: Expenditures and Savings

TOC

PCGCHILDREN.PCGCHILD[1..15].SECTION_G [1..15]=Which CDS Child

G1 Rule: Age of Child (PRELOAD.CHILD[].AGE)

Age 6-18	All Others	→ GO TO G7
↓		

Age 6-18G1. [\[F1\]-Help](#)

Does [CHILD NAME] receive an allowance?

1. Yes 5. No → GO TO G7

↓

Age 6-18G2. [\[F1\]-Help](#)

How much allowance does [CHILD NAME] receive?

- ENTER a number from 1.0 to 997.00
- ENTER unit of time at next screen (Day, Week, Two Weeks, Month, Chore)

1.00 – 997.00 DK/RF → GO TO G3

↓

Age 6-18G2A. [\[F1\]-Help](#)

Is that per day, per week, per chore, or what?

- Enter unit of time

1. Per day 2. Per week 3. Per two weeks 4. Per month 5. Per chore

Age 6-18

G3. Does the allowance depend on [CHILD NAME] completing [his/her] chores?

1. Yes 5. No

Age 6-18

G4. Does the allowance depend on [CHILD NAME] following the family rules?

1. Yes 5. No

Age 6-18

G5. Does the allowance depend on [CHILD NAME] doing [his/her] school work?

1. Yes 5. No

Age 6-18

G6. Who pays [CHILD NAME]'s allowance? Include contributions from family members or friends living elsewhere.

- ENTER all that apply
- DO NOT READ list

1. PCG and/or spouse/partner	2. Child's parent living elsewhere
3. Grandparent(s) through mother	4. Grandparent(s) through father
5. Other person in household	6. Other person living elsewhere
7. Other- specify (G6SPEC. Specify (String 100))	

Age 0-18

G7. [\[F1\]-Help](#)

Do you [*PCG HAS SPOUSE/PARTNER IN FU:* and [SPOUSE/PARTNER NAME]] have any shares of stock in publicly held corporations, mutual funds, or investment trusts for [CHILD NAME]?

1. Yes 5. No → GO TO G9

↓

Age 0-18

G8. [\[F1\]-Help](#)

How much would they be worth?

- ENTER a number from 1.0 to 99,997.00

\$ 1.0 – 99,997.00

Age 0-18

G9. Do you [*PCG HAS SPOUSE/PARTNER IN FU:* and [SPOUSE/PARTNER NAME]] have any money in checking or savings accounts, money market funds, certificates of deposit, government savings bonds, or treasury bills for [CHILD NAME]?

1. Yes 5. No → GO TO G11

↓

Age 0-18

G10. [\[F1\]-Help](#)

If you added up all such accounts for [CHILD NAME], about how much would they amount to right now?

- ENTER a number from 1.0 to 99,997.00

\$ 1.0 – 99,997.00

Age 0-18

G11. Do you [*PCG HAS SPOUSE/PARTNER IN FU:* and [SPOUSE/PARTNER NAME]] have any other savings or assets, such as bond funds, cash value in a life insurance policy, a valuable collection for investment purposes, or rights in a trust or estate for [CHILD NAME] that you haven't already told us about?

1. Yes 5. No → GO TO G12

↓

Age 0-18

G11A. [\[F1\]-Help](#)

If you sold that and paid off any debts on it, how much would you have for [CHILD NAME]?

- ENTER a number from 0.0 to 99,997.00
- If R says "None", ENTER [0]

\$ 0.0 – 99,997.00

Age 0-18

G12. [F1]-Help

Do you [PCG HAS SPOUSE/PARTNER IN FU: and [SPOUSE/PARTNER NAME]] have money or assets set aside for [CHILD NAME] to attend college or other future schooling?

- Includes all expenses/costs related to school and living at school

1. Yes 5. No → GO TO G14 RULE

Age 0-18

G12A. [F1]-Help

About how much does it amount to right now?

- ENTER a number from 1.0 to 999,997.00

\$ 1.0 – 999,997.00

Age 0-18

G13. Who else is saving money for [CHILD NAME]'s college, if anyone?

- ENTER all that apply
- DO NOT READ list

2. Child's parent living elsewhere	3. Grandparent(s) through mother
4. Grandparent(s) through father	5. No one (Vol)
7. Other -specify (G13SPEC. Please specify (String 100))	

G14 Rule: Age of Child (PRELOAD.CHILD[.AGE])

Age 12-18	All Others	→ GO TO G20
-----------	------------	-------------

↓

Age 12-18

G14. [F1]-Help

Will [CHILD NAME] need student loans or scholarships to help pay for college?

1. Yes 5. No, no need for student loan 7. No, Child not going to college (Vol) DK/RF



GO TO G20

Age 12-18

G15. [F1]-Help

Will [CHILD NAME] need to choose a college based on how much expenses, such as tuition, will be?

1. Yes 5. No

Age 12-18

G16. Will [CHILD NAME] consider private or out-of-state colleges to attend?

1. Yes → GO TO G18 5. No DK/RF → GO TO G18

Age 12-18

G17. Will private or out-of-state colleges not be considered because of the amount it costs to attend them?

1. Yes 5. No

Age 12-18

G18. [F1]-Help

Which college expenses are you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER] / NAME=DK/RF: your spouse or partner] planning to cover?

- DO NOT READ list
- ENTER all that apply
- If R says "Tuition", PROBE: Would that be full or partial tuition?
- If R says "Room and board", PROBE: Would that be full or partial room and board?
- If R says "Expenses", PROBE: Would that be living expenses or other expenses?
- If necessary, PROBE: Any others?

1. Full tuition	2. Partial tuition	3. Full room and board	4. Partial room and board
5. Books	6. Living expenses	7. Other expenses	8. Travel expenses
9. None			

Age 12-18

G19. [F1]-Help

How much money will you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER NAME] / NAME=DK/RF: your spouse or partner] be able to give to [CHILD NAME] each year while [he/she] attends college?

- ENTER a number from 0.0 to 99,997.00
- If R says "None", ENTER [0]

Age 12-18

G20. Do you [PCG HAS SPOUSE/PARTNER IN FU: and [NAME=RESPONSE: [SPOUSE/PARTNER NAME] / NAME=DK/RF: your spouse or partner] have any other money or assets set aside for [CHILD NAME] that you haven't already told me about?

 → GO TO PCGG_LANG

↓

Age 12-18

G20A. [F1]-Help

About how much does it amount to right now?

- ENTER a number from 1.0 to 999,997.00

PCGG_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English	2. Spanish	7. Language other than English or Spanish
------------	------------	---

End SECTION_G

Interview Observations

TOC

PCGCHILDREN.PCGCHILD[1..15].PCGCHOBS [1..15]=Which CDS Child

PCGCHOB1. [F1]-Help

[PCG Child Interview Observation](#)

Is there anything potentially confusing or unusual about this interview that you need to provide to project staff?

→ GO TO PCGCHOBS_END



PCGCHOB1A. [PCG Child Interview Observation](#)

Please provide a few words to help project staff understand confusing or unusual situations.

- Press INSERT to edit existing text
- To SAVE your entry, use Alt-S
- Ctrl-D and Ctrl-R not allowed

PCGCHOB_LANG. [PCG Child Interview Observation](#)

Indicate language(s) used to conduct this interview

- ENTER all that apply

PCGCHOBS_END. You have reached the end of the PCG Child Interview observations.

- ENTER [1] to continue

End PCGCHOBS

Interview End

TOC

PCGCHCOMPLETE. **Interviewer Checkpoint:**

Thank you that completes the questions I have about [CHILD NAME].

- ENTER [1] to continue

CHILDIWSEC_END. **Interviewer checkpoint:**

End of child parallel block

- ENTER [1] to continue

End PCGCHILD

PCGCIWEND. End Date of PCG Child Interview (assigned)

End PCGCHILDREN

CHILDRENPARALLELSTATUS. Status of Parallel Block – PCG-Child Interviews

<input type="text" value="3. Not Started"/>	Parallel block not started
<input type="text" value="4. Started"/>	Parallel block in progress
<input type="text" value="9. Unable to Administer"/>	All PCGCHINTRO[]=2
<input type="text" value="15. Done"/>	Parallel block completed
<input type="text" value="17. Refused"/>	All PCGCHINTRO[]=5

CHILDPARALLELSTATUS[1..15]. Child Individual Status – PCG-Child Interview

<input type="text" value="3. Not Started"/>	Interview not started
<input type="text" value="4. Started"/>	Interview in progress
<input type="text" value="9. Unable to Administer"/>	PCGCHINTRO[]=2
<input type="text" value="15. Done"/>	Interview completed
<input type="text" value="17. PCG Refused"/>	PCGCHINTRO[]=5

Address Update and Interview Payment

CDS19 Fall 2020 Follow-Up: Not asked

This section is allowed once the Household Interview has been completed and all Child Interviews have been finalized.

RPAY

WTRPREPAID. Whether interview was prepaid (prefilled with PRELOAD.WTRPREPAIDLOAD)

1. Interview was prepaid 5. Interview was not prepaid

AMTPREPAID. Prepayment Amount (prefilled with PRELOAD.AMTPREPAIDLOAD)

0.00 – 999.00

PAYMENT. Standard Payment Amount (prefilled with PRELOAD.PAYMENTLOAD)

0.00 – 999.00

RPSEC_START. Interviewer checkpoint:

Start of RPay Block

- ENTER [1] to continue

1. Continue

RPSTART. Start Date of Section (assigned)

MM/DD/YYYY

Mailing Address, Phones, Emails

TOC

RP2A. [F1]-Help

[PREPAID: This interview was PREPAID]

[PREPAID: In order for the University to keep in touch with you, I must make sure that I have your correct contact information. / NOT PREPAID: Before we go on to the next part of the interview, I'd like to make sure we have contact information for you so that we can send you a check for \$[PAYMENT] in appreciation of your help. In order for the University of Michigan to send you a check or other correspondence, I must make sure that I have your correct name and address.]

- VERIFY/UPDATE R's mailing address
- ENTER [1] to continue

1. Continue

RPAY.RMAILADDR

ADDRTYPE. Which Address (assigned)

2. RMailAddr

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Title of Respondent: [PCG NAME] ([RTH])

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY First Name of Respondent: [PCG NAME] ([RTH])

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Middle Name of Respondent: [PCG NAME] ([RTH])

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY Last Name of Respondent: [PCG NAME] ([RTH])

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Suffix of Respondent: [PCG NAME] ([RTH])

String 20

INCO. [F1]-Help

In Care Of

Now for your complete mailing address, as you would like it to appear on all correspondence from us. First, is there an "in care of" for your address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RMAILADDR**RPAY.RPHONE**

ADDRTYPE. Which Address (assigned)

2. RMailAddr

WTRCELL. Do you have a cell phone?

- Do NOT ask but ENTER [1] if you know R is using a cell phone
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Do you a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP2G

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (____)____-____ → GO TO RP2G

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End RPHONE

RPAY.RP2G_H

RP2G. Is there an email address where we can contact you?

1. Yes 5. No → GO TO RP3A

↓

RP2H. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RP2I. Is there another email address where we can contact you?

1. Yes 5. No → GO TO RP3A

↓

RP2J. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

End RP2G_H

Physical/Street Address

TOC

RP3A. [F1]-Help

Is your street address where you actually live different from your mailing address?

- STREET ADDRESS is the address where R ACTUALLY LIVES, which is sometimes different from R's mailing address
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
- If R cannot report the full street address, ENTER [5]

1. Yes 5. No → GO TO RP4PPCKPT



RPAY.RP3B

INCO. [F1]-Help

In Care Of

Please tell me that address.

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- DO NOT enter PO Box here, since we are asking for a street address...GO BACK to R's mailing address to enter PO Box
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (*STATE=Foreign Country*). [Country](#)

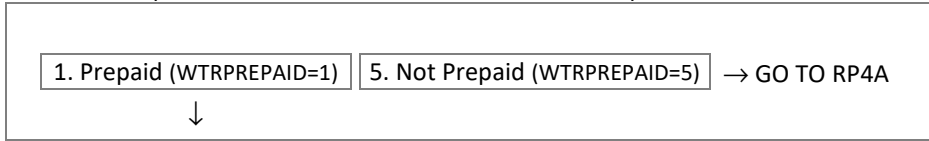
- [Start typing the name of the Foreign Country to bring up the look-up list](#)

String 30

End RP3B

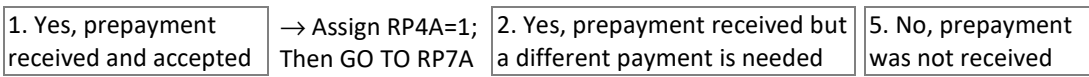
Prepayment/Who Receives Payment/Other Payee
 TOC

RP4PPCKPT. CAI Checkpoint: Whether Interview Incentive Was Prepaid



RP4PP. Interviewer Checkpoint

- This interview was prepaid \$[AMTPREPAID] - was the prepayment received? ASK R if needed.
 - The standard payment amount for this interview is \$[PAYMENT]
 - Non-standard payment amounts can be \$[PAYMENT] to \$[PAYMENT*2]
 - Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENT*2]
- Ctrl-D and Ctrl-R not allowed; For DK/RF, ENTER [1]

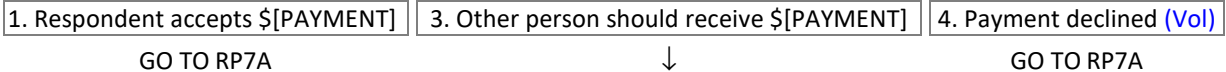


RP4A. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed.]

You may accept the [PREPAID: payment / NOT PREPAID: \$[PAYMENT]] or have it sent to someone else of your choosing. Which would you prefer?

- [AGE 8-11: Confirm with R or PCG whether Child or someone else should receive incentive]
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [1]



RPAY.RP4B

ADDRTYPE. Which Address (assigned)

3. Other Payee

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Who would you like to receive the check? To what address should we send the check?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- If R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP4B

RPAY.OPPHONE

ADDRTYPE. Which Address (assigned)

WTRCELL. Does [RP4B.NAMF RP4B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

→ GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

WTRHOME. Does [RP4B.NAMF RP4B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP5A

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP5A

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End OPPHONE

Contact Person 1

TOC

RP5A. An interviewer for the F.E.S. Child Development Supplement may telephone you again in the future. You will receive a token of our appreciation for that interview, too. Just in case you should move before then, we would like the name of someone, such as a close friend or relative not living with you, who will know where we can reach you. Is there someone you could list as a contact person?

1. Yes 5. No → GO TO RP7A



RPAY.RP5D

ADDRTYPE. Which Address; Assigned

4. Contact Person 1

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

- If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you
- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Country if different from USA
- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP5D**RPAY.C1PHONE**

ADDRTYPE. Which Phone; Assigned

4. Contact Person 1

WTRCELL. Does [RP5D.NAMF RP5D.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME



CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME



CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP5D.NAMF RP5D.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP5J



HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (____)____-____ → GO TO RP5J



HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End C1PHONE

RP5J. [F1]-Help

What is (his / her) relationship to you?

<input type="checkbox"/> 1. Mother	<input type="checkbox"/> 2. Father	<input type="checkbox"/> 3. Son	<input type="checkbox"/> 4. Daughter	<input type="checkbox"/> 5. Sister	<input type="checkbox"/> 6. Brother
<input type="checkbox"/> 7. Aunt	<input type="checkbox"/> 8. Uncle	<input type="checkbox"/> 9. Grandmother	<input type="checkbox"/> 10. Grandfather	<input type="checkbox"/> 11. Friend	<input type="checkbox"/> 12. Father-in-law
<input type="checkbox"/> 13. Mother-in-law	<input type="checkbox"/> 14. Cousin	<input type="checkbox"/> 97. Other-Specify (RP5JSPEC. Specify. (String 50))			

RP5K. Is there an email address where we can contact [RP5D.NAMF RP5D.NAML]?

1. Yes 5. No → GO TO RP6C



RP5L. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

RP5M. Is there another email address where we can contact [RP5D.NAMF RP5D.NAML]?

1. Yes 5. No → GO TO RP6C



RP5N. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

String 50

Contact Person 2

TOC

RP6C. [F1]-Help

We would like to have the name of a second contact person, someone who will know where we can reach you, if the first contact is not able to help us. Is there a second contact person who can help us reach you?

- If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you

1. Yes 5. No → GO TO RP7A



RPAY.RP6D

ADDRTYPE. Which Address; Assigned

5. Contact Person 2

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

- If needed, REMIND R: This should be someone, such as a close friend or relative not living with you, who will know where we can reach you
- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Country if different from USA
- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP6D**RPAY.C2PHONE**

ADDRTYPE. Which Phone; Assigned

5. Contact Person 2

WTRCELL. Does [RP6D.NAMF RP6D.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME



CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME



CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP6D.NAMF RP6D.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP6J



HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP6J



HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End C2PHONE

RP6J. [F1]-Help

What is (his / her) relationship to you?

<input type="text" value="1. Mother"/>	<input type="text" value="2. Father"/>	<input type="text" value="3. Son"/>	<input type="text" value="4. Daughter"/>	<input type="text" value="5. Sister"/>	<input type="text" value="6. Brother"/>
<input type="text" value="7. Aunt"/>	<input type="text" value="8. Uncle"/>	<input type="text" value="9. Grandmother"/>	<input type="text" value="10. Grandfather"/>	<input type="text" value="11. Friend"/>	<input type="text" value="12. Father-in-law"/>
<input type="text" value="13. Mother-in-law"/>	<input type="text" value="14. Cousin"/>	<input type="text" value="97. Other-Specify (RP6JSPEC. Specify. (String 50))"/>			

RPAY6K. Is there an email address where we can contact [RP6D.NAMF RP6D.NAML]?

→ GO TO RP7A



RP6L. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

RP6M. Is there another email address where we can contact [RP6D.NAMF RP6D.NAML]?

→ GO TO RP7A



RP6N. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

Payment
TOC

RP7A. Interviewer Checkpoint

- Did Respondent use a cell phone to complete this interview?
- If this IW was conducted FTF, ENTER [5]

1. Yes 5. No → GO TO RP9ACKPT

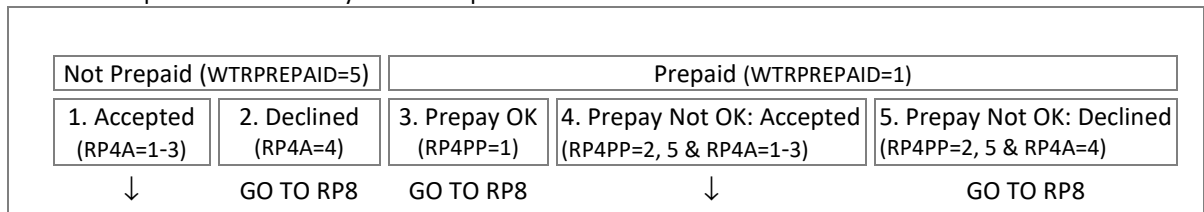


RP7B. Interviewer Checkpoint

- Was a cell phone payment offered by you or anyone else?

1. Yes 5. No

RP9ACKPT. CAI Checkpoint: Whether Payment Accepted or Declined



RP9A. [F1]-Help

Interviewer Checkpoint

[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed

- The standard payment amount for this interview is \$[PAYMENT]
- Non-standard payment amounts can be \$[PAYMENT] to \$[PAYMENTx2]
- Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]
- ENTER [5] if a cash payment was made or ENTER [7] to request a check payment, or special handling
- Ctrl-D and Ctrl-R not allowed

/ NOT PREPAID: Tell us the type of Respondent payment to make

- The standard payment amount for this interview is \$[PAYMENT]
- Non-standard payment amounts can be \$[PAYMENT] to \$[PAYMENTx2]
- ENTER [1, 7] or [2, 7] to record a cell phone payment and/or temporary mailing address in addition to a standard check/money order
- Ctrl-D and Ctrl-R not allowed

NOT PREPAID: 1. Pay by check in standard amount of \$[PAYMENT]

Exclusive of 2, 5

NOT PREPAID: 2. Pay by money order in standard amount of \$[PAYMENT]

Exclusive of 1, 5

5. Cash payment made

Exclusive of 1, 2, 7

7. Special handling: [PREPAID: Payment / NOT PREPAID: Non-standard payment] amount, cell phone payment, temporary address

SIGNAL for RP9A=Money Order: You have selected money order as method of payment. READ TO R: A money order would delay payment by 1-2 weeks, and if it is lost cannot be replaced for 6-8 weeks. Is that okay or should we issue a check instead? Change your selection to [1. Check] if necessary.

SIGNAL for RP7B=Yes & RP9A=Check, Money Order & RP9A<>Special Handling: Interview was completed using cell phone and CELL PHONE PAYMENT HAS BEEN OFFERED. Standard payments by check or money order: ENTER [7] in addition to [1] or [2]. Non-standard payment amounts: ENTER [7]. Cash payments: a separate screen will automatically ask for cell phone payment amount.

RP9B Rule. Type of Payment Selected

Check or Money Order Only (RP9A=1, 2)	Cash (RP9A=5)	Special Handling (RP9A=(1, 2) & 7)
GO TO RP8	↓	GO TO RP9D

Cash Payment

RP9B. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

When did you make the [PREPAID: different /additional] cash payment?

- ENTER MM/DD/[CYEAR/CYEARPLUS1], with or without slashes
- Ctrl-D and Ctrl-R not allowed

RP9C. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much was the Respondent payment for this interview?

- The standard payment amount for this interview is \$[PAYMENT]
- Non-standard payment amounts can be \$[PAYMENT] to \$[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is \$40.00
- DO NOT INCLUDE amount for cell phone payment here - record this separately at the next screen
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[PREPAID: \$1.00 – [PAYMENTx2] / NOT PREPAID: \$[PAYMENT] – [PAYMENTx2]

Launch cash receipt: EDU form CDS19_PCGIwCPR_190829.rtf

RP9C2. How much, if any, was the cash Respondent payment for cell phone use?

- ENTER either \$0.00 or \$10.00
- Standard payment for cell phone use is \$10.00
- Ctrl-D and Ctrl-R not allowed

\$ 0.00; 10.00 → GO TO RP8

SIGNAL for RP7B=Yes & RP9C2=0: Interview was completed using cell phone and CELL PHONE PAYMENT HAS BEEN OFFERED. Cash payments: RECORD amount paid for cell phone use.

Special Handling

RP9D. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

Please indicate the type(s) of [PREPAID: payment/] special handling needed.

- ENTER all that apply
- Ctrl-D and Ctrl-R not allowed

NOT PREPAID & RP9A<>CHECK, MO: 1. Non-standard IW payment-check

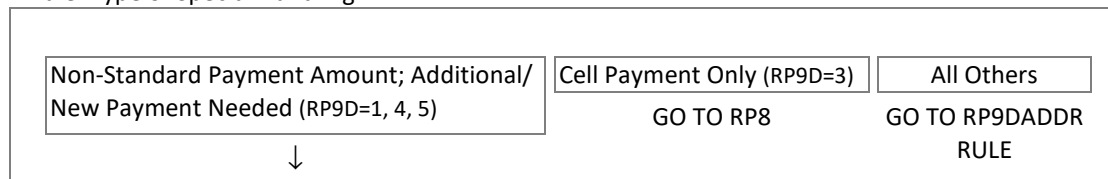
2. Temporary mailing address 3. Cell phone use payment, \$10

PREPAID: 4. Additional or new payment-check

7. Other-specify (RP9DSPEC. Please specify other special handling needed. But, go back to temporary address to record address where payment should be sent. (String 500))

SIGNAL for RP7B=Yes & RP9D<>Cell Payment: INTERVIEW WAS COMPLETED USING CELL PHONE and CELL PHONE PAYMENT HAS BEEN OFFERED. Standard and non-standard payments: ENTER [3] to select cell phone payment.

RP9DAMT Rule. Type of Special Handling



Special Handling - Non-Standard Amount or Additional/New Payment

RP9DAMT. [F1]-Help

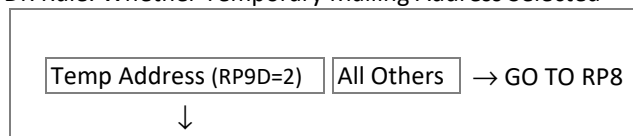
[PREPAID: IWER: This interview was PREPAID \$[AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much is the Respondent payment for this interview?

- The standard payment amount for this interview is \$[PAYMENT]
- Non-standard payment amounts can be \$[PAYMENT] to \$[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is \$40.00
- DO NOT INCLUDE amount for cell phone payment here - a separate check must be issued for cell phone payment. Go back to RP9d and select "3 - Cell phone payment"
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[PREPAID: \$1.00 – [PAYMENTx2] / NOT PREPAID: \$[PAYMENT] – [PAYMENTx2]

RP9DADDR Rule. Whether Temporary Mailing Address Selected



Special Handling - Temporary Mailing Address**RPAY.RP9DADDR**

ADDRTYPE. Which Address (assigned)

8. Temporary Mailing

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

What is that name and address?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP9DADDR

CHECK for no payment selected (RP4A<>Declined & RP9A<>Check, MO, Cash & RP9D<>Non-standard, Additional/New Payment): You must select an interview payment type at RP9A or RP9D.

Thank You
TOC

RP8. As part of our quality control procedures, another interviewer from The University of Michigan may call you back to ask a few questions about this interview and to answer any questions you may have about the interview process.

- ENTER [1] to continue

1. Continue

Locator 1

TOC

RP10A. [F1]-Help

Interviewer Checkpoint

- Did you or any other interviewer offer a Locator Fee to get this interview?

1. Yes 5. No → GO TO RP12

**RPAY.RP10B**

ADDRTYPE. Which Address (assigned)

6. Locator 1

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Enter name and mailing address for Locator #1

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

SIGNAL for Locator 1: IWER: Make sure that Helper/Locator's name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP10B**RPAY.L1PHONE**

ADDRTYPE. Which Address; Assigned

6. Locator 1

WTRCELL. Does [RP10B.NAMF RP10B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME



CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME



CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP10B.NAMF RP10B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP10GG



HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP10GG



HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End L1PHONE

RP10G. [F1]-Help

What is (his/her) relationship to Respondent?

<input type="text" value="1. Mother"/>	<input type="text" value="2. Father"/>	<input type="text" value="3. Son"/>	<input type="text" value="4. Daughter"/>	<input type="text" value="5. Sister"/>	<input type="text" value="6. Brother"/>
<input type="text" value="7. Aunt"/>	<input type="text" value="8. Uncle"/>	<input type="text" value="9. Grandmother"/>	<input type="text" value="10. Grandfather"/>	<input type="text" value="11. Friend"/>	<input type="text" value="12. Father-in-law"/>
<input type="text" value="13. Mother-in-law"/>	<input type="text" value="14. Cousin"/>	<input type="text" value="97. Other-Specify (RP10GSPEC. Specify. (String 50))"/>			

RP10H. [F1]-Help

How much did you offer Locator #1?

<input type="text" value="10. Ten dollars (\$10)"/>	<input type="text" value="15. Fifteen dollars (\$15)"/>	<input type="text" value="20. Twenty dollars (\$20) - with TL approval"/>
---	---	---

RP10I. [F1]-Help

Can Locator #1 be paid by check or did (he/she) request a money order?

<input type="text" value="1. Check"/>	<input type="text" value="2. Money Order"/>	<input type="text" value="3. Cash"/>	<input type="text" value="4. Declined Payment"/>	<input type="text" value="DK/RF"/>
---------------------------------------	---	--------------------------------------	--	------------------------------------

GO TO RP11A



GO TO RP11A

RP10J. When was Locator #1 paid?

- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

Locator 2

TOC

RP11A. [F1]-Help

Interviewer Checkpoint

- Was there a second Locator Fee offered for this interview?

1. Yes 5. No → GO TO RP12

**RPAY.RP11B**

ADDRTYPE. Which Address; Assigned

7. Locator 2

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Enter name and mailing address for Locator #2

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

SIGNAL for Locator 2: IWER: Make sure that Helper/Locator's name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP11B**RPAY.L2PHONE**

ADDRTYPE. Which Address; Assigned

7. Locator 2

WTRCELL. Does [RP11B.NAMF RP11B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME



CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME



CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP11B.NAMF RP11B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP11G



HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (____)____-____ → GO TO RP11G



HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End L2PHONE

RP11G. [F1]-Help

What is (his/her) relationship to Respondent?

1. Mother	2. Father	3. Son	4. Daughter	5. Sister	6. Brother
7. Aunt	8. Uncle	9. Grandmother	10. Grandfather	11. Friend	12. Father-in-law
13. Mother-in-law	14. Cousin	97. Other-Specify (RP11GSPEC. Specify. (String 50))			

RP11H. [F1]-Help

How much did you offer Locator #2?

10. Ten dollars (\$10)	15. Fifteen dollars (\$15)	20. Twenty dollars (\$20) - with TL approval
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RP11I. [F1]-Help

Can Locator #2 be paid by check or did (he/she) request a money order?

1. Check	2. Money Order	3. Cash	4. Declined payment	DK/RF
----------	----------------	---------	---------------------	-------

GO TO RP12



GO TO RP12

RP11J. When was Locator #2 paid?

- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

__ / __ / [CYEAR/CYEAR+1]

Payment Problems

TOC

RP12. [F1]-Help

Were there any Respondent or Locator payment problems reported by this Respondent?

→ GO TO RPEND



RP12SPEC. [F1]-Help

Please provide details of payment issue.

RPEND. End Date of Section (assigned)

RPSEC_END. You have reached the end of the Rpay section.

- Enter [1] to continue

→ RETURN TO BLOCKSTATUS

IWPAYWHO. Who Receives Interview Payment (assigned)

IWPAYAMT. Amount of Interview Payment (assigned)

RP4PP=1 (WTRPREPAID=1); RP4A=4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

RP9A=1, 2 (WTRPREPAID=5)

RP9A=5 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

RP9A=7 & RP9D=1, 4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

IWPAYMODE. Mode of Interview Payment (assigned)

RP9A=1 OR RP9D=1, 4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

RP9A=2 (WTRPREPAID=5)

RP4A=4 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

RP9A=5 (WTRPREPAID=1 & RP4PP=2, 5; or, WTRPREPAID=5)

RP4PP=1 (WTRPREPAID=1)

End RPAY

RPAYPARALLELSTATUS. Status of Parallel Block – Address Update & Payment

RPay not started

RPay in progress

PCG-HH &/or PCG-Child interviews in progress

RPay completed

Parallel Block Components

Consent for Interview, Recording & Time Diary

TOC

CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 12-18 (Birth Year 2002-2007).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. "Age of Majority" means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

CONSENTCHILDREN

CONSENTCHILDSEC_START. Interviewer checkpoint:

Start of Consent (Child) parallel block

- ENTER [1] to continue

1. Continue

CONSENTF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

Repeat CONSENT12_17IW[1..15] for each CDS Child age 12-18; [1..15]=Which CDS Child

CONSENT12_17IW[1..15]. As a part of the F.E.S. - Child Development Supplement, I would like to ask your children who are between ages 12 and 17 years questions about their experiences in school, at home, and with friends. Some questions asked confidentially are about sensitive topics including sexual behavior and drug and alcohol use. Your child(ren) will also be asked to complete a time use diary for a week day and a weekend day. The interview is completely voluntary and confidential. Even after you agree, your child(ren) may decide not to participate or to stop the interview at any time. The interview for each child is designed to take between 20 and 30 minutes, depending on your child(ren)'s age, but may be shorter or longer. We will provide each child with \$[PRELOAD.PAYMENT12_17LOAD] as a token of our appreciation for his/her participation. The child(ren) eligible for this part of the study [is/are]:

- Enter the consent status for each child listed below.
 - Only ENTER [2] if approved by the Project Team in Ann Arbor
- [*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent for this child. Consent will be obtained later from this child at the time of his/her interview. ENTER [6] to continue.]
- Inform PCG that the questions which are regarding sensitive topics like sexual behavior and drug and alcohol use will not be asked by a live person, but by an automated system over the phone. Their interviewer will not be the one asking these questions.

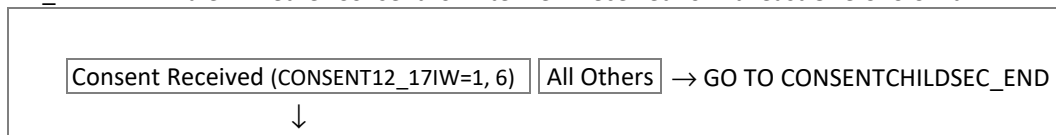
AGE 12-18/NOT AGE OF MAJORITY: 1. Yes, consent given

2. Unable to Administer (approved partials only)

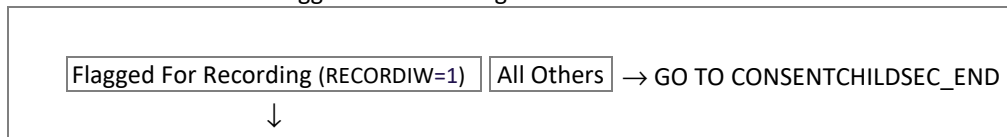
AGE 12-18/NOT AGE OF MAJORITY: 5. No, consent not given

AGE 18/AGE OF MAJORITY: 6. Child has reached age of majority

CONSENT12_17IW END Rule: Whether Consent for Interview Received for At Least One CDS Child



RECORDEDIW Rule: Whether IW Flagged For Recording



Repeat RECORDEDIWCONSENT12_17IW[1..15] for each CDS Child [1..15]=Which CDS Child

RECORDEDIWCONSENT12_17[1..15]. [^{1st} CHILD: We sometimes record interviews to help us maintain quality. Your child's interview may be recorded for quality control purposes. Your child may still participate if you do not agree to the interview being recorded.]

Do you agree for [CHILD]'s interview to be recorded for quality control? Your child will also be asked if they agree to be recorded and will still be able to participate if he or she does not agree.

- If R agrees to the RECORDING of this interview, ENTER [1]
- If R does not agree to the RECORDING of this interview, ENTER [5]

[*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent for this child. Consent will be obtained later from this child at the time of his/her interview. ENTER [6] to continue.]

AGE 12-18/NOT AGE OF MAJORITY: 1. Yes

AGE 12-18/NOT AGE OF MAJORITY: 5. No

AGE 18/AGE OF MAJORITY: 6. Child has reached age of majority
--

CONSENTCHILDSEC_END. Interviewer checkpoint:

End of Consent (Child) parallel block

- ENTER [1] to continue

1. Continue	→ RETURN TO BLOCKSTATUS
-------------	-------------------------

End CONSENTCHILDREN

CONSENT12_17PSTATUS. Status of Parallel Block – Children Age 12-18 Consent for Interviews & Recording

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	All children CONSENT12_17IW[]=2
15. Done	Parallel block completed
17. Refused	All children CONSENT12_17IW[]=5

Consent for In-Home Components

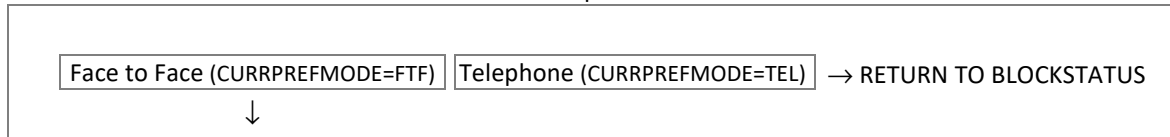
TOC

CDS19 Fall 2020 Follow-Up: Not asked

For PCG & CDS Children Age 2-18 (Birth Year 2002-2017).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. "Age of Majority" means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

CONSENT Rule: Whether CurrPrefMode is Face to Face or Telephone



CONSENT

CONSENTIWSEC_START. Interviewer checkpoint:

Start of Consent parallel block

- ENTER [1] to continue

1. Continue

CONSENTVOL. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. All of your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [1 CDS CHILD: child's / >1 CDS CHILD: your children's] activities during one weekday and one weekend day. We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] for [1 CDS CHILD: your child's set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children].

Do you have any questions for me?)

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue

↓

RETURN TO BLOCKSTATUS

CONSENTINHOMEF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone → GO TO CONSENTIWSEC_END

↓

SIGNAL for CONSENTINHOMEFTF_TEL=TEL: THIS BLOCK CAN ONLY BE DONE IN PERSON. If this block is done by TELEPHONE then you WILL NOT BE ABLE to collect signed consents to conduct PCG WJ Assessment, Children age 8-11 Interviews, and Children age 3-17 WJ Assessments. If you entered Telephone by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face and continue with this block. If this really is Telephone, use the SUPPRESS button to END this block.

CONSENT_PCGINHOME_INTRO. Before we continue, we need to get your permission for some in-home study components.

1. Continue

CONSENT_PCGINHOME. Launch electronic consent for PCG's consent to his/her own in-home assessments and measurements.

- Leave copy of in-home consent with PCG

1. Continue (launch electronic consent form)

EDU form B11_PCG_190829.rtf

5. If Vol: PCG refused to sign consent

Repeat CONSENT_CHILDINHOME[1..15] for each CDS Child; [1..15]=Which CDS Child

CONSENT_CHILDINHOME[]. [AGE 2-18/NOT AGE OF MAJORITY: Launch electronic consent for PCG's consent for child. / AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG for consent. Ask to speak with this child and ask child for consent.]

- Leave paper copy of [AGE 2-18/NOT AGE OF MAJORITY: child in-home consent with PCG / AGE 18/AGE OF MAJORITY: in-home consent with Child]

[*] [CHILD NAME], Age [CHILD AGE] [*] [AGE 18/AGE OF MAJORITY: Ask to speak with this child - ask child to sign his/her consent (child has reached the age of majority (age 18)).]

1. Continue (launch electronic consent form)

EDU form B12_Child_190829.rtf (AGE 2-18/NOT AGE OF MAJORITY)

EDU form B12_18Child_190829.rtf (AGE 18/AGE OF MAJORITY)

AGE 2-18/NOT AGE OF MAJORITY: 5. If Vol: PCG refused to sign child's consent

AGE 18/AGE OF MAJORITY: 7. If Vol: Child age 18 refused to sign his/her consent

CONSENTIWSEC_END. Interviewer checkpoint:

End of Consent parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End CONSENT

CONSENTPARALLELSTATUS. Status of Parallel Block – PCG & Children Consent for In-Home Components

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
7. Mode Invalid-Design	CURRPREFMODE=TEL
8. Mode Invalid-R	CONSENTINHOMEF2F_TEL=TEL
9. Unable to Administer	CONSENTVOL=2
15. Done	Parallel block completed
17. Refused	CONSENTVOL=5

Schools Attended

TOC

CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 5-18 (Birth Year 2002-2014) and Grade PreK-12.

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

SH

SHSEC_START. Interviewer checkpoint:

Start of school block

- ENTER [1] to continue

1. Continue

SHSTART. Start Date of Section (assigned)

MM/DD/YYYY

SCHINTRO. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [1 CDS CHILD: your child's / >1 CDS CHILD: your children's] activities during one weekday and one weekend day. We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] [1 CDS CHILD: for your child's set of completed time diaries / >1 CDS CHILD: for each set of time diaries completed for your children]. Do you have any questions for me?)

We would like to know about [1 CDS CHILD: the school [CHILD NAME] currently attends / >1 CDS CHILD: the schools your children currently attend].

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue

↓

RETURN TO BLOCKSTATUS

SCHFTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

SCHWHICHKID. Interviewer Checkpoint:

Child [CHILD NAME]: [SCHOOLPARALLELSTATUS[1..15]] → GO TO NUMSCH

- [Not all children are complete. Please select a child by clicking on the status. / All children are complete. ENTER [1] to continue.]

1. Continue

↓

SCHCOMPLETE. Thank you, that completes the questions I have about [1 CDS CHILD: the school [CHILD NAME] attends / >1 CDS CHILD: the schools your children attend].

- ENTER [1] to continue

1. Continue

SCHOOL_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

SHEND. End Date of Section (assigned)

MM/DD/YYYY

SHSEC_END. Interviewer checkpoint:

End of School parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

SH.SCHOOL.SCHCHLP[1..15] [1..15]=Which CDS Child

NUMSCH. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Starting with kindergarten, how many different schools has [CHILD NAME] ever attended?

- If needed: This includes home schooling

1 - 13 DK/RF → RETURN TO SCHWHICHKID

↓

SH.SCHOOL.SCHCHLP[1..15].SCHATTEND[1-6] [1..15]=Which CDS Child; [1..6]=Which school

SCHID. [F1]-Help

CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

[LOOP 1: Which school does [CHILD NAME] currently attend? (In what city and state is it located?) /

LOOP 2-6: What school did [CHILD NAME] attend before [[SCHOOL NAME] / being home schooled / that last school]? What is the name of the school? (In what city and state is it located?)

- Type the following separated with commas: State abbreviation, City name, School name
- For example, "mi, ann arbor, pioneer" will list all schools in Ann Arbor Michigan that have Pioneer in the name
- If R doesn't know State and City, type the name of the school to list all of the schools in the country with that name
- If the school cannot be found on the list, ENTER [not found] to select "School not found"
- If R is home schooled: first search for school if applicable, if school is not listed, ENTER [Home schooled] to select "Home schooled, school not found"

String 50; NCES School look-up list	999999999995. Home schooled	999999999997. School not found	DK	RF	→ GO TO SCHOOL END RULE
GO TO SCHGRADE RULE		GO TO SCHDK			

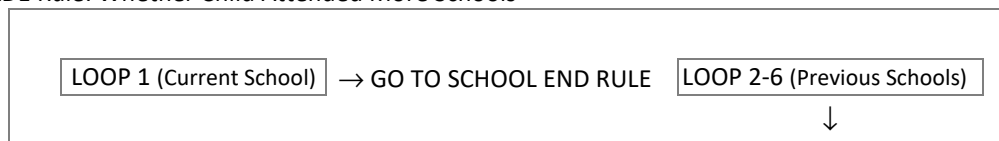
SIGNAL for SCHID selected from NCES database but grades offered by school (NCESPK-NCESG12) <>
CHGRADE: The selected school ([SCHOOL NAME]) does not offer the grade level that [CHILD NAME] currently attends ([CHILD GRADE]). VERIFY school name with Respondent and GO BACK to re-select school name.

SCHDK. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

- Ask R for school name, address where it is located, mailing address, school district, and any other information R can give you to help us identify the school, such as:
Type of school (elementary, junior high/middle, high school)
Public or private school
Charter or magnet school

Open End

SCHGRADE Rule: Whether Child Attended More Schools



SCHGRADE. What grade or grades did [CHILD NAME] attend at this school?

1. First grade	2. Second grade	3. Third grade	4. Fourth grade	5. Fifth grade
6. Sixth grade	7. Seventh grade	8. Eighth grade	9. Ninth grade	10. Tenth grade
11. Eleventh grade	12. Twelfth grade, High school, GED			

SCHOOL END Rule: Whether Child Attended More Schools

<input type="text" value="Attended More Schools (NUMSCH=2-13)"/>	<input type="text" value="All Others"/> → RETURN TO SCHWHICHKID
GO TO SCHID for Next School, MAX=6; Then RETURN TO SCHWHICHKID	

End SCHATTEND

End SCHCHLP

End SH

SHPARALLELSTATUS. Status of Parallel Block – Schools Attended

1. N/A	No CDS children age 5-18
3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	SCHINTRO=2
15. Done	Parallel block completed
17. Refused	SCHINTRO=5

SCHOOLPARALLELSTATUS[1..15]. Child Individual Status – Schools Attended

3. Not Started	Interview not started
4. Started	Interview in progress
15. Done	Interview completed

Child Care

TOC

CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Grade 6 or Less.

CC

CCSEC_START. Interviewer checkpoint:

Start of child care block

- ENTER [1] to continue

1. Continue

CCSTART. Start Date of Section (assigned)

MM/DD/YYYY

CCINTRO. PCG: [PCG NAME]

INTERVIEWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [1 CDS CHILD: your child's / >1 CDS CHILD: your children's] activities during one weekday and one weekend day.] We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] [1 CDS CHILD: for your child's set of completed time diaries / >1 CDS CHILD: for each set of time diaries completed for your children]. Do you have any questions for me?)

Now I would like to talk about child care for your children who haven't begun school yet or are in grade 6 or below.

Children grade 6 or younger:

[CHILD NAME] List of CDS children in grade 6 or less, from youngest to oldest

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue	2. Unable to Administer (approved partials only)	5. If Vol: PCG refuses to continue
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↓

RETURN TO BLOCKSTATUS

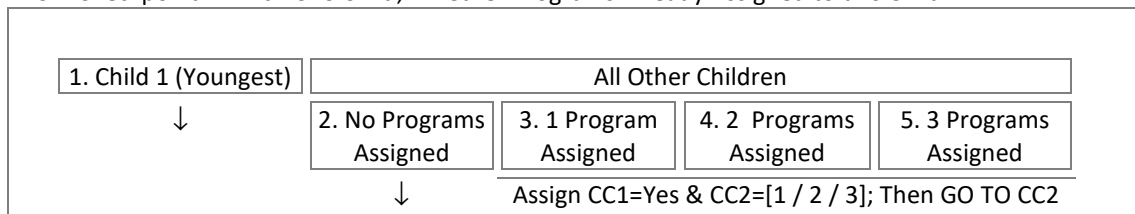
CCFTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face	2. Telephone
-----------------	--------------

CC.CHILDCARE.CHCHLP[1..15] [1..15]=Which CDS Child

CC1CKPT. CAI Checkpoint: Which CDS Child; Whether Programs Already Assigned to this Child



CC1. [F1]-Help

CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Was [CHILD NAME] cared for by someone other than you [PCG HAS SPOUSE/PARTNER IN FU: and [PARTNAME=RESPONSE: [SPOUSE/PARTNER] / PARTNAME<>RESPONSE: your spouse or partner] in the past 4 weeks? [CHGRADE=1-6: Please be sure to include any before school or after school care for [CHILD NAME].]

- IF No, PROBE: So that means that nobody else cared for your child in the past 4 weeks other than you [PCG HAS SPOUSE/PARTNER IN FU: and [[SPOUSE/PARTNER] / your spouse or partner]?

1. Yes 5. No → GO TO CC1CKPT for Next Child

↓

CC.CHILDCARE.CHCHLP[1..15].PROGRAMTAB [1..15]=Which CDS Child

CC2. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

[PROGRAMS ALREADY ASSIGNED: Child Care Arrangements Used:

Most hours of care: [CC3]

2nd Most hours of care: [CC3]

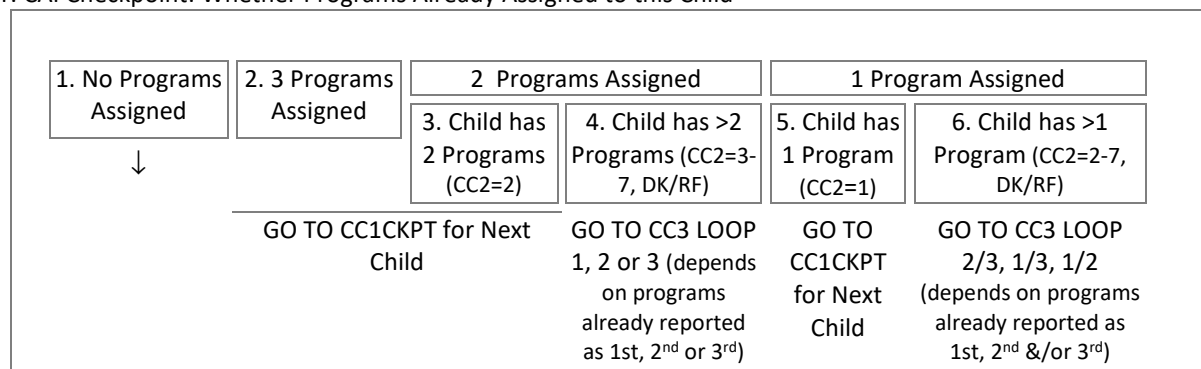
3rd Most hours of care: [CC3]

[CC1CKPT=1, 2: How many different regular child care [CHGRADE=1-6: and before or after school care] arrangements did you have for [CHILD NAME] in the past 4 weeks? / CC1CKPT=3: Next, let's talk about [CHILD NAME]. Including the [2] child care [arrangement / arrangements] you already reported for [CHILD NAME] (READ list above if needed), how many total arrangements did you have for [CHILD NAME] in the past 4 weeks?]

- ENTER a number from [1 / 2 / 3] to 7

[1 / 2 / 3] - 7

CC3CKPT. CAI Checkpoint: Whether Programs Already Assigned to this Child



CC.CHILDCARE.CHCHLP[1..15].PROGRAMTAB.PROGRAMLP[1..3] [1..15]=Which CDS Child; [1..3]=Which program

CC3. [F1]-Help

CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

[PROGRAMS ALREADY ASSIGNED: Child Care Arrangements Used:

Most hours of care: [CC3]

2nd Most hours of care: [CC3]

3rd Most hours of care: [CC3]]

[CC2=1 & PROGRAM LOOP 1: What type of program or arrangement provided the **most hours of care** during the past 4 weeks for [CHILD NAME]? / CC2 >1 & PROGRAM LOOP 1: [CHILD LOOPS 2-15: () I would like to know about the types of programs or arrangements that provided care during the past 4 weeks for [CHILD NAME]. [CHILD LOOPS 2-15:)] (First) What type of program or arrangement provided the **most hours of care** (for [CHILD NAME] during the past 4 weeks)? / CC2 >1 & PROGRAM LOOP 2: (Next) What type of program or arrangement provided the **second most hours of care** (for [CHILD NAME] during the past 4 weeks)? Do not include programs or arrangements you already told me about (READ list above). / CC2 >1 & PROGRAM LOOP 3: What type of program or arrangement provided the **third most hours of care** (for [CHILD NAME] during the past 4 weeks)? Do not include programs or arrangements you already told me about (READ list above).]

1. Relative in the child's home	2. Non-relative in the child's home (sitter/nanny/au pair)	6. Prekindergarten program, nursery school, preschool, or child care center
3. Care in a relative's home	4. Care in a non-relative's home (family day care provider)	



CC4. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
 Child Care Arrangement: [CC3]
 How is this person related to [CHILD NAME]?

CC4[1, 2]<>1: 1. Maternal grandmother	
CC4[1, 2]<>2: 2. Maternal grandfather	
CC4[1, 2]<>3: 3. Paternal grandmother	
CC4[1, 2]<>4: 4. Paternal grandfather	
5. Brother	6. Sister
7. Other relative-specify (CC4SPEC. Specify. String 100)	

5. Head Start program
7. Before- or after-school program
8. Child cares for self alone
9. Other type of child care
95. None/No more arrangements

CC3A. [F1]-Help
 CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]
 Child Care Arrangement: [CC3]
 Is this a Head Start Program, or something else?

1. Head Start Program
2. Something else

GO TO CC5

SIGNAL for CC4=5, 6 and 5, 6 already selected for previous program: IWER: READ QUESTION: Is this the same relative you just told me about? IF "YES", PRESS [Enter] or SELECT [Go To], to go to CC3 to make a different child care program or arrangement selection. IF "NO", ENTER [Close] to make relative selection.

CC5. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3]

In the past 4 weeks, how many days per week, on average, was [CHILD NAME] cared for in this program or arrangement?

- ENTER number of days per week from 1 to 7

1 – 7

CC6. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3]

In the past 4 weeks, how many total hours per week, on average, was [CHILD NAME] cared for in this program or arrangement?

- ENTER number of hours per week from 1 to 112

1 – 112

SIGNAL for CC6 <12: IWER: READ QUESTION: Is that [CC6] hours per week? If this is not correct, go back to CC6 and enter correct hours. If this is correct, click [SUPPRESS] to continue.

CC8 Rule: Whether There are More CDS Children Who Need Program(s) Assigned

More CDS Children	No More CDS Children	→ GO TO CC12
↓		

CC8. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3 for this loop]

Were any of your other children who have not started school yet or who are in grade 6 or lower cared for in this program or arrangement? (Which children?)

- READ LIST of children if necessary
- ENTER all that apply
- ENTER [95] if none of the children listed were in this program or arrangement

1 – 15. [CHILD NAME], Age: [CHILD AGE]	List of CDS Children not already assigned 3 programs	95. None	DK/RF
↓		GO TO CC12	

CC.CHILDCARE.CHCHLP[1..15].PROGRAMTAB.PROGRAMLIP[1..3].OTHERCHILDDATA[1..15]

[1..15]=Which CDS Child; [1..3]=Which program

CC9. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3]

Was this program or arrangement one in which [CHILD NAME] spent the most time, the second most time, or the third most time (in the past 4 weeks)?

1. Most time 2. Second most time 3. Third most time

CC10. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3]

In the past 4 weeks, how many days per week, on average, was [CHILD NAME] care for in this program or arrangement?

- ENTER number of days per week from 1 to 7

1 – 7

CC11. CDS Child: [CHILD NAME], Age: [CHILD AGE], Grade: [CHILD GRADE]

Child Care Arrangement: [CC3]

In the past 4 weeks, how many hours per week, on average, was [CHILD NAME] care for in this program or arrangement?

- ENTER number of hours per week from 1 to 112

1 – 112

SIGNAL FOR CC11 <12: IWER: READ QUESTION: Is that [CC11] hours per week? If this is not correct, go back to CC6 and enter correct hours. If this is correct, click [SUPPRESS] to continue.

CC12 Rule: Whether More CDS Children Selected at CC8

More Children Selected	→ GO TO CC8 for Next Child	No More Children
		↓

End OTHERCHILDDATA

CC12. [F1]-Help

CDS Children: [CHILD NAME], Age: [CHILD AGE] *All List of all children for this program*

Child Care Arrangement: [CC3]

Including all of your children who were cared for in this arrangement in the last 4 weeks, what was the total amount your household paid out of pocket (for the last 4 weeks)?

- ENTER a number from 1.00 to 9,997.00
- ENTER unit of time on next screen (Hour, Day, Week, 2 Weeks, Month, Year)
- If R says "Nothing", ENTER [0]

\$ 0.00 → GO TO CC END RULE \$ 1.00 – 9,997.00 DK/RF → GO TO CC END RULE

↓

CC12PER. CDS Children: [CHILD NAME], Age: [CHILD AGE] *All List of all children for this program*

Child Care Arrangement: [CC3]

- If needed, ASK: Was that \$[CC12] total for the last 4 weeks?
If Yes, ENTER [5]
If No: Was that \$[CC12] per hour, per day, per week, or what?
- Enter unit of time

1. Per hour	2. Per day	3. Per week	4. Every two weeks	5. Every month
6. For the year		7. Other-specify (CC12PERSPEC. Specify. (String 100))		

End PROGRAMLP

CC END Rule: Which Child; Which Program

1 Program (CC2=1)	2 Programs (CC2=2)		3 or More Programs (CC2=3-7, DK/RF)	
GO TO CC1CKPT for Next Child	Program Loop 2	Program Loop 1	Program Loop 3	Program Loop 1, 2
	GO TO CC1CKPT for Next Child	GO TO CC3CKPT for Next Program	GO TO CC1CKPT for Next Child	GO TO CC3CKPT for Next Program

CCCOMPLETE Rule: Whether Child Care Completed for All Children

Completed for All Children	All Others	→ GO TO CC1CKPT for Next Child
↓		

CCCOMPLETE. Thank you, that completes the questions I have about child care.

- ENTER [1] to continue

1. Continue

CCC_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

CCEND. End Date of Section (assigned)

MM/DD/YYYY

CCSEC_END. Interviewer checkpoint:

End of Child Care parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End CC

CCPARALLELSTATUS. Status of Parallel Block – Child Care

1. N/A	No CDS children grade 6 or less
3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	CCINTRO=2
15. Done	Parallel block completed
17. Refused	CCINTRO=5

Non Co-Resident Parent

TOC

CDS19 Fall 2020 Follow-Up: Not asked

For CDS Children Age 0-18 (Birth Year 2002-2018) With One or More Non-Coresident Parent.

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

AP

ABPCKPT1[1..15]. CAI Checkpoint: Non Co-Resident Parent Status of Each CDS Child [1..15]=Which CDS Child

1. Father ([ADPT]DADFU=0; [ADPT]MOMFU=1)	2. Mother ([ADPT]MOMFU=0; [ADPT]DADFU=1)
3. Both ([ADPT]MOMFU=0; [ADPT]DADFU=0)	5. Neither ([ADPT]MOMFU=1; [ADPT]DADFU=1)

ABPCKPT2. CAI Checkpoint: Whether Any CDS Child Has a Non Co-Resident Parent

1. 1+ Child With Non Co-Resident Parent (ABPCKPT1[]=1, 2, 3)	5. All Others → RETURN TO BLOCKSTATUS
↓	

APIWSEC_START. Interviewer checkpoint:

Start of AP parallel block

- ENTER [1] to continue

1. Continue

APSTART. Start Date of Section (assigned)

MM/DD/YYYY

ABPFTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

ABPINTRO. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [*1 CDS CHILD*: your child's / *>1 CDS CHILD*: your children's] activities during one weekday and one weekend day.] We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] [*1 CDS CHILD*: for your child's set of completed time diaries / *>1 CDS CHILD*: for each set of time diaries completed for your children]. Do you have any questions for me?)

We would like to know about [*1 CDS CHILD W/NONCORESIDENT PARENT*: [CHILD NAME]'s / *>1 CDS CHILD W/NONCORESIDENT PARENT*: any children's] biological or adoptive parents who are not living here.

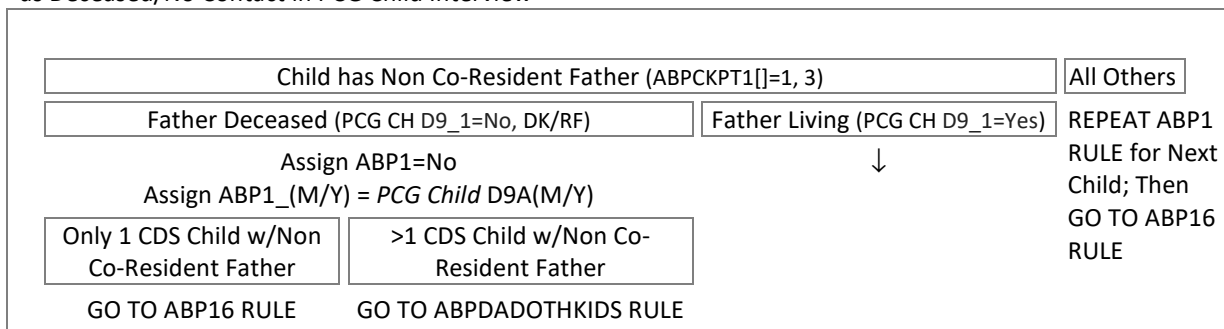
- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue 2. Unable to Administer (approved partials only) 5. If Vol: PCG refuses to continue



RETURN TO BLOCKSTATUS

ABP1 Rule: Starting With the Youngest CDS Child - Whether Child Has a Non Co-Resident Father; Whether Father Reported as Deceased/No Contact in PCG Child Interview



AP.APF[1..15] [1..15]=Which CDS Child

ABP1. [F1]-Help

Is [CHILD NAME]'s biological or adoptive father still living?

- If R says "Never had contact", PROBE: Do you know whether he is still living?

1. Yes → GO TO ABP1A 5. No DK/RF → GO TO ABP16 RULE



ABP1_M. In what month and year did he die?

- ENTER month first
- If DK month, PROBE: Can you remember the season of the year?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

ABP1_Y. (In what month and year did he die?)

- ENTER year

1997 – [CYEAR / CYEAR+1] → GO TO ABPDADOTHKIDS RULE

ABP1A. Is [CHILD NAME]'s biological or adoptive father currently in jail or prison?

1. Yes 5. No

ABPDADOTHKIDS Rule: Whether More CDS Children Have a Non Co-Resident Father

<input type="checkbox"/> More Children With Non Co-Resident Father <input type="checkbox"/> All Others → GO TO ABPDAD
↓

ABPDADOTHKIDS. [Non co-resident father for: \[CHILD NAME\], Age: \[CHILD AGE\]](#)

Is [CHILD NAME]'s biological or adoptive father also the biological or adoptive father of any of the other children living here? (Which ones?)

- [READ LIST of children if necessary](#)
- [ENTER all that apply](#)
- [ENTER \[95\] for No or None](#)

List of CDS Children not already assigned to a non co-resident father

Assign ABP1 & ABP1_(Y/M) For Each Child Selected

ABPDAD. Indicator-Which Non Co-Resident Father (assigned)

ABP2 Rule: Whether Non Co-Resident Father is Living or Deceased

<input type="checkbox"/> Father Living (ABP1=Yes) <input type="checkbox"/> Father Deceased (ABP1=No) → RETURN TO ABP1 RULE for Next Child
↓

ABP2. [Page 66](#)

[Children for this non co-resident father: \[CHILD NAME\]](#) *List of all CDS Children for this person*

Does he [*ABP1A=YES*: usually] live in the same neighborhood, same city, a city nearby, the same state, another state, or another country?

<input type="text" value="1. Same neighborhood"/>	<input type="text" value="2. Same city"/>	<input type="text" value="3. A city nearby"/>		
<input type="text" value="4. Same state"/>	<input type="text" value="5. Another state"/>	<input type="text" value="7. Jail (Vol)"/>	<input type="text" value="6. Another country"/>	<input type="text" value="DK/RF"/>
↓			GO TO ABP4	

ABP3. [Children for this non co-resident father: \[CHILD NAME\]](#) *List of all CDS Children for this person*

About how far away from here (in miles) does he live?

- [ENTER a number from 1 to 12,000](#)

ABP4. [Children for this non co-resident father: \[CHILD NAME\]](#) *List of all CDS Children for this person*

Is he currently married?

1. Yes 5. No

ABP5. [F1]-Help

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

Has he had any other children since those he had with [R= BIO/ADPT MOTHER OF ANY CDS CHILDREN: you / ALL OTHERS: [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] biological or adoptive mother(s)]?

1. Yes 5. No → GO TO ABP6



ABP5A. [F1]-Help

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

How many?

- ENTER a number from 1 to 10

ABP6.  Page 67

[F1]-Help

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

How often do you talk about [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children] with [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week or several times a week?

1. Not at all 2. About once a year 3. Several times a year 4. One to three times a month

GO TO DAD 5. About once a week 6. Several times a week DK/RF

END RULE

ABP7. Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

How much influence does [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] father have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. None 2. Some 3. A great deal

ABP8.  Page 68

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?

Where [1 CDS CHILD: [CHILD NAME] lives / >1 CDS CHILD: the children live]. Would you say often, sometimes, hardly ever, or never?

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP9.  Page 68

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

How [1 CDS CHILD: [he / she] is / >1 CDS CHILD: they are] raised.

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP10.  Page 68

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

How you spend money on [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children].

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP11. [📖 Page 68](#)

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

The amount of time he spends with the [1 CDS CHILD: child / >1 CDS CHILD: children]

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP12. [📖 Page 68](#)

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His visits with [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children]

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP13. [📖 Page 68](#)

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His contribution to [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] support.

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP14. [📖 Page 68](#) [F1]-Help

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

His ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father's) use of alcohol or drugs.

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP15. [📖 Page 68](#) [F1]-Help

Children for this non co-resident father: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father have conflict over each of the following issues?)

The friends he ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] father) spends time with.

(Would you say often, sometimes, hardly ever, or never?)

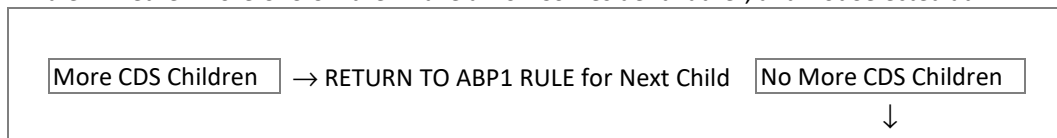
1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP15A. [📖 Page 69](#)

In general, would you say that your relationship with [CHILD NAME]'s biological or adoptive father is excellent, very good, good, fair, or poor?

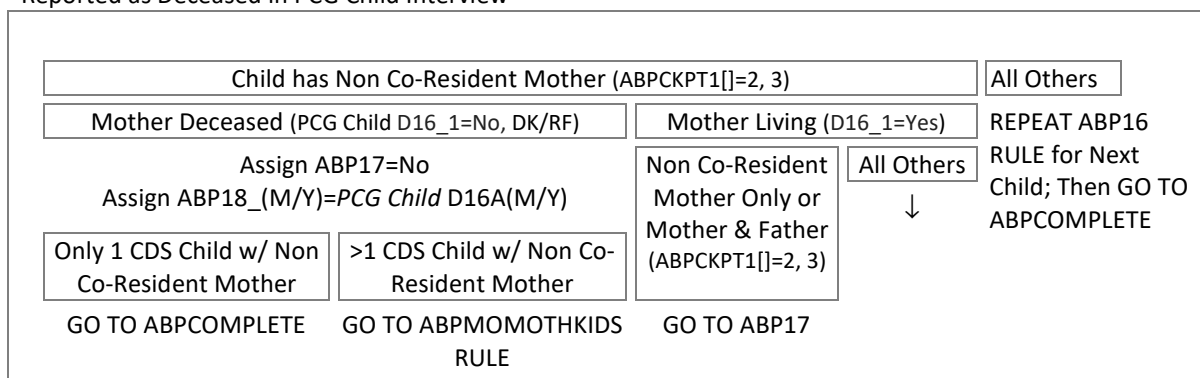
1. Excellent 2. Very good 3. Good 4. Fair 5. Poor

DAD END Rule: Whether More CDS Children Have a Non Co-Resident Father, and Not Selected at ABPDADOTHKIDS



End APF

ABP16 Rule: Starting With the Youngest CDS Child - Whether Child Has a Non Co-Resident Mother; Whether Mother Reported as Deceased in PCG Child Interview



ABP16INTRO. We would like to know about [*1 CDS CHILD W/NONCORESIDENT MOTHER: [CHILD NAME]'s / >1 CDS CHILD W/NONCORESIDENT MOTHER: any children*]'s biological or adoptive mother(s) who (is/are) not living here.

- ENTER [1] to continue

1. Continue

AP.APM[1..15] [1..15]=Which CDS Child

ABP17. [F1]-Help

Is [CHILD NAME]'s biological or adoptive mother still living?

- If R says "Never had contact", PROBE: Do you know whether she is still living?

1. Yes → GO TO ABP17A 5. No DK/RF → GO TO ABPCOMPLETE



ABP18_M. In what month and year did she die?

- ENTER month first
- If DK month, PROBE: Can you remember the season of the year?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

ABP18_Y. (In what month and year did she die?)

- ENTER year

1997 – [CYEAR / CYEAR+1] → GO TO ABMOMOTHKIDS RULE

ABP17A. Is [CHILD NAME]'s biological or adoptive mother currently in jail or prison?

1. Yes 5. No

ABPMOMOTHKIDS Rule: Whether More CDS Children Have a Non Co-Resident Mother

More Children With Non Co-Resident Mother	All Others	→ GO TO ABPMOM
↓		

ABMOMOTHKIDS. **Non co-resident mother for: [CHILD NAME], Age: [CHILD AGE]**

Is [CHILD NAME]'s biological or adoptive mother also the biological or adoptive mother of any of the other children living here? (Which ones?)

- READ LIST of children if necessary
- ENTER all that apply
- ENTER [95] for No or None

1 – 15. [CHILD NAME], Age: [CHILD AGE]	List of CDS Children not already assigned to a non co-resident mother	95. No/None
Assign ABP17 & ABP18_(M/Y) For Each Child Selected		

ABPMOM. Indicator-Which Non Co-Resident Mother (assigned)

1. 1 st absent mother – 15. 15 th absent mother

ABP19 Rule: Whether Non Co-Resident Mother Living or Deceased

Mother Living (ABP17=Yes)	Mother Deceased (ABP17=No)	→ RETURN TO ABP16 RULE for Next Child
↓		

ABP19. [Page 70](#)

Children for this non co-resident mother: [CHILD NAME] List of all CDS Children for this person

Does she [ABP17A=YES: usually] live in the same neighborhood, same city, a city nearby, the same state, another state, or another country?

1. Same neighborhood	2. Same city	3. A city nearby		
4. Same state	5. Another state	7. Jail (Vol)	6. Another country	DK/RF
↓				
GO TO ABP21				

ABP20. **Children for this non co-resident mother: [CHILD NAME]** List of all CDS Children for this person

About how far away from here (in miles) does she live?

- ENTER a number from 1 to 12,000

1 – 12,000

ABP21. **Children for this non co-resident mother: [CHILD NAME]** List of all CDS Children for this person

Is she currently married?

1. Yes	5. No
--------	-------

ABP22. [F1]-Help

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 Has she had any other children since those she had with [R=BIO/ADPT FATHER OF ANY CDS CHILDREN: you / ALL OTHERS: [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] biological or adoptive father(s)]?

1. Yes 5. No → GO TO ABP23




ABP22A. [F1]-Help

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 How many?

- ENTER a number from 1 to 10

1 – 10

ABP23.  Page 71 [F1]-Help

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 How often do you talk about [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children] with [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week or several times a week?

1. Not at all 2. About once a year 3. Several times a year 4. One to three times a month

GO TO MOM 5. About once a week 6. Several times a week DK/RF

END RULE

ABP24. Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

How much influence does [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] mother have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

1. None 2. Some 3. A great deal

ABP25.  Page 72

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?

Where [1 CDS CHILD: [CHILD NAME] lives / >1 CDS CHILD: the children live]. Would you say often, sometimes, hardly ever, or never?

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP26.  Page 72

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 (How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

How [1 CDS CHILD: [he / she] is / >1 CDS CHILD: they are] raised.
 (Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP27.  Page 72

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*
 (How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

How you spend money on [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children].
 (Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP28. [📖 Page 72](#)

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

The amount of time she spends with the [1 CDS CHILD: child / >1 CDS CHILD: children]

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP29. [📖 Page 72](#)

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

Her visits with [1 CDS CHILD: [CHILD NAME] / >1 CDS CHILD: the children]

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP30. [📖 Page 72](#)

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

Her contribution to [1 CDS CHILD: [CHILD NAME]'s / >1 CDS CHILD: the children's] support.

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP31. [📖 Page 72](#) [\[F1\]-Help](#)

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

Her ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother's) use of alcohol or drugs.

(Would you say often, sometimes, hardly ever, or never?)

1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP32. [📖 Page 72](#) [\[F1\]-Help](#)

Children for this non co-resident mother: [CHILD NAME] *List of all CDS Children for this person*

(How often do you and [1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother have conflict over each of the following issues?)

The friends she ([1 CDS CHILD: [his / her] / >1 CDS CHILD: their] mother) spends time with.

(Would you say often, sometimes, hardly ever, or never?)

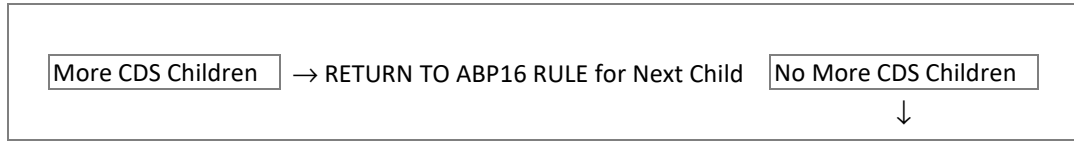
1. Often 2. Sometimes 3. Hardly ever 4. Never

ABP33. [📖 Page 73](#)

In general, would you say that your relationship with [CHILD NAME]'s biological or adoptive mother is excellent, very good, good, fair, or poor?

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

MOM END Rule: Whether More CDS Children Have a Non Co-Resident Mother, and Not Selected at ABPMOMOTHKIDS



End APM

ABPCOMPLETE. Thank you.

- ENTER [1] to continue

ABP_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

APEND. End Date of Section (assigned)

APIWSEC_END. Interviewer checkpoint:

End of AP parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

End AP

APPARALLELSTATUS. Status of Parallel Block – Non Coresident Parents

<input style="width: 90%; height: 20px;" type="text" value="1. N/A"/>	No CDS children with non coresident parent
<input style="width: 90%; height: 20px;" type="text" value="3. Not Started"/>	Parallel block not started
<input style="width: 90%; height: 20px;" type="text" value="4. Started"/>	Parallel block in progress
<input style="width: 90%; height: 20px;" type="text" value="9. Unable to Administer"/>	ABPINTRO=2
<input style="width: 90%; height: 20px;" type="text" value="15. Done"/>	Parallel block completed
<input style="width: 90%; height: 20px;" type="text" value="17. Refused"/>	ABPINTRO=5

Measurements

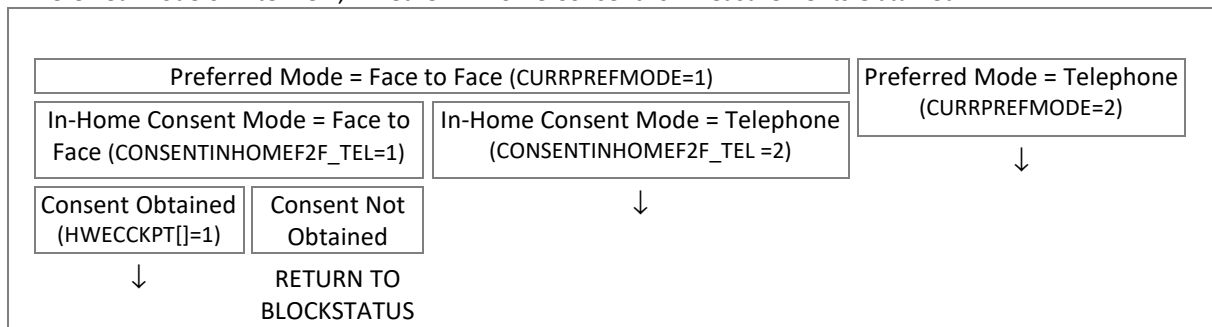
TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 2-18 (Birth Year 2002-2017).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

HW RULE: Preferred Mode of Interview; Whether In-Home Consent for Measurements Obtained



HW

HWSEC_START. [Interviewer checkpoint:](#)

[Start of Measurement parallel block](#)

- ENTER [1] to continue

1. Continue

HWSTART. Start Date of Section (assigned)

MM/DD/YYYY

BLOCKSTATUSHW. [Height, Weight, & Waist Measurements Block Status](#)

[CHILD NAME], Age [AGE]: [MEASUREMENTPARALLELSTATUS[1..15]] → GO TO HWFTF_TEL

[PCG NAME], PCG [PCGMEASUREMENTPARALLELSTATUS] → GO TO HWFTF_TEL

- [Not all sections are complete. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]
- If PCG refuses measurements for everyone, select first child listed and then ENTER [7] at HWVOL screen

1. Continue

↓

HWCOMPLETE. Thank you, that completes the measurements.

- ENTER [1] to complete

1. Complete

HW_LANG. [Indicate language\(s\) used to conduct this section of the interview](#)

- ENTER all that apply

1. English

2. Spanish

7. Language other than English or Spanish

HWEND. End Date of Section (assigned)

HWSEC_END. Interviewer checkpoint:

End of Measurement parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

HW.HW3.HW1_2 (PCG) / HW.MEASUREMENTS[1..15] (CHILD) [1..15]=Which CDS Child

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select HWFTF_TEL=2 (Telephone).

HWFTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

CDS19 Fall 2020 Follow-Up: Face to face wording not used.

HWVOL. [[PCG NAME] ([RTH])] / [CHILD NAME] ([RTH]), Age [AGE]

PCG: [PCG NAME] ([RTH])

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record [*1 CHILD: your child's / >1 CHILD: your children's*] activities during one weekday and one weekend day.] We are offering you \$[ORIGINAL CDS19: [PRELOAD.PAYMENTLOAD] / 2020 FOLLOWUP: [COVID19.PAYMENTLOAD]] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] [*1 CHILD: for your child's set of completed time diaries / >1 CHILD: for each set of time diaries completed for your children.*])

(Do you have any questions for me?)

I'd like to record [PCG: your height, weight, and waist measurements / CHILD: [CHILD NAME]'s height and weight].

[HWFTF_TEL=FTF & AGE 5-7: READ TO CHILD: (Your family is part of a study about how children grow.) I would like to see how tall you are and how much you weigh. [PCGRTC=PARENT, GRANDPARENT: Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / PCGRTC

ALL OTHERS: [PCG NAME]] has said it's okay for you to do this, but you can say "no" if you don't want to. / HWFTF_TEL=FTF & AGE 8-11: READ TO CHILD: (Your family is part of a study to help scientists learn about children as they grow.) As part of this study of children's growth, I would like to measure your height and weight. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has said it's okay for you to do this, but you can say "no" if you don't want to. / HWFTF_TEL=FTF & AGE 12-18/NOT AGE OF MAJORITY: READ TO CHILD: (Your family is part of a study that is helping researchers to learn about children and teenagers as they grow.) Our research team would like to measure your height and weight as part of the study. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has agreed for you to participate, but you can say "no" if you don't want to. / HWFTF_TEL=FTF & AGE 18/AGE OF MAJORITY: READ TO CHILD (This CDS child has reached the age of majority (age 18): Your family is part of a study that is helping researchers to learn about children and teenagers as they grow. Our research team would like to measure your height and weight as part of the study.]

As part of this study of children's growth, I would like to measure your height and weight. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has said it's okay for you to do this, but you can say "no" if you don't want to. / HWFTF_TEL=FTF & AGE 12-18/NOT AGE OF MAJORITY: READ TO CHILD: (Your family is part of a study that is helping researchers to learn about children and teenagers as they grow.) Our research team would like to measure your height and weight as part of the study. [Your [mother / stepmother / adoptive mother / grandmother / father / stepfather / adoptive father / grandfather] / [PCG NAME]] has agreed for you to participate, but you can say "no" if you don't want to. / HWFTF_TEL=FTF & AGE 18/AGE OF MAJORITY: READ TO CHILD (This CDS child has reached the age of majority (age 18): Your family is part of a study that is helping researchers to learn about children and teenagers as they grow. Our research team would like to measure your height and weight as part of the study.]

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]
- If PCG says they have not received the materials or they haven't taken measurements, we will accept self-reports.

1. Continue	2. Unable to Administer (approved partials only)	HWFTF_TEL=TEL; HWFTF_TEL=FTF & AGE 2-18/NOT AOM: 3. If Vol: PCG refuses for this child
↓	5. If Vol: [PCG / Child] refuses for self	HWFTF_TEL=TEL; HWFTF_TEL=FTF & AGE 2-18/NOT AOM: 7. If Vol: PCG refuses for everyone

RETURN TO BLOCKSTATUS

Height (PCG & CDS Children)

HW1START. Start Date of Height Section (assigned)

HW1. [F1]-Help

[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL: How tall [PCG: are you / CHILD: is [CHILD NAME]]?

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

/ HWFTF_TEL=FTF: Now I need to see how tall you are and how much you weigh. First you need to take your shoes off.

After R removes his/her shoes: Let's see how tall you are. Can you stand up against the (wall/door)?

Make sure R is standing up straight with his/her heels and shoulders against the wall/door. Measure R.

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters]

 → GO TO HW1END → GO TO HW1A

↓

HW1_CM. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL: (What is [PCG: your / CHILD: [CHILD NAME]'s] height?)

- Record height in centimeters to the nearest decimal point
- ENTER a number from 0.00 to 214 centimeters

 → GO TO HW1END

↓

HW1A. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

What was [PCG: your / CHILD: [CHILD NAME]'s] height at [PCG: your / CHILD: [his / her]] last doctor visit?

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

 → GO TO HW1B → GO TO HW1C

↓

HW1A_CM. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(What was [PCG: your / CHILD: [CHILD NAME]'s] height at [PCG: your / CHILD: [his / her]] last doctor visit?)

- Record height in centimeters to the nearest decimal point
- ENTER a number from 0.00 to 214 centimeters

 → GO TO HW1C

↓

HW1B_MO. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

In what month and year was that visit to the doctor?

- SELECT Month and [Enter] to go to next screen for year
- PROBE DK month: Do you know what season it was?

1. January	2. February	3. March	4. April
5. May	6. June	7. July	8. August
9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall

HW1B_YR. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(In what month and year was that visit to the doctor?)

[HW1B_Mo], _____

- ENTER Year: [BYEAR] – [CYEAR / CYEAR+1]

[BYEAR] – [CYEAR/CYEAR+1] → GO TO HW1END

HW1C. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

Can you give me your best estimate of [PCG: your / CHILD: [his / her]] height?

- Record height in inches to the nearest decimal point
- ENTER a number from 0 to 84 inches, or PRESS [Enter] for centimeters

[Enter] | 0.0 – 84.0 | DK/RF



GO TO HW1END

HW1C_CM. [PCG: [[PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(Can you give me your best estimate of [PCG: your / CHILD: [his / her]] height?)

- Record height in centimeters to the nearest decimal point
- ENTER a number from 0.00 to 214 centimeters

0.0 – 214.0

SIGNAL for PCG <157.7cm or >194.0cm, or CHILD <MIN cm or >MAX cm (according to gender and age) (cm=in×2.54): [PCG: [PCG NAME], PCG, [HEIGHT] / CHILD: [CHILD NAME], Age [AGE], [HEIGHT]]. The height entered for [PCG/CHILD NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.

HW1END. End Date of Height Section (assigned)

MM/DD/YYYY

Weight (PCG & CDS Children)

HW2START. Start Date of Weight Section (assigned)

MM/DD/YYYY

HW2. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL: How much [PCG: do you / CHILD: does [CHILD NAME]] weigh?

- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

/ HWFTF_TEL=FTF: Now, let's see how much you weigh.

Make sure R removes any heavy items from his/her pockets. Set the scale to 0.0.

Please stand in the center of the scale.

Make sure R is standing still.

- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms]

[Enter] 0.0 – 350.0 → GO TO HW2END DK/RF → GO TO HW2A



HW2_KG. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

[HWFTF_TEL=TEL: (How much [PCG: do you / CHILD: does [CHILD NAME]] weigh?)

- Record weight in kilograms to the nearest decimal point
- ENTER a number from 0.0 to 159 kilograms

0.0 – 159.0 → GO TO HW2END DK/RF



HW2A. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

What was [PCG: your / CHILD: [CHILD NAME]'s] weight at [PCG: your / CHILD: [his / her]] last doctor visit?

- Record weight in pounds to the nearest decimal point
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

[Enter] 0.0 – 350.0 → GO TO HW2B DK/RF → GO TO HW2C



HW2A_KG. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(What was [PCG: your / CHILD: [CHILD NAME]'s] weight at [PCG: your / CHILD: [his / her]] last doctor visit?)

- Record weight in kilograms to the nearest decimal point
- ENTER a number from 0.00 to 159 kilograms

0.0 – 159.0 DK/RF → GO TO HW2C



HW2B_MO. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

In what month and year was that visit to the doctor?

- SELECT Month and [Enter] to go to next screen for year
- PROBE DK month: Do you know what season it was?

1. January	2. February	3. March	4. April
5. May	6. June	7. July	8. August
9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall

HW2B_YR. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(In what month and year was that visit to the doctor?)

[HW2B_Mo], _____

- ENTER Year: [BYEAR] – [CYEAR / CYEAR+1]

[BYEAR] – [CYEAR/CYEAR+1] → GO TO HW2END

HW2C. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

Can you give me your best estimate of [PCG: your / CHILD: [his / her]] weight?

- Record weight IN POUNDS TO THE NEAREST DECIMAL POINT
- ENTER a number from 0 to 350 pounds, or PRESS [Enter] for kilograms

[Enter] 0.0 – 350.0 DK/RF

↓ GO TO HW2END

HW2C_KG. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

(Can you give me your best estimate of [PCG: your / CHILD: [his / her]] weight?)

- Record weight IN KILOGRAMS TO THE NEAREST DECIMAL POINT
- ENTER a number from 0.00 to 159 kilograms

0.0 – 159.0

SIGNAL for PCG <52.5kg or >150.1kg, or CHILD <MIN kg or >MAX kg (according to gender and age) (kg=lbs × 0.453592): [PCG: [PCG NAME], PCG, [WEIGHT] / CHILD: [CHILD NAME], Age [AGE], [WEIGHT]]. The weight entered for [PCG/CHILD NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.

HW2END. End Date of Weight Section (assigned)

MM/DD/YYYY

End HW1_2 (PCG) / MEASUREMENTS (CHILD)

Waist (PCG Only)

HW.HW3

HW3START. Start Date of Waist Section (assigned)

MM/DD/YYYY

HW3. [PCG NAME], PCG

[HWFTF_TEL=TEL: What is your waist measurement in centimeters?

- Record waist measurement in centimeters to the nearest decimal point
- ENTER a number from 50 to 190 centimeters, or PRESS [Enter] for inches

/ HWFTF_TEL=FTF: Now, I would like to measure your waist.

Instruct the respondent to remove any bulky clothing.

Hand the flexible measuring tape to the respondent. The respondent should be in the standing position

Hold one end of the tape measure at your navel.

Now wrap the tape measure all the way around your waist, bringing the tape measure back to your navel.

If the respondent is not able to wrap the tape measure around his or her waist, you may assist. To do this, ask the respondent to hold the end of the measuring tape while you walk around him or her with the other end.

You will then hand that end of the measuring tape to the respondent and continue with the measurement. Do not reach around the respondent to place the tape in the proper position, and avoid touching the respondent.

Check that the tape is horizontal all the way around the respondent.

Please take a normal breath and exhale holding your breath at the end of the exhale.

Your waist circumference is measured at the point where the length of tape measure around your waist meets the end held at your navel.

Read the measurement on the tape measure after the respondent exhales or ask the respondent to read it to you, and then record the measurement to the NEAREST CENTIMETER.]

- Record waist measurement in centimeters to the nearest decimal point
- ENTER a number from 50 to 190 centimeters, or PRESS [Enter] for inches

[Enter] 50.0 – 190.0 → GO TO HW3END DK/RF → GO TO HW3END

↓

HW3_IN. [PCG NAME], PCG

[HWFTF_TEL=TEL: (What is your waist circumference in inches?)]

- Record waist measurement in inches to the nearest decimal point
- ENTER a number from 20.0 to 75 inches

20.0 – 75.0

SIGNAL for male PCG <70.7cm or >144.8cm, or female PCG <65.7cm or >136.8cm: [PCG NAME], PCG, [[HW3] centimeters / [HW3_IN] inches]. The waist measurement entered for [PCG NAME] does not fall within standard measures. Please VERIFY with Respondent and GO BACK to re-enter if needed.

HW3END. End Date of Waist Section (assigned)

MM/DD/YYYY

HWCP. [PCG: [PCG NAME], PCG / CHILD: [CHILD NAME], Age [CHILD AGE]]

Interviewer checkpoint:

- ENTER [1] to complete Height, Weight, & Waist for [PCG/CHILD NAME]

1. Continue → RETURN TO BLOCKSTATUSHW

End HW3

End HW

HWPARALLELSTATUS. Status of Parallel Block – PCG & Children Age 2-18 Measurements

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	CONSENTVOL=2 (PCG In-Home Consents)
15. Done	Parallel block completed
17. Refused	CONSENTVOL=5 or PCGINHOME=5 (PCG In-Home Consents)

PCGMEASUREMENTPARALLELSTATUS. PCG Individual Status – Measurements

3. Not Started	Measurements not started
4. Started	Measurements in progress
9. Unable to Administer	CONSENTVOL=2 (PCG In-Home Consents), or HW1_2.HWVOL=2
10. PCG REF	HW1_2.HWVOL=7
15. Done	Measurements completed
17. PCG Refused	CONSENTVOL=5 or PCGINHOME=5 (PCG In-Home Consents)
18. R REF	HW1_2.HWVOL=5
19. PCG Consent Empty	PCG In-Home Consent block not complete/in progress

MEASUREMENTPARALLELSTATUS[1..15]. Child Individual Status – Measurements

3. Not Started	Measurements not started
4. Started	Measurements in progress
9. Unable to Administer	CONSENTVOL=2 (PCG In-Home Consents), or MEASUREMENTS.HWVOL=2
15. Done	Measurements completed
16. Child REF	MEASUREMENTS.HWVOL=5
17. PCG Refused	CONSENTVOL=5 or CHILDINHOM[E]=5 (PCG In-Home Consents), or MEASUREMENTS.HWVOL=3, 7
19. PCG Consent Empty	PCG In-Home Consent block not complete/in progress

Time Diary Collection

TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For CDS Children Age 0-18 (Birth Year 2002-2018).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component.

TD

TDSEC_START. Interviewer checkpoint:

Start of Time Diary parallel block

- ENTER [1] to continue

TDSTART. Start Date of Section (assigned)

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select FTF_TEL=2 (Telephone).

FTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

TDINTRO. Time Diary Block Status

Child [CHILD NAME]: [TDCHILDRENPARALLELSTATUS[1..15]] → GO TO TDSTATUS

- [Not all sections are completed. Please select a section by clicking on the status / All sections are complete, ENTER [1] to continue.]



TD_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

TDEND. End Date of Section (assigned)

TDSEC_END. Interviewer checkpoint:

End of Time Diary parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

TD.TDDETAIL[1..15] [1..15]=Which CDS Child

TDSTATUS. CHILD: [CHILD NAME]

- If the time diary was finished by the PCG or Child and collected, then ENTER [1]
- If the time diary was finished with interviewer help at visit and collected, then ENTER [2]
- If the time diary was left behind for the PCG to mail back, then ENTER [4]
- If the time diary was completed with an interviewer on the telephone, then ENTER [3]
- Only ENTER [8] if approved by the Project Team in Ann Arbor

1. Time diary already finished upon arrival & collected

2. Time diary finished during visit & collected

3. Time diary completed on the telephone



4. Time diary left behind

AGE 0-18/NOT AGE OF MAJORITY:

5. PCG refuses for this child

AGE 0-18/NOT AGE OF MAJORITY:

6. PCG refuses for all children

7. CHILD refuses for self

8. Unable to Administer (approved partials only)

RETURN TO TDINTRO

CDS19 Fall 2020 Follow-Up: Not asked.

TDWHICH. CHILD: [CHILD NAME]

- If only the weekday time diary was finished and collected, then ENTER [1]
- If only the weekend time diary was finished and collected, then ENTER [2]
- If both the weekday and weekend time diaries were finished and collected, then ENTER [3]

1. Only weekend time diary

2. only weekday time diary

3. Both time diaries

RETURN TO TDINTRO



CDS19 Fall 2020 Follow-Up: Not asked.

CASHPAID. Interviewer Checkpoint

- Did you pay cash for the time diary?

1. Yes (launch cash receipt)

EDU form CDS19_TDReceipt_190829.rtf

5. No

RETURN TO TDINTRO

End TDDETAIL**End TD**

TDPARALLELSTATUS. Status of Parallel Block – Children Age 0-18 Time Diary Collection

3. Not Started

Parallel block not started

4. Started

Parallel block in progress

9. Unable to Administer

All children TDSTATUS=8

15. Done

Parallel block completed

17. Refused

All children TDSTATUS=5, 6, 7

TDCHILDRENPARALLELSTATUS[1..15]. Child Individual Status – Time Diary Collection

3. Not Started	Collection not started
4. Started	Collection in progress
9. Unable to Administer	TDSTATUS=8
15. Done	Collection completed
16. Child REF	TDSTATUS=7
17. PCG Refused	TDSTATUS=5, 6

Linkage Form Collection

TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 0-18 (Birth Year 2002-2018).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

LINKAGE

LINKIWSEC_START. Interviewer checkpoint:

Start of Linkage parallel block

- ENTER [1] to continue

LINKSTART. Start Date of Section (assigned)

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select FTF_TEL=2 (Telephone) and suppress the signal.

FTF_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

→ RETURN TO BLOCKSTATUS



SIGNAL for FTF_TEL=TEL: THIS BLOCK CAN ONLY BE DONE IN PERSON THIS WAVE. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to close this message and continue to Linkage Intro, where you will introduce each form and request permission to mail it to the PCG

LINKINTRO. Birth and School Record Linkage Block Status

Child [CHILD NAME]: -- Birth Record [AGE <5: Linkage only / AGE 5-18: & School Linkages] [AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign these forms. Ask to speak with this child and ask child to sign forms.] → GO TO SCHOOLLINK/CHBIRTHLINK

PCG [PCG NAME]: → GO TO PCGLINKCKPT

- [Not all sections are complete. Please select a section by clicking on the status. / All sections are complete. ENTER [1] to continue.]
- If PCG refuses all linkage consents for all children, SELECT the first child listed w/“Birth Record & School Linkages” and then ENTER [6] at both the SchoolLink and CHBirthLink screens



LINK_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

LINKEND. End Date of Section (assigned)

MM/DD/YYYY

LINKIWSEC_END. Interviewer checkpoint:

End of Linkage parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

LINKDETAIL[1..15] [1..15]=Which CDS Child

Children Age 8-18

SCHOOLLINK. Child: [CHILD NAME]

[AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign the form. Ask to speak with this child and ask child to sign form.]

[FTF_TEL=FTF: IWER: Pull out and show the [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] the school linkage consent form. / FTF_TEL=TEL: IWER: Inform the PCG that a school linkage consent form for this Child will be mailed to the PCG; if PCG agrees to have the form mailed to (her/him), then ENTER [3]]

- Explain the school linkage consent form to [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child]
- Indicate whether or not [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] signed the consent
- Only ENTER [2] if approved by the Project Team in Ann Arbor

1. School linkage consent signed and collected (Done)

2. Unable to Administer (approved partials only)

3. School linkage consent will be mailed (Done)

5. [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE OF MAJORITY: Child] refuses school linkage consent [AGE 8-18/NOT AGE OF MAJORITY: for this child]

AGE 8-18/NOT AGE OF MAJORITY: 6. PCG refuses school linkage consent for all children

7. School linkage consent left behind

Children Age 0-18

CHBIRTHLINK. Child: [CHILD NAME]

[AGE 18/AGE OF MAJORITY: This CDS child has reached the age of majority (age 18). Do not ask PCG to sign the form. Ask to speak with this child and ask child to sign form.]

[FTF_TEL=FTF: IWER: Pull out and show the [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] the Child birth record linkage consent form. / FTF_TEL=TEL: IWER: Inform the PCG that a birth record linkage consent form for this Child will be mailed to the PCG; if PCG agrees to have the form mailed to (her/him), then ENTER [3]]

- Explain the Child birth linkage consent form to [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child]
- Indicate whether or not [AGE 0-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] signed the consent
- Only ENTER [2] if approved by the Project Team in Ann Arbor

1. Child birth record linkage consent signed and collected (Done)

2. Unable to Administer (approved partials only)
--

3. Child birth record linkage consent will be mailed (Done)

5. [AGE 8-18/NOT AGE OF MAJORITY: PCG / AGE 18/AGE OF MAJORITY: Child] refuses birth record linkage consent [AGE 8-18/NOT AGE OF MAJORITY: for this child]
--

AGE 8-18/NOT AGE OF MAJORITY: 6. PCG refuses birth record linkage consent for all children
--

7. Child birth record linkage consent left behind

RETURN TO LINKINTRO

End LINKDETAIL

PCGLINKDETAIL

PCGLINKCKPT. CAI Checkpoint: Whether Birth Record Linkage Consent Already Collected for PCG

1. Already Collected (PRELOAD.PCGPREV=1 & PRELOAD.PCGBLINK=1)	2. Not Collected (PRELOAD.PCGPREV=1 & PRELOAD.PCGBLINK=0)	5. Not Same PCG (PRELOAD.PCGPREV=0)
RETURN TO LINKINTRO		↓

PCGBIRTHLINK. PCG: [PCG NAME]

[FTF_TEL=FTF: IWER: Pull out and show the PCG the PCG birth linkage consent form. / FTF_TEL=TEL: Inform the PCG that a birth record linkage consent form will be mailed to (her/him); if PCG agrees to have the form mailed to (her/him), then ENTER [3]]

- Explain the PCG birth linkage consent form to PCG
- Indicate whether or not PCG signed the consent
- Only ENTER [2] if approved by the Project Team in Ann Arbor

1. PCG birth record linkage consent signed and collected (Done)	2. Unable to Administer (approved partials only)
---	--

3. PCG birth record linkage consent will be mailed (Done)	5. PCG birth record linkage consent refused (R REF)
---	---

7. PCG birth record linkage consent left behind (Done)
--

RETURN TO LINKINTRO

End PCGLINKDETAIL

End LINKAGE

LINKAGEPARALLELSTATUS. Status of Parallel Block – PCG & Children Linkage Form Collection

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	PCGBIRTHLINK=2 & all children SCHOOLLINK=2 & all children CHBIRTHLINK=2
15. Done	Parallel block completed
17. Refused	PCGBIRTHLINK & all children SCHOOLINK=5, 6 & all children CHBIRTHLINK=5, 6

LINKPCGPARELLELSTATUS. PCG Individual Status – Linkage Form Collection

3. Not Started	Collection not started
4. Started	Collection in progress
9. Unable to Administer	PCGBIRTHLINK=2
15. Done	Collection completed; or PRELOAD.PCGBLINK=Yes
17. PCG Refused	PCGBIRTHLINK=5

LINKCHILDRENPARALLELSTATUS[1..15]. Child Individual Status – Linkage Form Collection

3. Not Started	Collection not started
4. Started	Collection in progress
9. Unable to Administer	SCHOOLLINK=2 & CHBIRTHLINK=2
15. Done	Collection completed
17. PCG Refused	SCHOOLINK=5, 6 & CHBIRTHLINK=5, 6

Saliva Consent & Collection: PCG & CDS Children Age 5-18/Not Age of Majority

TOC

CDS19 Fall 2020 Follow-Up: CURRPREFMODE=2 (Telephone) for all PCG lines. No face to face collection of “in-home” components done.

For PCG & CDS Children Age 5-18/Not Age of Majority (Birth Year 2002-2014).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. “Age of Majority” means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

SALIVA

SALIVAIWSEC_START. Interviewer checkpoint:

Start of Saliva parallel block

- ENTER [1] to continue

SALIVASTART. Start Date of Section (assigned)

SALIVAVOL. PCG: [PCG NAME]

Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. Enter 1 and continue.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don’t want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. We are offering you \$\$[ORIGINAL CDS19: [PRELOAD.PAYMENTLOAD] / 2020 FOLLOWUP: [COVID19.PAYMENTLOAD]] in appreciation for your time and effort answering our questions. Do you have any questions for me?)

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

↓

RETURN TO BLOCKSTATUS

CDS19 Fall 2020 Follow-Up: Interviewers instructed to always select HWFTF_TEL=2 (Telephone).

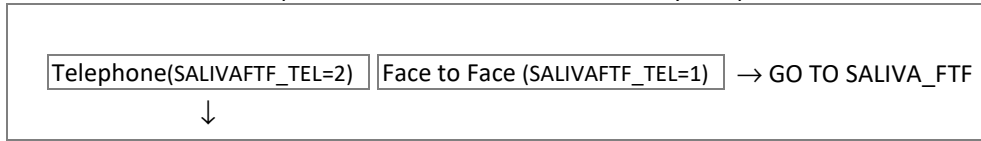
SALIVAF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

SALIVAINTRO. [F1]-Help

To help us better understand the many factors that contribute to children’s well-being, we are collecting samples of saliva from you, other adults in your household, and your children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your and your children’s participation in this component of the study is voluntary.

FTF_TEL Rule: Whether This Component Conducted Face to Face or By Telephone



CDS19 Fall 2020 Follow-Up: Response option [4] and “If needed” instructions added

SALIVA_TEL. In the next week, you will receive a saliva collection kit in the mail. The kit will include materials and instructions for providing a small sample of saliva. The package will also include a form where you and the other adults in your household may indicate agreement to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail.

- Refer to [Saliva Collection Information sheet to address any respondent questions posed.](#)
- If needed - if PCG refuses: PROBE for whether PCG is refusing for
 - PCG only - ENTER [5]
 - CDS children & other adults only - ENTER [4]
 - PCG and CDS children only - ENTER [6]
 - PCG, CDS children and other adults - ENTER [7]

1. Continue (Saliva package will include PCG, children & other adults)	SalivaParallelStatus=15. Done SalivaChildren18ParallelStatus=15. Done <i>if AOM children in FU</i> SalivaOAParallelStatus=15. Done
4. PCG refused to have saliva package mailed to household for children and other adults (VOL) (Saliva package will include PCG only)	SalivaParallelStatus=15. Done SalivaChildren18ParallelStatus=17. REF <i>if AOM children in FU</i> SalivaOAParallelStatus=17. REF
5. PCG refused to have saliva package mailed to household for self (VOL) (Saliva package will include children & other adults only)	SalivaParallelStatus=15. Done SalivaChildren18ParallelStatus=15. Done <i>if AOM children in FU</i> SalivaOAParallelStatus=15. Done
6. PCG refused to have saliva package mailed to household for self and children (VOL) (Saliva package will include other adults only)	SalivaParallelStatus=17. REF SalivaChildren18ParallelStatus=17. REF <i>if AOM children in FU</i> SalivaOAParallelStatus=15. Done
7. PCG refused to have saliva package mailed to household for self, children and other adults (VOL) (Saliva package will not be mailed)	SalivaParallelStatus=17. REF SalivaChildren18ParallelStatus=17. REF <i>if AOM children in FU</i> SalivaOAParallelStatus=17. REF

RETURN TO BLOCKSTATUS

CDS19 Fall 2020 Follow-Up: All questions after this point not asked

-- SALIVACHILDPARALLELSTATUS[1..15]: Not coded for individual children, since component done by telephone

-- SALIVAPARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL.

SALIVA_FTF. Pull out and show the respondent the Saliva Collection Information Sheet.

Please read this information about the saliva collection. (IWER: Offer to read it to the PCG if appropriate.)

We’d like you to sign this form indicating that you have read the information and that you agree to participate for yourself and your children, ages 5 to 17, in this part of the study. [OTHER ADULT &/or CHILD AGE 18/AGE OF MAJORITY: For other adults in your household, including your children age 18 or older, we will ask them to sign their own forms.]

- You will use the Fujitsu laptop to collect the PCG’s signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself and his/her child(ren).

1. Continue (launch electronic consent form) <i>EDU form B9_PCG&Child_190829.rtf</i>	5. PCG refused to sign saliva consent for PCG and all CDS children (VOL) → RETURN TO BLOCKSTATUS
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↓

PCG**SALIVA.PCGCONSENT**

PCGIDCONFIRM. Put on gloves. Locate the saliva collection kit labeled with the PCG's Case ID: [PCASEID], and PCG's first name: [PCG NAME].

IWER: Enter PCG Case ID on saliva tube.

SIGNAL for PCGIDCONFIRM<>PCASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_ADMIN_PCG. Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min. Show the PCG the collection kit and the instruction sheet.

This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)

When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube.

Use the small cap to close the tube tightly.

Shake the capped tube for 5 seconds. Discard or recycle the funnel.

Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. PCG Saliva Obtained	5. PCG Attempted Saliva but unable to fill line	9. Left saliva collection kit with PCG for collection and to mail back to Ann Arbor
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GO TO SALIVA_IWERCHECK

PCG_CASHPAID. Interviewer Checkpoint

- Did you pay cash for the saliva?

1. Yes (launch cash receipt) <i>EDU form CDS19_AdultSalivaCPR_190829.rtf</i>	5. No
---	-------

End PCGCONSENT

SALIVA_IWERCHECK. Interviewer Checkpoint:

- ENTER [1] to continue to the rest of this section

CDS Children Age 5-18/Not Age of Majority

SALIVA_CHILDINTRO. Now I'd like to help your child(ren) collect their saliva.

Child [CHILD NAME]: [SALIVACHILDPARALLELSTATUS[1..15]] → GO TO SALIVA_CHILDCONSENT[]

- [Not all children are completed. Please select a child by clicking on the status / All children are complete, ENTER [1] to continue.]

You may use paper version of child assent(s) to administer away from computer. Be sure to read the correct assent for the child's age level.

1. Continue



SALIVA_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English 2. Spanish 7. Language other than English or Spanish

SALIVAEND. End Date of Section (assigned)

MM/DD/YYYY

SALIVAIWSEC_END. Interviewer checkpoint:

End of Saliva parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

SALIVA.SALIVACONSENTS[1..15] [1..15]=Which CDS Child

AQSN. AQSN of Child

Children Age 5-7

SALIVA_CHILDCONSENTS_7. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Your family is part of a project to help people learn about children as they grow up. The people doing the project have asked children to spit into a tube. They will use the spit in the tube to study your health. Will you spit into the tube? [PCGRTC=PARENT, GRANDPARRENT: Your [mother / stepmother / grandmother / father / stepfather / grandfather] / PCGRTC ALL OTHERS: [PCG NAME]] has said it's okay for you to do this. But you can still say no if you don't want to.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child's Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue

5. Child refused to give saliva sample (Vol)

9. Left saliva collection kit with PCG to administer to child and mail back to AA

GO TO CHIDCONFIRM

RETURN TO SALIVA_CHILDINTRO

Children Age 8-11

SALIVA_CHILDCONSENT8_11. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Your family is part of a study to help scientists learn about children as they grow up. As part of this study, scientists are collecting samples of saliva. Saliva is the liquid in your mouth that helps you to chew and swallow. Scientists study your saliva to learn about your health.

By spitting into a tube, your saliva will be included in the study. The tube will be sealed. Then it will be mailed to a research center where it will be kept safe. We will share your research information with other researchers, but we won't share anything that could identify you. Will you provide a sample of your saliva? You can spit into the tube yourself or you can ask [PCGRTC=PARENT, GRANDPARRENT: your [mother / stepmother / grandmother / father / stepfather / grandfather / PCGRTC ALL OTHERS: [PCG NAME]] to help you. You can say no if you don't want to, even if [your [mother / stepmother / grandmother / father / stepfather / grandfather] / [PCG NAME]] has already agreed.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child's Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue	5. Child refused to give saliva sample (Vol)	9. Left saliva collection kit with PCG to administer to child and mail back to AA
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GO TO CHIDCONFIRM

RETURN TO SALIVA_CHILDINTRO

Children Age 12-18/Not Age of Majority

SALIVA_CHILDCONSENT12_17. F1-[Help]

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

(Your family is part of a study that is helping researchers to learn about children and teenagers as they grow up.) As part of this study, our research team is collecting samples of saliva. The saliva sample you provide will allow researchers to study the connections between genetics and young people's health and growth.

By spitting into a tube, your saliva will be included in the study. The container will be sealed. Then it will be mailed to a research center where it will be kept safe. We will share your research information with other researchers for future research, including a national repository. We won't share any information that could directly identify you. Do you agree to provide a sample of your saliva? You will be able to spit into the tube yourself. You may say "no," even if [PCGRTC=PARENT, GRANDPARRENT: your [mother / stepmother / grandmother / father / stepfather / grandfather] / PCGRTC ALL OTHERS: [PCG NAME]] has already agreed.

If child is not available to administer the saliva collection, ENTER [9]. Pre-label the saliva collection kits for the child by writing the child's Case ID and first name on a label and attach the label to the saliva collection devices. Leave saliva collection kit, instructions, and any mailing materials with the PCG and ask that he/she administer to the child and mail in to Ann Arbor.

1. Continue	5. Child refused to give saliva sample (Vol)	9. Left saliva collection kit with PCG to administer to child and mail back to AA
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↓

RETURN TO SALIVA_CHILDINTRO

CHIDCONFIRM. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Put on gloves. Locate the saliva collection kit labeled with the Child's Case ID: [CHCASEID], and Child's first name: [CHILD NAME].

IWER: Enter Child's Case ID on saliva tube.

SIGNAL for CHIDCONFIRM<>CHCASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_ADMIN_CH. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

IWER: Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min.

This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)

When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube.

Use the small cap to close the tube tightly.

Shake the capped tube for 5 seconds. Discard or recycle the funnel.)

Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. Child [CHILD NAME] Saliva Obtained	5. Child [CHILD NAME] Attempted Saliva but unable to fill to line
---------------------------------------	---

SALIVA_CASHPAID. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Interviewer Checkpoint

- Did you pay cash for the saliva?

1. Yes (launch cash receipt) <i>EDU form CDS19_ChildSalivaCPR_190829.rtf</i>	5. No
---	-------

RETURN TO SALIVA_CHILDINTRO

End SALIVACONSENTS

End SALIVA

SALIVAPARALLELSTATUS. Status of Parallel Block – PCG & Children Age 5-17 Saliva Collection

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
9. Unable to Administer	SALIVAVOL=2
15. Done	Parallel block completed
17. Refused	SALIVAVOL=5, or SALIVA_FTF=5, or SALIVA_TEL=5, 6, 7

SALIVACHILDPARALLELSTATUS[1..15]. Child Individual Status – Age 5-17 Saliva Collection

3. Not Started	Collection not started
4. Started	Collection in progress
7. Mode Invalid-Design	Age <5
15. Done	Collection completed
17. PCG Refused	SALIVA_CHILDCONSENT[]=5

Saliva Consent & Collection: CDS Children Age 18/Age of Majority

TOC

CDS19 Fall 2020 Follow-Up: Not asked.

-- SALIVACH18PARALLELSTATUS[1..15]: Not coded for individual children, since Saliva component done by telephone

-- SALIVACHILDREN18PARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL

For CDS Children Age 18/Age of Majority (Birth Year 2002).

The upper age limit of 18 years is applicable in 2020 only, for children who have had birthdays in 2020 prior to completing the component. "Age of Majority" means that a CDS child has reached age 18 (in 2020) and does not reside in Alabama, Mississippi, Nebraska or Puerto Rico.

BLOCKSTATUSSALIVACH18

CH18SALIVAIWSEC_START. Interviewer checkpoint:

Start of Child Age of Majority (18) Saliva parallel block

- ENTER [1] to continue

SALIVAF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

SALIVA_CH18INTRO. Now I'd like to help your other children collect their saliva.

Child Age of Majority (18): [CHILD NAME]: [SALIVACH18PARALLELSTATUS[1..15]] → GO TO CH18HOME

- [Not all adult children are completed. Please select an adult child by clicking on the status. / All adult children are complete. ENTER [1] to continue.]

↓

CH18SALIVA_LANG. Interviewer checkpoint:

Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

OASALIVAIWSEC_END. Interviewer checkpoint:

End of Child Age of Majority (18) Saliva parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

End BLOCKSTATUSSALIVACH18

SALIVA.CH18CONSENTS[1..15] [1..15]=Which CDS Child

AQSN. AQSN of Child

CH18HOME. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Is [CHILD NAME] available?

- Only ENTER [2] if approved by the Project Team in Ann Arbor

→ GO TO SALIVA_CH18CONSENT

RETURN TO SALIVA_CH18INTRO

↓

CH18NOTHOME. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

I would like to leave behind a saliva kit for [CHILD NAME]. The kit will include materials and instructions for them to provide a small sample of saliva. The package will also include a form where they may indicate that they agree to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail. I would like to collect some contact information for [CHILD NAME].

- ENTER [1] to continue

1. Continue → GO TO CH18IDCONFIRM

SALIVA_CH18CONSENT. [F1]-Help

[CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

- Pull out and show the respondent the Saliva Collection Information Sheet.

To help us better understand the many factors that contribute to children's well-being, we are collecting samples of saliva from all adults and children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your participation is completely voluntary.

Please read this information about the saliva collection.

- (Offer to read it to [CHILD NAME] if appropriate.)

We'd like you to sign this form indicating that you have read the information and that you agree to participate in this study.

- You will use the Fujitsu laptop to collect [CHILD NAME]'s signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself.

1. Continue (launch electronic consent form)

EDU form B9_Adult_190829.rtf

5. Refused to sign saliva consent

→ RETURN TO SALIVA_CH18INTRO



CH18IDCONFIRM. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Put on gloves. Locate the saliva collection kit labeled with this Child's Case ID: [CH18CASEID], and first name: [CHILD NAME].

ENTER this Child's Case ID on saliva tube.

SIGNAL for CH18IDCONFIRM<>CH18CASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_CH18ADMIN. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

Confirm that respondent did not eat, drink, chew gum, or smoke in last 30 min.

This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)

- When the tube is full explain to the respondent how to close funnel, unscrew it, and screw on the small cap. Ask R to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube.

Use the small cap to close the tube tightly.

Shake the capped tube for 5 seconds. Discard or recycle the funnel.)

- Take the tube from the respondent or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. Child's ([CHILD NAME]) saliva obtained	5. Child ([CHILD NAME]) attempted saliva but unable to fill to line	9. Left saliva collection kit for Child ([CHILD NAME]) to mail back to Ann Arbor
---	---	--



RETURN TO SALIVA_CH18INTRO

SALIVA_CH18CASHPAID. [CHILD NAME], [CHILD GENDER], Age [CHILD AGE]

- Did you pay cash for the saliva?

1. Yes (launch cash receipt) <i>EDU form CDS19_AdultSalivaCPR_190829.rtf</i>	5. No
--	-------

RETURN TO SALIVA_CH18INTRO

End CH18CONSENTS

SALIVACHILDREN18PARALLELSTATUS. Status of Parallel Block – Children Age of Majority (18) Saliva Collection

<input type="checkbox"/> 1. N/A	No CDS children Age 18/Age of Majority
<input type="checkbox"/> 3. Not Started	Parallel block not started
<input type="checkbox"/> 4. Started	Parallel block in progress
<input type="checkbox"/> 15. Done	Parallel block completed
<input type="checkbox"/> 17. Refused	SALIVA_FTF=5, or SALIVA_TEL=6, 7, or all children SALIVA_CH18CONSENT=5

SALIVACH18PARALLELSTATUS[1..15]. Child Individual Status – Age 18 Saliva Collection

<input type="checkbox"/> 3. Not Started	Collection not started
<input type="checkbox"/> 4. Started	Collection in progress
<input type="checkbox"/> 15. Done	Collection completed
<input type="checkbox"/> 17. Refused	SALIVA_CH18CONSENT=5

Saliva Consent & Collection: Other Adults

TOC

CDS19 Fall 2020 Follow-Up: Not asked.

-- SALIVAOADULTSPARALLELSTATUS[1..15]: Not coded for individual other adults, since Saliva component done by telephone

-- SALIVAOAPARALLELSTATUS: Coding controlled by (PCG) SALIVA_TEL

For Other Adults Living in the FU, Age 18 or Older.

BLOCKSTATUSSALIVAOA

OASALIVAIWSEC_START. Interviewer checkpoint:

Start of Other Adult Saliva parallel block

- ENTER [1] to continue

OASALIVAF2F_TEL. Interviewer checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

SIGNAL for OASALIVAF2F_TEL=TEL: THIS BLOCK CAN ONLY BE DONE IN PERSON THIS WAVE. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to SUSPEND this block.

SALIVA_OAINTRO. Other Adult Parallel Block Status

Now I'd like to help the other adults in your household collect their saliva.

Other Adult [OTHER ADULT NAME]: [OAPARALLELSTATUS[1..15]] → GO TO OAHOME

- [Not all adults are completed. Please select an adult by clicking on the status. / All adults are complete. ENTER [1] to continue.]

↓

OASALIVA_LANG. Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

OASALIVAIWSEC_END. Interviewer checkpoint:

End of Other Adult Saliva parallel block

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUS

End BLOCKSTATUSSALIVAOA

SALIVA.OACONSENTS[1..15] [1..15]=Which Other Adult

AQSN. AQSN of FU Member

OAHOME. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

Is [OTHER ADULT NAME] available?

- Only ENTER [2] if approved by the Project Team in Ann Arbor

1. Yes	→ GO TO SALIVA_OACONSENT	2. Unable to Administer (approved partials only)	5. No
		RETURN TO SALIVA_OAINTRO	↓

OANOTHOME. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

I would like to leave behind a saliva kit for [OTHER ADULT NAME]. The kit will include materials and instructions for them to provide a small sample of saliva. The package will also include a form where they may indicate that they agree to participate in this part of our study. The kit will include instructions on how to return the collected samples and form by mail. I would like to collect some contact information for [OTHER ADULT NAME].

- ENTER [1] to continue

1. Continue	→ GO TO OAIDCONFIRM
-------------	---------------------

SALIVA_OACONSENT. F1-[Help]

[OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

- Pull out and show the respondent the Saliva Collection Information Sheet.

To help us better understand the many factors that contribute to children's well-being, we are collecting samples of saliva from all adults and children age 5 and older. The saliva samples that families provide will allow researchers to study the connections between genetics and health and development. All of the information contained in your saliva samples will be stored securely and will remain confidential. Your participation is completely voluntary.

Please read this information about the saliva collection.

- (Offer to read it to the adult relative if appropriate.)

We'd like you to sign this form indicating that you have read the information and that you agree to participate in this study.

- You will use the Fujitsu laptop to collect the adult relative's signature. Please rotate the cover of the laptop to use as a tablet. Let the respondent read the consent form; answer any questions they might have; and help the respondent complete and sign the consent form on behalf of him/herself.

1. Continue (launch electronic consent form) <i>EDU form B9_Adult_190829.rtf</i>	5. Refused to sign saliva consent	→ RETURN TO SALIVA_OAINTRO
---	-----------------------------------	----------------------------



OAIDCONFIRM. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

Put on gloves. Locate the saliva collection kit labeled with the relative's Case ID: [OACASEID], and first name: [OTHER ADULT NAME].

ENTER the other adult's Case ID on saliva tube.

SIGNAL for OAIDCONFIRM<>OACASEID: IWER: You entered the wrong CaseID for this Respondent. If this was a typing error, click [GOTO] or [CLOSE] to enter the correct CaseID. If you have the incorrect Saliva tube, retrieve the correct one and click [GOTO] or [CLOSE] to enter the correct CaseID. If you have already collected saliva in a tube labeled for another family member, use a barcode label from the extra family label sheet that has the correct CaseID and First Name for this Respondent. Carefully affix the correct label over the incorrect label. Be sure to locate the Saliva tube which was originally labeled for this Respondent and correct it in the same way for the other family member then click [GOTO] or [CLOSE] to enter the correct CaseID.

SALIVA_OAADMIN. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

Confirm that other adult did not eat, drink, chew gum, or smoke in last 30 min. Show the adult a saliva collection kit and the instruction sheet.

This is the collection device. Please spit into the funnel until you have filled the tube up to the fill line with liquid – not bubbles. (Show the fill line.)

- When the tube is full explain to the other adult how to close funnel, unscrew it, and screw on the small cap. Ask other adult to place in bio-bag or take the sample from R and place it in a bio-bag, then in the preaddressed padded envelope. Up to four (4) samples can be mailed in one padded envelope. You may read these instructions below or from paper administration instruction sheet when needed.

Please hold the tube upright with one hand. Close the cover of the funnel with the other hand by firmly pushing the lid until you hear a loud click. The liquid in the lid will spill down into the tube to mix with the saliva. Make sure the lid is closed tightly.

Hold the tube upright and unscrew the funnel from the tube.

Use the small cap to close the tube tightly.

Shake the capped tube for 5 seconds. Discard or recycle the funnel.

- Take the tube from the other adult or ask them to place the tube into the small, nylon bio-bag. Be sure that the labels are affixed and legible. Place the tube into a padded, preaddressed envelope.

1. Other adult's ([OTHER ADULT NAME]) saliva obtained	5. Other adult ([OTHER ADULT NAME]) attempted saliva but unable to fill to line	9. Left saliva collection kit for other adult ([OTHER ADULT NAME]) to mail back to Ann Arbor
↓		RETURN TO SALIVA_OAINTRO

OA_CASHPAID. [OTHER ADULT NAME], [OTHER ADULT GENDER], Age [OTHER ADULT AGE]

- Did you pay cash for the saliva?

1. Yes (launch cash receipt) <i>EDU form CDS19_AdultSalivaCPR_190829.rtf</i>	5. No
RETURN TO SALIVA_OAINTRO	

End OACONSENTS

SALIVAOAPARALLELSTATUS. Status of Parallel Block – Other Adults Saliva Collection

<input type="text" value="1. N/A"/>	No other adults in the FU
<input type="text" value="3. Not Started"/>	Parallel block not started
<input type="text" value="4. Started"/>	Parallel block in progress
<input type="text" value="15. Done"/>	Parallel block completed
<input type="text" value="17. Refused"/>	SALIVA_TEL=7, or all other adults SALIVA_OACONSENT=5

SALIVOADULTSPARALLELSTATUS[1..15]. Adult Individual Status – Saliva Collection

<input type="text" value="3. Not Started"/>	Collection not started
<input type="text" value="4. Started"/>	Collection in progress
<input type="text" value="15. Done"/>	Collection completed
<input type="text" value="17. Refused"/>	SALIVA_OACONSENT=5

PCG Woodcock-Johnson Assessment

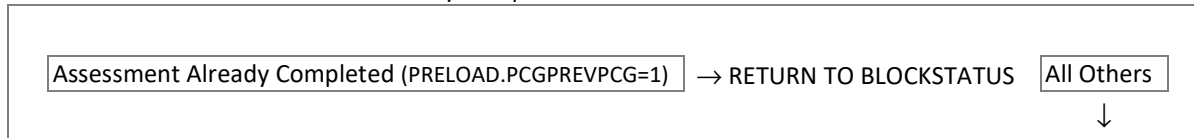
CDS19 Fall 2020 Follow-Up: Not asked

The following assessments are taken from the Woodcock–Johnson Tests of Achievement (Version IV).
For PCG.

Assessment Start

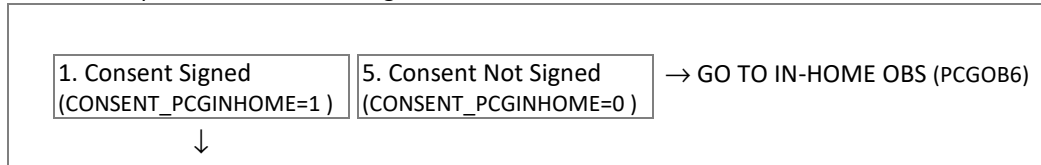
TOC

PCGWJ Rule: Whether PCG's Assessment Already Completed in Previous CDS Wave



WCJ

PCECCKPT. CAI Checkpoint: Whether PCG Signed Consent for Own Assessment



WCJSEC_START. Start of WCJ parallel block

- Enter [1] to continue

1. Continue

PCFTF_TEL. Interviewer Checkpoint:

Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone → RETURN TO BLOCKSTATUS

↓

SIGNAL for PCFTF_TEL=TEL: The assessment component can only be done in person. If you entered Telephone Interview by mistake, use the CLOSE or GOTO button to close this box and ENTER [1] for Face to Face Interview. If this really is a Telephone Interview use the SUPPRESS button to SUSPEND this assessment.

ASSESSVOL. PCG: [PCG NAME]

IWER: Read the voluntary statement if this is the 1st block you are completing. If you have already read this statement to the PCG you do not need to re-read the statement. Enter [1] to continue. If you are resuming a suspended iw, only read the 1st paragraph.

(Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 75 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [*1 CDS CHILD: child's / >1 CDS CHILD: children's*] activities during one weekday and one weekend day. We are offering you \$[PRELOAD.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] for [*1 CDS CHILD: your child's set of completed time diaries / >1CDS CDS CHILD: each set of time diaries completed for your children.* Do you have any questions for me?)

Now, we'll do the reading assessment.

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue	2. Unable to Administer (approved partials only)	5. If Vol: PCG refuses to continue
↓	RETURN TO BLOCKSTATUS	GO TO IN-HOME OBS (PCGOB6)

Passage Comprehension Assessment

TOC

WCJ.PCSECTION

PCSTART. Passage Comprehension (Comprehensión de Textos)

Read the text in blue (in the WCJ) to the Respondent.

Text passages are intended to be read silently by the subject.

- ENTER [1] to start test and be shown the starting page/item for this child

1. Start test

PC_LANG. Indicate whether R does assessment in English or Spanish

- IWER: R must finish the whole assessment in language specified here

1. Eng 2. Spa

PCSTARTDATE. Start Date of Assessment (assigned)

MM/DD/YYYY

PCSTARTTIME. Start Time of Assessment in Seconds (assigned)

1 – 99999999

WCJ.PCSECTION.PCASK

Passage Comprehension Assessment (*Once ceiling reached, go to PCEND; Page #s displayed in Blaise, not Questionnaire*)

PCSAMPLEA. Sample Item A	PC1. Item 1	PC2. Item 2	PC3. Item 3	PC4. Item 4
PC5. Item 5	PC6. Item 6	PC7. Item 7	PC8. Item 8	PC9. Item 9
PC11. Item 11	PCSAMPLEB. Sample Item B	PC12. Item 12	PC13. Item 13	PC14. Item 14
PC15. Item 15	PC16. Item 16	PC17. Item 17	PC18. Item 18	PC19. Item 19
PC21. Item 21	PC22. Item 22	PC23. Item 23	PC24. Item 24	PC25. Item 25
PC27. Item 27	PC28. Item 28	PC29. Item 29	PC30. Item 30	PC31. Item 31
PC33. Item 33	PC34. Item 34	PC35. Item 35	PC36. Item 36	PC37. Item 37
PC39. Item 39	PC40. Item 40	PC41. Item 41	PC42. Item 42	PC43. Item 43
PC45. Item 45	PC46. Item 46	PC47. Item 47	PC48. Item 48	PC49. Item 49
PC51. Item 51	PC52. Item 52			PC50. Item 50

1. Correct 5. Incorrect

End PCASK

PCENDTIME. End Time of Assessment in Seconds (assigned)

1 – 99999999

PCENDDATE. End Date of Assessment (assigned)

MM/DD/YYYY

PCEND. Thank you. That is the end of this exercise.

- ENTER [1] to continue

1. Continue

End PCSECTION

Assessment Observations

TOC

WCJ.PCSECOBS

ASOB1. [\[F1\]-Help](#)

[PCG Assessment Observation](#)

These next few questions are the Assessment Observations and should be completed immediately after the completed assessments.

Was anyone else present in the room at any time during the administration of the assessments?

1. Yes 5. No → GO TO ASOB2



ASOB1A. [PCG Assessment Observation](#)

How much did the presence of this person distract the PCG or interfere with the assessments?

1. A great deal 2. Somewhat 3. Not at all

ASOB2. [PCG Assessment Observation](#)

Was the Passage Comprehension assessments completed?

1. Yes → GO TO ASOB4A 5. No



ASOB3. [PCG Assessment Observation](#)

What were the reasons for not completing it?

- ENTER all that apply

<input type="checkbox"/> 1. Parent/PCG terminated/refused	<input type="checkbox"/> 2. PCG would not respond
<input type="checkbox"/> 3. Major interruption caused termination	<input type="checkbox"/> 4. PCG could not understand task
<input type="checkbox"/> 5. PCG had language problem	<input type="checkbox"/> 6. PCG emotional condition
<input type="checkbox"/> 7. PCG's physical condition	<input type="checkbox"/> 8. PCG tired
<input type="checkbox"/> 97. Other-specify (ASOB3SPEC. Specify. String 100)	

ASOB4A. [PCG Assessment Observation](#)

How much difficulty did the respondent have completing the Passage Comprehension assessment?

1. No difficulty 2. Some difficulty 3. A lot of difficulty

ASOB5. [PCG Assessment Observation](#)

Briefly provide a description of the interview situation that would help the project staff understand ambiguous, confusing, or conflicting information from the assessment data. Include information about the interview setting, distractions during the interview, the respondent's level of cooperation, etc.

- Press INSERT to edit existing text
- To SAVE your entry, use Alt-S
- Ctrl-D and Ctrl-R not allowed

End PCSECOBS

PCSEC_END. This is the end of the PCG Assessment Observations.

- ENTER [1] to continue to In-Home Observations
- If you are unable to complete the In-Home Observations at this time, click on the CDS2019Child tab to return to the Block Status screen. Finish the observations as soon as possible.

In-Home Observations

TOC

WCJ.PCOBS

PCGOB6. [PCG In-Home Observation](#)

Did you observe the inside of the home?

1. Yes 5. No → GO TO PCGOB16

PCGOB7. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How dark or perceptually monotonous was the interior of the home?

1. Not at all 2. A little 3. Somewhat 4. Very 5. Extremely

PCGOB8. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How cluttered were the visible rooms in the home?

1. Not at all 2. A little 3. Somewhat 4. Very 5. Extremely

PCGOB9. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How clean were the visible rooms in the home?

1. Not at all 2. A little 3. Somewhat 4. Very 5. Extremely

PCGOB10. [PCG In-Home Observation](#)

Is there evidence of falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames and heat, or frayed electrical wires?

1. Yes 5. No

PCGOB10A. [PCG In-Home Observation](#)

Did you see childproofing in the home (e.g. pads on sharp furniture edges, gates on stairs, covers on electrical sockets)?

1. Yes 5. No

PCGOB11. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

Did the home have at least 100 square feet of living space per resident?

1. Yes 5. No

PCGOB12. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

In terms of available floor space, how overcrowded with furniture were the rooms?

1. Not at all 2. A little 3. Somewhat 4. Very 5. Extremely

PCGOB13. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How noisy was it in the home from inside noises (e.g., from television, shouts of children, radio)?

1. Not at all 2. A little 3. Somewhat 4. Very 5. Extremely

PCGOB14. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How noisy was it in the home from outside noises (e.g., from a train, cars, people, music)?

- | | | | | |
|---------------|-------------|-------------|---------|--------------|
| 1. Not at all | 2. A little | 3. Somewhat | 4. Very | 5. Extremely |
|---------------|-------------|-------------|---------|--------------|

PCGOB15. [PCG In-Home Observation](#)

Are there any obvious signs of recent alcohol or non-prescription drug consumption in the home (e.g., drug paraphernalia, beer cans, liquor bottles)?

- | | | | | |
|---------------|-------------|-------------|---------|--------------|
| 1. Not at all | 2. A little | 3. Somewhat | 4. Very | 5. Extremely |
|---------------|-------------|-------------|---------|--------------|

PCGOB16. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

Overall, how would you rate the general condition of housing units or other buildings in the face-block?

- | | | |
|---------------------------|-------------------|---|
| 1. Well kept, good repair | 2. Fair condition | 3. Poor condition (peeling paint, broken windows) |
| 4. Badly deteriorated | 5. Not observed | |

PCGOB17. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How would you rate the condition of the street surface in the face-block?

- | | |
|---|--|
| 1. Very good – recent resurfacing, smooth | 2. Moderate – evidence kept in good repair |
| 3. Fair - minor repairs needed, but not rough surface | 4. Poor – potholes and other evidence of neglect |
| 5. Not observed | |

PCGOB19. [PCG In-Home Observation](#)

Were there drug-related paraphernalia, condoms, beer, or liquor containers or packaging, cigarette butts, or discarded cigarette packages in the street or on the sidewalk?

- | | | | | |
|-------------------------|--------------|----------------|--------------------------|-----------------|
| 1. None, or almost none | 2. Not a lot | 3. Quite a bit | 4. Just about everywhere | 5. Not observed |
|-------------------------|--------------|----------------|--------------------------|-----------------|

PCGOB18. [\[F1\]-Help](#)

[PCG In-Home Observation](#)

How much garbage, litter, or broken glass (except beer/liquor bottles) was in the street or on the sidewalk (including around the dwelling unit and neighboring houses)?

- | | | | | |
|-------------------------|--------------|----------------|--------------------------|-----------------|
| 1. None, or almost none | 2. Not a lot | 3. Quite a bit | 4. Just about everywhere | 5. Not observed |
|-------------------------|--------------|----------------|--------------------------|-----------------|

End PCOBS

PCOBS_END. You have reached the end of PCG WCJ assessment and in-home observations.

- [ENTER \[1\]](#) to continue

- | |
|-------------|
| 1. Continue |
|-------------|

Assessment End

TOC

WCJSEC_END. Interviewer checkpoint:

End of PCG WCJ parallel block

- ENTER [1] to continue

1. Continue → RETURN TO BLOCKSTATUS

End WCJ

WCJPARALLELSTATUS. Status of Parallel Block – PCG WJ Assessment

3. Not Started	Parallel block not started
4. Started	Parallel block in progress
5. Done (Finish Obs)	Assess & Obs complete; In-Home Obs in progress
6. Obs Done	In-Home Obs complete
7. Mode Invalid-Design	CURRPREFMODE=TEL
8. Mode Invalid-R	CONSENTINHOMEF2F_TEL=TEL; or WCJ.PCFTF_TEL=TEL
9. Unable to Administer	CONSENTVOL=2; or ASSESSVOL=2
11. PCG REF-Obs Only	ASSESSVOL=5; In-Home Obs in progress
13. R REF-Obs Only	CONSENTVOL=5; In-Home Obs in progress
15. Done	PRELOAD.PCGWCJ=Yes

Fall 2020 COVID-19 Interview

Interview Start

[TOC](#)

COVID19

SEC_START. Interviewer checkpoint:

Start of COVID-19 interview

- ENTER [1] to continue

1. Continue

IW_START. Start Date of Interview (assigned)

MM/DD/YYYY

F2F_TEL. Interviewer checkpoint:

- Indicate whether this interview is being conducted face to face or on the telephone.

1. Face to face 2. Telephone

PCGCONFIRM. Interviewer checkpoint:

- This interview may only be conducted with the [CDS 2019 PCG](#).

Confirm PCG's info

Name: [PCGFNAME] [PCGLNAME]

Age: [PCGAGE]

Birthday: [PCGB_MONTH]/[PCGB_DAY]/[PCGB_YEAR]

- ENTER [1] to continue

1. Continue

INTRO. PCG: [PCGFNAME] [PCGLNAME]

(Hello, my name is (Interviewer) from the University of Michigan Survey Research Center.)

You have been selected to be part of an important study called the F.E.S. (Family Economics Study) Child Development Supplement.

The purpose of this study is to understand how families, schools, and neighborhoods affect children's and adolescents' growth and development.

- ENTER [1] to continue

1. Continue

RECORD Rule: Whether Interview Selected for Recording (CDS19 Fall Follow-Up 2020 - 100%)

Selected for Recording (RECORDIW=Yes)	All Others	→ GO TO VOLSTMT
↓		

RECORDEDIW_CONSENT. PCG: [PCGFNAME] [PCGLNAME]

We sometimes record interviews to help us maintain quality. Your interview may be recorded for quality control purposes. Do you agree for this interview to be recorded for quality control? You can still participate if you do not agree to the interview being recorded.

- If R agrees to the RECORDING of this interview, ENTER [1]
- If R does not agree to the RECORDING of this interview, ENTER [5]
- If resuming a suspended interview, RE-READ the consent and ENTER [1] if R agrees to recording or [5] if R does not agree to recording

1. Yes	2. Unable to Administer (approved partials only)	→ RETURN TO BLOCKSTATUSOVERALL (COVID19ParallelStatus=9)	5. No
↓			↓

VOLSTMT. PCG: [PCGFNAME] [PCGLNAME]

Before I begin, I want you to know that this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and I will go on to the next question. Your answers will be kept confidential.

The interview will take about 30 minutes, depending on the number of eligible children in your family. In addition, we mailed time diaries for you to record your [*1 CDS CHILD: child's / >1 CDS CHILD: children's*] activities during one weekday and one weekend day.

We are offering you \$[COVID19.PAYMENTLOAD] in appreciation for your time and effort answering our questions and an additional \$[PRELOAD.TDPAYMENTLOAD] for [*1 CDS CHILD: your child's set of completed time diaries / >1 CDS CHILD: each set of time diaries completed for your children*].

Do you have any questions for me?

- ENTER [1] to continue
- Only ENTER [2] if approved by the Project Team in Ann Arbor
- If PCG refuses to continue, ENTER [5]

1. Continue	2. Unable to Administer (approved partials only)	5. If Vol: PCG refuses to continue
↓	(COVID19ParallelStatus=9)	(COVID19ParallelStatus=17)
RETURN TO BLOCKSTATUSOVERALL		

Confirmation of CDS Children and Other Adults

TOC

Repeat CHFUHU[1..15] for each CDS Child preloaded; [1..15]=Which CDS Child

CHFUHU[1..15]. [F1]-Help

PCG: [PCGFNAME] [PCGLNAME]

CDS Child: [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[LOOP 1: Before getting started, I'd like to confirm who is living (here / there). / LOOPS 2-15: (Before getting started, I'd like to confirm who is living (here / there).)]

[LOOP 1: Is [CHFNAME] [CHLNAME] still living (here / there) as part of the family? / LOOPS 2-15: How about [CHFNAME] [CHLNAME]? (Is [CHFNAME] [CHLNAME] still living (here / there) as part of the family?)]

- If Yes, ENTER [1] FU Member
- If No, ENTER as follows:
 - [5] Child is no longer living with PCG: has moved out to live with someone else or another family member
 - [6] Child is no longer living with PCG: has moved out on (his/her) own, to set up (his/her) own household
 - [7] Child has died
 - [8] Child is in jail or prison
 - [9] Child is away in the military
 - [10] Child is away at school
 - [11] Child is in a health facility
 - [12] Child is in some other institution
- If R says "moved out", PROBE: Is [he / she] living with someone else, did [he / she] move out on [his / her] own, is [he / she] away at school, or what?

1. FU member	5. Living with someone else	6. Moved out	7. Died
--------------	-----------------------------	--------------	---------

8. Jail	9. Military	10. Education	11. Health	12. Other institution
---------	-------------	---------------	------------	-----------------------

SIGNAL for CHFUHU=6: Are you sure this CDS child has moved out on their own, independently, such as an emancipated minor? If not, go back and change to 5. Living with someone else.

Repeat OAFUHU[1..15] for each Other Adult preloaded; [1..15]=Which Other Adult

OAFUHU[1..15]. [F1]-Help

PCG: [PCGFNAME] [PCGLNAME]

Other adult: [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

[LOOP 1: Is [OAFNAME] [OALNAME] still living (here / there) as part of the family? / LOOPA 2-15: How about [OAFNAME] [OALNAME]? (Is [OAFNAME] [OALNAME] still living (here / there) as part of the family?)]

- If Yes, ENTER [1] FU Member
- If No, ENTER as follows:
 - [6] No longer living with PCG: has moved out on (his/her) own, to set up (his/her) own household
 - [7] Died
 - [8] In jail or prison
 - [9] Away in the military
 - [10] Away at school
 - [11] In a health facility
 - [12] In some other institution
- If R says "moved out", PROBE: Has [he / she] moved out on [his / her] own, is [he / she] away at school, or what?

1. FU member	6. Moved out	7. Died	8. Jail	9. Military	10. Education	11. Health	12. Other institution
--------------	--------------	---------	---------	-------------	---------------	------------	-----------------------

CURRCDSKIDS. Number of CDS19 Children Living with the PCG or in an Institution (Assigned)

0 - 15

CURROTHADLT. Number of CDS19 Other Adults Living with the PCG or in an Institution (Assigned)

0 - 15

FUCONFIRM. Interviewer checkpoint:

- Review with Respondent. If necessary, go back to make changes.

[List of PCG, CDS Children and Other Adults Currently in the FU or Institutional](#)

PCG: [PCGFNAME] [PCGLNAME], Birthday [MM/DD/YYYY]

CDS Children: [CURRCDSKIDS=0: None / ALL OTHERS: [CHFNAME] [CHLNAME], Birthday [MM/DD/YYYY]]

Other Adults: [CURROTHADLT=0: None / ALL OTHERS: [OAFNAME] [OALNAME], Birthday [MM/DD/YYYY]]

- ENTER [1] to confirm family listing and continue

1. Continue

IHC Rule: Assignment of in-Home Component Block Status

Child is Living with Someone Else, Moved Out or Died (CHFUFU[]=5, 6, 7)

Assign Individual Child Status Codes MeasurementParallelStatus[],
TDChildrenParallelStatus[] and LinkChildrenParallelStatus[] = 9 (Unable to Administer)

PCG COVID-19 Health Series

TOC

CVH1. [\[F1\]-Help](#)

The next few questions are about the COVID-19 pandemic that started in March 2020.

Has anyone now living with you, including yourself, had COVID-19? Please include those diagnosed with COVID-19 and those who you believe have had COVID-19.

1. Yes 5. No → GO TO CVF1

CVH2. [\[F1\]-Help](#)

Have you been tested for the COVID-19?

1. Yes 5. No

CVH3. [\[F1\]-Help](#)

Have you talked to a doctor or other health care professional about whether you may have had COVID-19?

1. Yes 5. No → GO TO CVH6

CVH4. [\[F1\]-Help](#)

Did they say that you definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID-19?

<input type="checkbox"/> 1. Definitely had COVID-19	<input type="checkbox"/> 3. May have had COVID-19	<input type="checkbox"/> 4. Probably did not have COVID-19
<input type="checkbox"/> 2. Probably had COVID-19	<input type="checkbox"/> 5. Definitely did not have COVID-19	<input type="checkbox"/> DK/RF



GO TO CVH6

CVH5MO. In what month and year was that?

- [ENTER Month or Season \(Enter Year at next screen\)](#)
- [If DK month, PROBE: Do you know what season it was?](#)

<input type="checkbox"/> 1. January	<input type="checkbox"/> 2. February	<input type="checkbox"/> 3. March	<input type="checkbox"/> 4. April	<input type="checkbox"/> 5. May	<input type="checkbox"/> 6. June
<input type="checkbox"/> 7. July	<input type="checkbox"/> 8. August	<input type="checkbox"/> 9. September	<input type="checkbox"/> 10. October	<input type="checkbox"/> 11. November	<input type="checkbox"/> 12. December
<input type="checkbox"/> 21. Winter	<input type="checkbox"/> 22. Spring	<input type="checkbox"/> 23. Summer	<input type="checkbox"/> 24. Fall		

CVH5YR. (In what year was that?)

- [The month entered is: \[CVH5MO\]](#)
- [ENTER the year below](#)

GO TO CVH8CKPT

CVH6. [\[F1\]-Help](#)

Did you have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe you had COVID-19?

1. Yes 5. No → GO TO CVH8CKPT



CVH7MO. In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH7YR. (In what year was that?)

The month entered is: [CVH7MO]

- ENTER the year below

2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)	3. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)	5. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)
↓	GO TO CVH11CKPT	GO TO CVHCHCKPT

CVH8MO. In what month and year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH8YR. (In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)

The month entered is: [CVH8MO]

- ENTER the year below

2019 - 2020

CVH9. Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?

1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [F1]-Help

Did the test indicate you had COVID-19?

1. Yes	5. No	7. Waiting for the results (VOL)
--------	-------	----------------------------------

CVH11CKPT. CAI Checkpoint: Whether Diagnosed with COVID19

1. Definitely or Probably (CVH4=1, 2)	5. All Others (CVH4<>1, 2)	→ GO TO CVH14
↓		

CVH11. [\[F1\]-Help](#)

Were you admitted to a hospital because of COVID-19?

1. Yes 5. No → GO TO CVH14



CVH12. How many nights did you spend in the hospital?

- [Enter a number from 1 to 200](#)

CVH13. Did you require any of the following treatments?

- [READ LIST](#)
- [ENTER all that apply](#)

GO TO CVH16

CHECK: You cannot select "None" in conjunction with other responses.

CVH14. [\[F1\]-Help](#)

Did you have any COVID-19 symptoms?

1. Yes 5. No → GO TO CVH16



CVH15. Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?

1. Mild 2. Moderate 3. Severe 4. Very severe

CVH16. [\[F1\]-Help](#)

Are you currently experiencing any lingering physical or mental health effects from COVID-19 [*CVH14=YES*: or these symptoms]?

1. Yes 5. No → GO TO CVHCHCKPT



CVH17. Are these physical health effects, mental health effects, or both?

1. Physical 2. Mental 3. Both

CVH18. [\[F1\]-Help](#)

How bad or bothersome are the lingering physical or mental health effects from COVID-19 [*CVH14=YES*: or these symptoms]? Would you say they are mild, moderate, severe or very severe?

1. Mild 2. Moderate 3. Severe 4. Very severe

CDS Children COVID-19 Health Series

TOC

CVHCHKPT: Whether Any CDS19 CDS Child Currently Lives with CDS19 PCG or is Institutional

1. One or More CDS Child is Eligible (CHFUFU[]=FU or INST)	5. No Eligible CDS Children	→ GO TO CVHOACKPT
↓ For each Eligible CDS Child		

CVHCHILD[1..15] [1..15]=Which CDS Child

CVH2. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Has [CHFNNAME] been tested for the COVID-19?

1. Yes 5. No

CVH3. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Have you talked to a doctor or other health care professional about whether [CHFNNAME] may have had COVID-19?

1. Yes 5. No → GO TO CVH6

↓

CVH4. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did they say that [he / she] definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID19?

1. Definitely had COVID-19	3. May have had COVID-19	4. Probably did not have COVID-19
2. Probably had COVID-19	5. Definitely did not have COVID-19	DK/RF

↓

GO TO CVH6

CVH5MO. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH5YR. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(In what year was that?)

- The month entered is: [CVH5MO]
- ENTER the year below

2019 - 2020

GO TO CVH8CKPT

CVH6. [CHFNNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did [CHFNNAME] have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe [he / she] had COVID-19?

1. Yes 5. No → GO TO CVH8CKPT

↓

CVH7MO. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH7YR. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(In what year was that?)

The month entered is: [CVH7MO]

- ENTER the year below

2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)	3. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)	5. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)
↓	GO TO CVH11CKPT	GO TO CVHCHILD END RULE

CVH8MO. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

In what month and year was [he / she] tested [CVH3=YES: to receive [his / her] diagnosis / CVH3<>YES: most recently]?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH8YR. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)

The month entered is: [CVH8MO]

- ENTER the year below

2019 - 2020

CVH9. Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?

1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did the test indicate [he / she] had COVID-19?

1. Yes	5. No	7. Waiting for the results (VOL)
--------	-------	----------------------------------

CVH11CKPT. CAI Checkpoint: Whether Diagnosed with COVID19

1. Definitely or Probably (CVH4=1, 2)	5. All Others (CVH4<>1, 2)	→ GO TO CVH14
↓		

CVH11. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Was [CHFNAME] admitted to a hospital because of COVID-19?

1. Yes 5. No → GO TO CVH14

↓

CVH12. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
How many nights did [he / she] spend in the hospital?

- Enter a number from 1 to 200

1 - 200

CVH13. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Did [he / she] require any of the following treatments?

- READ LIST
- ENTER all that apply

1. Oxygen (in the nose or using a facemask)?
2. Intensive care or ICU monitoring?
3. A breathing tube or ventilator?
6. Other-specify (DO NOT READ) (Please specify. (String 100))
7. None of the above (DO NOT READ)

GO TO CVH16

CVH14. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Did [CHFNAME] have any COVID-19 symptoms?

1. Yes 5. No → GO TO CVH16

↓

CVH15. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?

1. Mild 2. Moderate 3. Severe 4. Very severe

CVH16. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Is [he / she] currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?

1. Yes 5. No → GO TO CVHCHILD END RULE

↓

CVH17. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Are these physical health effects, mental health effects, or both?

1. Physical 2. Mental 3. Both

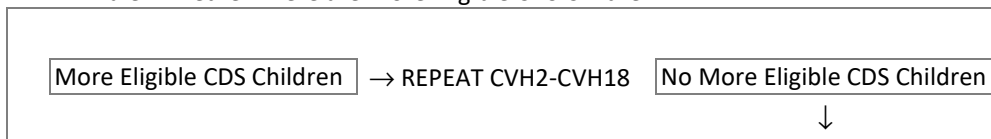
CVH18. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

How bad or bothersome are the lingering physical or mental health effects from COVID-19

[CVH14=YES: or these symptoms]? Would you say they are mild, moderate, severe or very severe?

1. Mild 2. Moderate 3. Severe 4. Very severe

CVHCHILD END Rule: Whether There are More Eligible CDS Children



End CVHCHILD

Other Adults COVID-19 Health Series (Adults Reported in CDS19)

TOC

CVHOACKPT: Whether Any CDS19 Other Adult Currently Lives with CDS19 PCG or is Institutional

1. One or More Other Adult is Eligible (OAFUHU[]=FU or INST)	5. No Eligible Other Adults	→ GO TO CVF1
↓ For each Eligible Other Adult		

CVHOA[1..15] [1..15]=Which Other Adult

CVH2. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Has [OAFNAME] been tested for COVID-19?

 1. Yes 5. No

CVH3. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Has [OAFNAME] talked to a doctor or other health care professional about whether [he / she] may have had COVID-19?

 1. Yes 5. No → GO TO CVH6

↓

CVH4. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did they say that [he / she] definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID19?

1. Definitely had COVID-19	3. May have had COVID-19	4. Probably did not have COVID-19
2. Probably had COVID-19	5. Definitely did not have COVID-19	DK/RF

↓

GO TO CVH6

CVH5MO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH5YR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

(In what year was that?)

- The month entered is: [CVH5MO]
- ENTER the year below

GO TO CVH8CKPT

CVH6. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did [OAFNAME] have symptoms or exposure (for example, to a family member with COVID-19) that led [him / her] to believe [he / she] had COVID-19?

 1. Yes 5. No → GO TO CVH8CKPT

↓

CVH7MO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

In what month and year was that?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH7YR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

(In what year was that?)

The month entered is: [CVH7MO]

- ENTER the year below

2019 - 2020

CVH8CKPT. CATI Checkpoint: Whether Had COVID19 Test, Diagnosis or Indication

1. Test or Diagnosis (CVH2=Yes or CVH4=1, 2)	3. Indication But No Test or Diagnosis (CVH2<>Yes & CVH4<>1, 2 & CVH6=Yes)	5. All Others (CVH2<>Yes & CVH4<>1, 2 & CVH6<>Yes)
↓	GO TO CVH11CKPT	GO TO CVHOA END RULE

CVH8MO. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

In what month and year was [he / she] tested [CVH3=YES: to receive [his / her] diagnosis / CVH3<>YES: most recently]?

- ENTER Month or Season (Enter Year at next screen)
- If DK month, PROBE: Do you know what season it was?

1. January	2. February	3. March	4. April	5. May	6. June
7. July	8. August	9. September	10. October	11. November	12. December
21. Winter	22. Spring	23. Summer	24. Fall		

CVH8YR. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

(In what year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?)

The month entered is: [CVH8MO]

- ENTER the year below

2019 - 2020

CVH9. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

Was this a test for a current infection, such as a viral test or swab of the nose or mouth; or was it a test for a past infection, such as an antibody test of the blood?

1. Current infection (viral test; swab of nose/mouth)
2. Past infection (antibody blood test)

CVH10. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Did the test indicate [he / she] had COVID-19?

1. Yes	5. No	7. Waiting for the results (VOL)
--------	-------	----------------------------------

CVH11CKPT. CAI Checkpoint: Whether Diagnosed with COVID19

1. Definitely or Probably (CVH4=1, 2)	5. All Others (CVH4<>1, 2)	→ GO TO CVH14
↓		

CVH11. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Was [OAFNAME] admitted to a hospital because of COVID-19?

1. Yes 5. No → GO TO CVH14

↓

CVH12. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]
How many nights did [he / she] spend in the hospital?

- Enter a number from 1 to 200

1 - 200

CVH13. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

Did [he / she] require any of the following treatments?

- READ LIST
- ENTER all that apply

1. Oxygen (in the nose or using a facemask)?
2. Intensive care or ICU monitoring?
3. A breathing tube or ventilator?
6. Other-specify (DO NOT READ) (Please specify. (String 100))
7. None of the above (DO NOT READ)

GO TO CVH16

CVH14. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help
Did [OAFNAME] have any COVID-19 symptoms?

1. Yes 5. No → GO TO CVH16

↓

CVH15. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?

1. Mild 2. Moderate 3. Severe 4. Very severe

CVH16. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

Is [he / she] currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?

1. Yes 5. No → GO TO CVHOA END RULE

↓

CVH17. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY]

Are these physical health effects, mental health effects, or both?

1. Physical 2. Mental 3. Both

CVH18. [OAFNAME] [OALNAME], Birthday: [MM/DD/YYYY] [F1]-Help

How bad or bothersome are the lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]? Would you say they are mild, moderate, severe or very severe?

- 1. Mild
- 2. Moderate
- 3. Severe
- 4. Very severe

CVHOA END Rule: Whether There are More Eligible CDS19 Other Adults



End CVHOA

COVID-19 Financial Series

TOC

CVF1. [\[F1\]-Help](#)

The next few questions are about how the COVID-19 pandemic may have affected you [*>1 FU MEMBER*: and your family] financially.

Were you [*>1 FU MEMBER*: or someone in your family living there] laid off or furloughed because of the COVID-19 pandemic?

1. Yes 5. No

CVF2. [\[F1\]-Help](#)

Because of the COVID-19 pandemic, did you [*>1 FU MEMBER*: or someone in your family living there] lose any earnings?

1. Yes 5. No

CVF3. [\[F1\]-Help](#)

During the COVID-19 pandemic, were you [*>1 FU MEMBER*: or someone in your family living there] working in a job that was considered essential work?

1. Yes 5. No

CVF4. [\[F1\]-Help](#)

During the COVID-19 pandemic, did you [*>1 FU MEMBER*: or someone in your family living there] only work from home?

1. Yes 5. No

CVF5. [\[F1\]-Help](#)

Did you [*>1 FU MEMBER*: or anyone in your family living there] have any financial difficulties due to the COVID-19 pandemic?

1. Yes 5. No → GO TO CVR1

↓

CVF6. [\[F1\]-Help](#)

How did [*1 FU MEMBER*: you / *>1 FU MEMBER*: your family] manage any financial difficulties due to the COVID-19 pandemic - did you cut back on spending?

1. Yes 5. No

CVF7. [\[F1\]-Help](#)

(How did [*1 FU MEMBER*: you / *>1 FU MEMBER*: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Use savings in your bank or credit union savings account?

1. Yes 5. No

CVF8. [\[F1\]-Help](#)

(How did [*1 FU MEMBER*: you / *>1 FU MEMBER*: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Put off paying the rent or mortgage?

1. Yes 5. No

CVF9. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to COVID-19 the pandemic) - did you)

Put off paying any other bills?

1. Yes 5. No

CVF10. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Use your credit card more than you usually would?

1. Yes 5. No

CVF11. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Use money from your retirement savings?

1. Yes 5. No

CVF12. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Obtain financial help from a family member who does not currently live with you?

1. Yes 5. No

CVF13. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

File for unemployment insurance?

1. Yes 5. No

CVF14. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Use a food bank or other emergency community support?

1. Yes 5. No

CVF15. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Draw down on existing equity or line of credit loans more than you usually would?

1. Yes 5. No

CVF16. [\[F1\]-Help](#)

(How did [1 FU MEMBER: you / >1 FU MEMBER: your family] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Take out a loan from a bank, credit union, or other financial institution?

1. Yes 5. No

CVF17. [\[F1\]-Help](#)

(How did [*1 FU MEMBER: you / >1 FU MEMBER: your family*] manage any financial difficulties (due to the COVID-19 pandemic) - did you)

Do something else?

1. Yes → CVF17SPEC. [Please specify.](#) (String 100) 5. No

Food Security

TOC

Household Stage 1

CVR1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days.

The first statement is "[1 ADULT: I / >1 ADULT: We] worried whether [1 ADULT: my / >1 ADULT: our] food would run out before [1 ADULT: I / >1 ADULT: we] got money to buy more."

Was that often true, sometimes true, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true

CVR2. "The food that [1 ADULT: I / >1 ADULT: we] bought just didn't last, and [1 ADULT: I / >1 ADULT: we] didn't have money to get more."

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

CVR3. "[1 ADULT: I / >1 ADULT: We] couldn't afford to eat balanced meals."

(Was that often, sometimes, or never true for [1 ADULT: you / >1 ADULT: your household] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

Household Stage 2

CVR4CKPT. CAI Checkpoint: Whether One or More of CVR1-CVR3 Endorsed

1. One or More CVR1, CVR2, CVR3 = Often, Sometimes 5. All Others → GO TO CVR9CKPT



CVR4. In the last 30 days, did [1 ADULT: you / >1 ADULT: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes 5. No → GO TO CVR5



CVR4A. In the last 30 days, how many days did this happen?

1 - 30

CVR5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

1. Yes 5. No

CVR6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

1. Yes 5. No

CVR7. In the last 30 days, did you lose weight because there wasn't enough money for food?

1. Yes 5. No

Household Stage 3

CVR8CKPT. CAI Checkpoint: Whether One or More of CVR4-CVR7 Endorsed

1. One or More CVR4, CVR5, CVR6, CVR7 = Yes	5. All Others	→ GO TO CVR9CKPT
↓		

CVR8. In the last 30 days, did [*1 ADULT: you / >1 ADULT: you or other adults in your household*] ever not eat for a whole day because there wasn't enough money for food?

1. Yes 5. No → GO TO CVR9

↓

CVR8A. In the last 30 days, how many days did this happen?

1 - 30

Child Stage 1

CVR9CKPT: Whether Any CDS19 CDS Child Currently Lives with CDS19 PCG or is Institutional

1. One or More CDS Child is Eligible (1+ CHFUHU[1..15]=FU or INST)	5. No Eligible CDS Children	→ GO TO CVNO
↓		

CVR9. Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 30 days for your [*1 CDS CHILD: child / >1 CDS CHILD: children living in the household who are under 18 years old*].

"[*1 ADULT: I / >1 ADULT: We*] relied on only a few kinds of low-cost food to feed [*1 ADULT: my / >1 ADULT: our*] [*1 CDS CHILD: child / >1 CDS CHILD: children*] because [*1 ADULT: I was / >1 ADULT: we were*] running out of money to buy food."

Was that often, sometimes, or never true for [*1 ADULT: you / >1 ADULT: your household*] in the last 30 days?

1. Often true 2. Sometimes true 3. Never true

CVR10. "[*1 ADULT: I / >1 ADULT: We*] couldn't feed [*1 ADULT: my / >1 ADULT: our*] [*1 CDS CHILD: child / >1 CDS CHILD: children*] a balanced meal, because [*1 ADULT: I / >1 ADULT: we*] couldn't afford that."

(Was that often, sometimes, or never true for [*1 ADULT: you / >1 ADULT: your household*] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

CVR11. "[*1 ADULT: My / >1 ADULT: Our*] [*1 CDS CHILD: child was / >1 CDS CHILD: children were*] not eating enough because [*1 ADULT: I / >1 ADULT: we*] just couldn't afford enough food."

(Was that often, sometimes, or never true for [*1 ADULT: you / >1 ADULT: your household*] in the last 30 days?)

1. Often true 2. Sometimes true 3. Never true

Child Stage 2

CVR12CKPT. CAI Checkpoint: Whether One or More of CVR9-CVR11 Endorsed

1. One or More CVR9, CVR10, CVR11 = Often, Sometimes	5. All Others	→ GO CVNO
↓		

CVR12. In the last 30 days, did you ever cut the size of [1 *CDS CHILD*: your child's / >1 *CDS CHILD*: any of the children's] meals because there wasn't enough money for food?

1. Yes 5. No

CVR13. In the last 30 days, did [1 *CDS CHILD*: your child / >1 *CDS CHILD*: any of the children] ever skip meals because there wasn't enough money for food?

1. Yes 5. No → GO TO CVR14

↓

CVR13A. In the last 30 days, how many days did this happen?

1 - 30

CVR14. In the last 30 days, [1 *CDS CHILD*: was your child / >1 *CDS CHILD*: were the children] ever hungry but you just couldn't afford more food?

1. Yes 5. No

CVR15. In the last 30 days, did [1 *CDS CHILD*: your child / >1 *CDS CHILD*: the children] ever not eat for a whole day because there wasn't enough money for food?

1. Yes 5. No

PCG Health
TOC

CVN0. Now I have a few questions about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

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

CVN1. During the past 30 days, how often did you...

Feel nervous?

Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN2. (During the past 30 days, how often did you...)

Feel hopeless?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN3. (During the past 30 days, how often did you...)

Feel restless or fidgety?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN4. (During the past 30 days, how often did you...)

Feel that everything was an effort?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN5. (During the past 30 days, how often did you...)

Feel so sad nothing could cheer you up?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN6. (During the past 30 days, how often did you...)

Feel worthless?

(Would you say none of the time, a little of the time, some of the time, most of the time, or all of the time?)

1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time

CVN7CKPT. CAI Checkpoint: Whether Any Symptoms CVN1-CVN6 Endorsed

1. Any Item CVN1-CVN6 = Some, Most or All	5. All Others	→ GO TO COVIDCKPT
↓		

CVN7. [\[F1\]-Help](#)

Thinking about the feelings I just asked you about, altogether, did these feelings occur more often in the past 30 days than is usual for you, less often than usual, or about the same as usual?

1. More often than usual 2. Less often than usual 3. About the same as usual DK/RF

↓

GO TO CVN9

CVN8. [\[F1\]-Help](#)

Was it a lot [more / less], somewhat [more / less], or only a little [more / less] often than usual?

1. A lot [more/less] than usual 2. Somewhat [more/less] than usual 3. Only a little [more/less] than usual

CVN9. How much do these feelings usually interfere with your life or activities – a lot, some, a little, or not at all?

1. A lot 2. Some 3. A little 4. Not at all

CDS Children Health, School Attendance, Activities TOC

COVIDCKPT. CAI Checkpoint: Whether Any CDS19 CDS Child Currently Lives with CDS19 PCG or is Institutional

1. One or More CDS Child is Eligible (CHFUFU[]=FU or INST)	5. No Eligible CDS Children → GO TO IWCLOSE
↓ For each Eligible CDS Child	

COVID[1..15] [1..15]=Which CDS Child

General Health

CVA2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Next, I have some questions about [CHFNAME] [CHLNAME].

Would you say [CHFNAME]'s health in general is excellent, very good, good, fair, or poor?

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor
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SDQ Strengths and Difficulties

CVB1CKPT. CAI Checkpoint: Age of Child in CDS19 and Whether Selected for SDQ in CDS19 or 2020

Age 3-18 (PRELOAD.CHILD[.AGE])	5. All Others → GO TO CV1CKPT
1. Selected in CDS19 (PRELOAD.CHILD[.ASKSDQ=Yes])	3. Randomly Selected for 2020 (Up to 2 additional children)
↓	

CVB1B. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months.

[He / She] is restless, overactive, cannot stay still for long.

Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

CVB1C. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[He / She] often complains of headaches, stomach-aches or sickness.

(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

CVB1E. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[He / She] often loses [his/her] temper.

(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

CVB1F. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[He / She] is rather solitary, prefers to play alone [AGE 11-18: than with other youth].

(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)

1. Not true	2. Somewhat true	3. Certainly true
-------------	------------------	-------------------

- CVB1G. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is generally well behaved, usually does what adults request.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1H. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] has many worries or often seems worried.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1K. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is constantly fidgeting or squirming.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1L. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 For the next set of statements, decide whether they are not true, somewhat true, or certainly true according to [CHILD NAME]'s behavior over the last 6 months.
 [He / She] has at least one good friend.
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1M. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] often fights with other children or bullies them.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1N. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is often unhappy, depressed or tearful.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1O. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is generally liked by other [AGE 3-10: children / AGE 11-18: youth].
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1P. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is easily distracted, concentration wanders.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true
- CVB1Q. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is nervous or clingy in new situations, easily loses confidence.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1S1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is often argumentative with adults.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1S2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] often lies or cheats.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1T. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] is picked on or bullied by other [AGE 3-10: children / AGE 11-18: youth].
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1V. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] can [AGE 3-4: stop and] think things out before acting.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1W1CKPT. CAI Checkpoint: Age of Child in CDS19

<input type="checkbox"/> 1. Age 3-4 (PRELOAD.CHILD[.AGE])	<input type="checkbox"/> 5. All Others	→ GO TO CVB1W2CKPT
↓		

CVB1W1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] can be spiteful to others.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1W2CKPT. CAI Checkpoint: Age of Child in CDS19

<input type="checkbox"/> 1. Age 5-18 (PRELOAD.CHILD[.AGE])	<input type="checkbox"/> 5. All Others	→ GO TO CVB1X
↓		

CVB1W2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] steals from home, school or elsewhere.
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1X. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]
 [He / She] gets along better with adults than with other [AGE 3-10: children / AGE 11-18: youth].
 (Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)
 1. Not true 2. Somewhat true 3. Certainly true

CVB1Y. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[He / She] has many fears, easily scared.

(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

CVB1Z. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

[He / She] has a good attention span, sees work through to the end.

(Is that not true, somewhat true, or certainly true according to [CHFNAME]'s behavior over the last 6 months?)

1. Not true 2. Somewhat true 3. Certainly true

School Year 2019-2020: School Closure and Attendance

CV1CKPT. CAI Checkpoint: Child's Grade in CDS19

<input type="checkbox"/> 1. Preschool, Kindergarten or Grade 1-12 (CHGRADE=1-12, 95, 96)	<input type="checkbox"/> 5. All Others → GO TO CV10CKPT
↓	

CV1. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [\[F1\]-Help](#)

Did [CHFNAME]'s school close or shift to online or other remote instruction for at least part of the last school year because of the COVID-19 pandemic?

- If Yes, PROBE: Did the school close with no shift to online or other remote instruction or did the school close and shift to online or other remote instruction?

<input type="checkbox"/> 1. Yes, school closed with no shift to online or other remote instruction	<input type="checkbox"/> 2. Yes, school shifted to online or other remote instruction	<input type="checkbox"/> 5. No	<input type="checkbox"/> 7. Child was home schooled or attended school online already (VOL)	<input type="checkbox"/> DK/RF
GO TO CV9	↓	GO TO CV10CKPT		

CV2. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [\[F1\]-Help](#)

Did [CHFNAME]'s teachers provide online or other remote instruction until the scheduled end of the school year?

1. Yes 5. No

CV3. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

The next questions are about the period when [CHFNAME]'s school closed due to the COVID-19 pandemic until the scheduled end of the school year. Between the time [CHFNAME]'s school closed and the end of the school year, did [CHFNAME] continue to have schoolwork assigned to complete at home?

1. Yes 5. No → GO TO CV9

↓

CV4. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Overall, how many school assignments did [CHFNAME] complete? Would you say none, a few, some, most, or all of the assignments?

1. None 2. A few 3. Some 4. Most 5. All

CV5. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Between the time [CHFNAME]'s school closed and the end of the school year,)

Did [CHFNAME] attend class sessions online through a video conferencing service like Zoom or Google Meet?

1. Yes 5. No → GO TO CV7



CV6. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Overall, how many online class sessions did [CHFNAME] attend? Would you say none, a few, some, most, or all of the class sessions?

1. None 2. A few 3. Some 4. Most 5. All

CV7. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Between the time [CHFNAME]'s school closed and the end of the school year,)

How involved were you or other household members in helping [CHFNAME] with schoolwork? Would you say extremely involved, very involved, somewhat involved, slightly involved, or not at all involved?

1. Extremely involved 2. Very involved 3. Somewhat involved

4. Slightly involved 5. Not at all involved

CV8. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Between the time [CHFNAME]'s school closed and the end of the school year,)

About how many hours each school day did [CHFNAME] spend on learning activities?

- Enter a number from 0 to 24

CV9. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Compared with [CHFNAME]'s learning situation before the COVID-19 pandemic, would you say [CHFNAME]'s learning during the COVID-19 pandemic last school year was much better, a little better, about the same, a little worse, or much worse?

1. Much better 2. A little better 3. About the same 4. A little worse 5. Much worse

Spring 2020: Activities

CV10CKPT. CAI Checkpoint: Child's Grade in CDS19

1. Too Young, Preschool, Kindergarten or Grade 1-6
(CHGRADE=1-12, 95, 96, 97) 5. All Others → GO TO CV11CKPT



CV10. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Last spring, during the COVID-19 pandemic, that is, between March 2020 and May 2020, was [CHFNAME] cared for by someone other than you or anyone else in the household at least part of the time [PRESCHOOL OR K-6: when [CHILD] was not in school]?

1. Yes 5. No

CV11CKPT. CAI Checkpoint: Age of Child in CDS19

<input type="checkbox"/> 1. Age 5-18 (PRELOAD.CHILD[.AGE]) <input type="checkbox"/> 5. All Others → GO TO CV13CKPT
↓

CV11. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020), how often did [CHFNAME] keep in contact with friends?
Would you say much more often, a little more often, about the same, a little less often, or much less often?

<input type="checkbox"/> 1. Much more often	<input type="checkbox"/> 2. A little more often	<input type="checkbox"/> 3. About the same	<input type="checkbox"/> 4. A little less often	<input type="checkbox"/> 5. Much less often
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CV12. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),)
How often did [CHFNAME] keep in contact with family living outside the household?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)

<input type="checkbox"/> 1. Much more often	<input type="checkbox"/> 2. A little more often	<input type="checkbox"/> 3. About the same	<input type="checkbox"/> 4. A little less often	<input type="checkbox"/> 5. Much less often
---	---	--	---	---

CV13CKPT. CAI Checkpoint: Age of Child in CDS19

<input type="checkbox"/> 1. Age 2-18 (PRELOAD.CHILD[.AGE]) <input type="checkbox"/> 5. All Others → GO TO CV14CKPT
↓

CV13. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),)
How often did [CHFNAME] watch TV or digital media?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)

<input type="checkbox"/> 1. Much more often	<input type="checkbox"/> 2. A little more often	<input type="checkbox"/> 3. About the same	<input type="checkbox"/> 4. A little less often	<input type="checkbox"/> 5. Much less often
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CV14CKPT. CAI Checkpoint: Age of Child in CDS19

<input type="checkbox"/> 1. Age 5-18 (PRELOAD.CHILD[.AGE]) <input type="checkbox"/> 5. All Others → GO TO CV15CKPT
↓

CV14. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),)
How often did [CHFNAME] play video games?
(Would you say much more often, a little more often, about the same, a little less often, or much less often?)

<input type="checkbox"/> 1. Much more often	<input type="checkbox"/> 2. A little more often	<input type="checkbox"/> 3. About the same	<input type="checkbox"/> 4. A little less often	<input type="checkbox"/> 5. Much less often
---	---	--	---	---

CV15CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 9-18 (PRELOAD.CHILD[.AGE])	5. All Others	→ GO TO CV16CKPT
↓		

CV15. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020),)

How often did [CHFNAME] use social media sites (like TikTok, Instagram, or YouTube)?

(Would you say much more often, a little more often, about the same, a little less often, or much less often?)

1. Much more often	2. A little more often	3. About the same	4. A little less often	5. Much less often
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CV16CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 5-18 (PRELOAD.CHILD[.AGE])	5. All Others	→ GO TO CV17CKPT
↓		

CV16. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

In the spring, during the COVID-19 pandemic (that is, between March 2020 and May 2020), did the quality of the relationships between [CHFNAME] and members of [his / her] family become a lot worse, become a little worse, stay about the same, become a little better, or become a lot better?

1. Became a lot worse	2. Became a little worse	3. Stayed about the same
4. Became a little better	5. Became a lot better	

Summer 2020: Activities

CV17CKPT. CAI Checkpoint: Child's Grade in CDS19

1. Too Young, Preschool, Kindergarten or Grade 1-6 (CHGRADE=1-12, 95, 96, 97)	5. All Others	→ GO TO CV18CKPT
↓		

CV17. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

The next questions are about last summer, the period between June 2020 and August 2020. Last summer (between June and August 2020), was [CHFNAME] cared for by someone other than you or anyone else in the household at least part of the time?

1. Yes	5. No
--------	-------

CV18CKPT. CAI Checkpoint: Child's Grade in CDS19

1. Kindergarten or Grade 1-12 (CHGRADE=1-12, 95)	5. All Others	→ GO TO CV23CKPT
↓		

CV18. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Last summer between June 2020 and August 2020, did [CHFNAME] attend an academic summer school program, either in person or online?

1. Yes 5. No

CV19. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

(Last summer between June 2020 and August 2020,)

Did [CHFNAME] go away on an overnight trip?

1. Yes 5. No

CV20. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Last summer between June 2020 and August 2020,)

Did [CHFNAME] attend a day camp, either in person or online?

1. Yes 5. No

CV21. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

(Last summer between June 2020 and August 2020,)

Was [CHFNAME] active as a member of any athletic or sports teams?

1. Yes 5. No

CV22. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

(Last summer between June 2020 and August 2020,)

Did [CHFNAME] take regular lessons such as music, dance, or drama, either in person or online?

1. Yes 5. No

CV23CKPT. CAI Checkpoint: Age of Child in CDS19

1. Age 12-18 (PRELOAD.CHILD[.AGE])	5. All Others	→ GO TO CV24CKPT
↓		

CV23. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY] [F1]-Help

(Last summer between June 2020 and August 2020,)

Did [CHFNAME] have a regularly paying job?

1. Yes 5. No

School Year 2020-2021: Attendance

CV24CKPT. CAI Checkpoint: Child’s Grade in CDS19

1. Preschool, Kindergarten or Grade 1-12 (CHGRADE=1-12, 95, 96)	5. All Others	→ GO TO COVID END RULE
↓		

CV24. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

What grade is [CHFNAME] currently enrolled in at school?

1. Grade 1	2. Grade 2			
3. Grade 3	4. Grade 4			
5. Grade 5	6. Grade 6			
7. Grade 7	8. Grade 8			
9. Grade 9	10. Grade 10			
11. Grade 11	12. Grade 12	13. Graduated high school; GED; not currently enrolled in postsecondary school		
	14. College	15. Dropped out; has not earned GED		
	95. Kindergarten	96. Pre-kindergarten; nursery school	97. Not old enough for school	DK/RF
↓		GO TO COVID END RULE		

CV25. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Is [CHFNAME] currently attending class at school or college in person at least part of the time?

1. Yes	5. No	7. Child is home schooled or attends an online school (VOL)	DK/RF
↓		GO TO COVID END RULE	

CV26. [CHFNAME] [CHLNAME], Birthday: [MM/DD/YYYY]

Since the start of the current school year (in August or September 2020), did [CHFNAME]’s school ever close or shift to online learning due to COVID-19?

- If “Yes”, PROBE: Did the school close with no instructional activity, did it shift to online or remote learning, or was there a mix of online and in-person attendance?

1. Yes, closed with no instructional activity
2. Yes, closed and shifted to online or remote learning
3. Yes, with a mix of online and in-person attendance
5. No, school has remained open

COVID END Rule: Whether There are More Eligible CDS Children

More Eligible CDS Children	→ REPEAT COVID.CVA2-CV26	No More Eligible CDS Children
↓		

End COVID

Interview Close

TOC

IWCLOSE. Thank you, this concludes this portion of the interview. Next, I just need to verify some information that will help us contact you in the future.

- ENTER [1] to continue

1. Continue

IWLANG. Interviewer checkpoint:

Indicate language(s) used to conduct this section of the interview

- ENTER all that apply

1. English

2. Spanish

3. Language other than English or Spanish

Address Updates and Payment

TOC

CVRPAY

WTRPREPAID. Whether interview was prepaid

Assigned to COVID19.WTRPREPAIDLOAD

1. Interview was prepaid 5. Interview was not prepaid

AMTPREPAID. Prepayment Amount

Assigned to COVID19.AMTPREPAIDLOAD

0.00 – 999.00

PAYMENT. Standard Payment Amount

Assigned to COVID19.PAYMENTLOAD

0.00 – 999.00

RPSEC_START. [Interviewer checkpoint:](#)

[Start of RPay Block](#)

- [ENTER \[1\] to continue](#)

1. Continue

RPSTART. Start Date of Section (assigned)

MM/DD/YYYY

Mailing Address, Phones, Emails

RP2A. [\[F1\]-Help](#)

[*NOT PREPAID*: Before we go on to the next part of the interview, I'd like to make sure we have contact information for you so that we can send you a check for \$[PAYMENT] in appreciation of your help. In order for the University of Michigan to send you a check or other correspondence, I must make sure that I have your correct name and address. / *PREPAID*: [This interview was PREPAID](#). In order for the University to keep in touch with you, I must make sure that I have your correct contact information.]

- [VERIFY/UPDATE R's mailing address](#)
- [ENTER \[1\] to continue](#)

1. Continue

CVRPAY.RMAILADDR

ADDRTYPE. Which Address (assigned)

2. RMailAddr

TITLE. [Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"](#)

- [If no title, PRESS \[Enter\] to continue](#)
- [Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS \[Enter\] to continue](#)
- [VERIFY Title of Respondent: \[PCG NAME\] \(\[RTH\]\)](#)

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY First Name of Respondent: [PCG NAME] ([RTH])

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Middle Name of Respondent: [PCG NAME] ([RTH])

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]
- VERIFY Last Name of Respondent: [PCG NAME] ([RTH])

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue
- VERIFY Suffix of Respondent: [PCG NAME] ([RTH])

String 20

INCO. [F1]-Help

In Care Of

Now for your complete mailing address, as you would like it to appear on all correspondence from us. First, is there an "in care of" for your address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RMAILADDR

CVRPAY.RPHONE

ADDRTYPE. Which Address (assigned)

2. RMailAddr

WTRCELL. Do you have a cell phone?

- Do NOT ask but ENTER [1] if you know R is using a cell phone
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Do you a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO RP2G

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

[ENTER] (____)____-____ → GO TO RP2G

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

String 20

End RPHONE

CVRPAY.RP2G_H

RP2G. Is there an email address where we can contact you?

1. Yes 5. No → GO TO RP3A



RP2H. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

RP2I. Is there another email address where we can contact you?

1. Yes 5. No → GO TO RP3A



RP2J. (What is that e-mail address?)

- ENTER email address, then READ BACK and VERIFY with Respondent
- Ctrl-D and Ctrl-R not allowed; For DK/RF go back and ENTER [Ctrl-D, Ctrl-R] at previous question

End RP2G_HPhysical/Street Address

RP3A. [F1]-Help

Is your street address where you actually live different from your mailing address?

- STREET ADDRESS is the address where R ACTUALLY LIVES, which is sometimes different from R's mailing address
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]
- If R cannot report the full street address, ENTER [5]

1. Yes 5. No → GO TO RP4PPCKPT

**CVRPAY.RP3B**

INCO. [F1]-Help

In Care Of

Please tell me that address.

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

ADDR1. Address 1

- DO NOT enter PO Box here, since we are asking for a street address...GO BACK to R's mailing address to enter PO Box
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

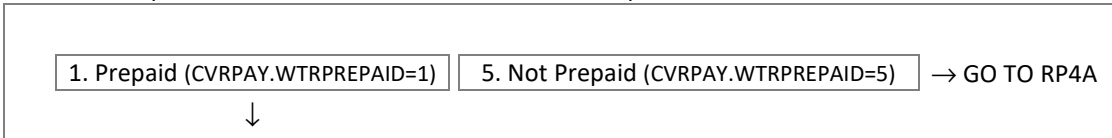
- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP3B

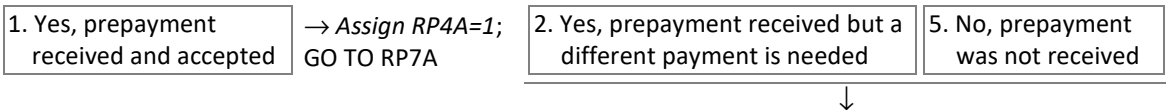
Prepayment/Who Receives Payment/Other Payee

RP4PPCKPT. CAI Checkpoint: Whether Interview Incentive Was Prepaid



RP4PP. Interviewer Checkpoint

- This interview was prepaid \$[CVRPAY.AMTPREPAID] - was the prepayment received? ASK R if needed.
 - The standard payment amount for this interview is \$[CVRPAY.PAYMENT]
 - Non-standard payment amounts can be \$[CVRPAY.PAYMENT] to \$[PAYMENT*2]
 - Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENT*2]
- Ctrl-D and Ctrl-R not allowed; For DK/RF, ENTER [1]



RP4A. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \${CVRPAY.AMTPREPAID} but R reported the prepayment was not received or a different/additional payment is needed.]

You may accept the [NOT PREPAID: \${CVRPAY.PAYMENT} / PREPAID: payment] or have it sent to someone else of your choosing. Which would you prefer?

- [AGE 8-11: Confirm with R or PCG whether Child or someone else should receive incentive]
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [1]

1. Respondent accepts \${CVRPAY.PAYMENT}	3. Other person should receive \${CVRPAY.PAYMENT}	4. Payment declined (Vol) GO TO RP7A
GO TO RP7A	↓	

CVRPAY.RP4B

ADDRTYPE. Which Address (assigned)

3. Other Payee

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Who would you like to receive the check? To what address should we send the check?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP4B

CVRPAY.OPPHONE

ADDRTYPE. Which Address (assigned)

3. Other Payee

WTRCELL. Does [RP4B.NAMF] [RP4B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

1. Yes 5. No → GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

[ENTER] (____)____-____ → GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

String 20

WTRHOME. Does [RP4B.NAMF] [RP4B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP5A



HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP7A



HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End OPPHONE

Payment

RP7A. Interviewer Checkpoint

- Did Respondent use a cell phone to complete this interview?
- If this IW was conducted FTF, ENTER [5]

→ GO TO RP9ACKPT



RP7B. Interviewer Checkpoint

- Was a cell phone payment offered by you or anyone else?

RP9ACKPT. CAI Checkpoint: Whether Payment Accepted or Declined

Not Prepaid (CVRPAY.WTRPREPAID=5)		Prepaid (CVRPAY.WTRPREPAID=1)		
1. Accepted (RP4A=1-3)	2. Declined (RP4A=4)	3. Prepay OK (RP4PP=1)	4. Prepay Not OK: Accepted (RP4PP=2, 5 & RP4A=1-3)	5. Prepay Not OK: Declined (RP4PP=2, 5 & RP4A=4)
↓	GO TO RP8	GO TO RP8	↓	GO TO RP8

RP9A. [F1]-Help

Interviewer Checkpoint

[NOT PREPAID: Tell us the type of Respondent payment to make

- The standard payment amount for this interview is \$[CVRPAY.PAYMENT]
- Non-standard payment amounts can be \$[CVRPAY.PAYMENT] to \$[PAYMENTx2]
- ENTER [1, 7] or [2, 7] to record a cell phone payment and/or temporary mailing address in addition to a standard check/money order
- Ctrl-D and Ctrl-R not allowed

/ PREPAID: IWER: This interview was PREPAID \$[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed

- The standard payment amount for this interview is \$[CVRPAY.PAYMENT]
- Non-standard payment amounts can be \$[CVRPAY.PAYMENT] to \$[PAYMENTx2]
- Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]
- ENTER [5] if a cash payment was made or ENTER [7] to request a check payment or special handling
- Ctrl-D and Ctrl-R not allowed]

NOT PREPAID: 1. Pay by check in standard amount of \$[CVRPAY.PAYMENT]	Exclusive of 2, 5
NOT PREPAID: 2. Pay by money order in standard amount of \$[CVRPAY.PAYMENT]	Exclusive of 1, 5
5. Cash payment made	Exclusive of 1, 2, 7
7. Special handling: [NOT PREPAID: Non-standard payment / PREPAID: Payment] amount, cell phone payment, temporary address	Exclusive of 5

SIGNAL for RP9A=Money Order: You have selected money order as method of payment. READ TO R: A money order would delay payment by 1-2 weeks, and if it is lost cannot be replaced for 6-8 weeks. Is that okay or should we issue a check instead? Change your selection to [1. Check] if necessary.

SIGNAL for RP7B=Yes & RP9A=Check, Money Order & RP9A<>Special Handling: Interview was completed using cell phone and CELL PHONE PAYMENT HAS BEEN OFFERED. Standard payments by check or money order: ENTER [7] in addition to [1] or [2]. Non-standard payment amounts: ENTER [7]. Cash payments: a separate screen will automatically ask for cell phone payment amount.

RP9B Rule. Type of Payment Selected

Check or Money Order Only (RP9A=1, 2)	Cash (RP9A=5)	Special Handling (RP9A=(1, 2) & 7)
GO TO RP8	↓	GO TO RP9D

Cash Payment

RP9B. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

When did you make the [PREPAID: different /additional] cash payment?

- ENTER MM/DD/[CYEAR/CYEARPLUS1], with or without slashes
- Ctrl-D and Ctrl-R not allowed

__/__/____

RP9C. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much was the Respondent payment for this interview?

- The standard payment amount for this interview is \$[CVRPAY.PAYMENT]
- Non-standard payment amounts can be \$[CVRPAY.PAYMENT] to \$[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is \$40.00
- DO NOT INCLUDE amount for cell phone payment here - record this separately at the next screen
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[NOT PREPAID: \$[CVRPAY.PAYMENT] – [PAYMENTx2]
/ PREPAID: \$1.00 – [PAYMENTx2]]

Launch cash receipt: EDU form CDS19_PCGIwCPR_190829.rtf

RP9C2. How much, if any, was the cash Respondent payment for cell phone use?

- ENTER either \$0.00 or \$10.00
- Standard payment for cell phone use is \$10.00
- Ctrl-D and Ctrl-R not allowed

\$ 0.00; 10.00

SIGNAL for RP7B=Yes & RP9C2=0: Interview was completed using cell phone and cell phone payment has been offered. [Cash payments](#): [Record] amount paid.

GO TO RP8

Special Handling

RP9D. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

Please indicate the type(s) of [NOT PREPAID: special / PREPAID: payment/special] handling needed.

- ENTER all that apply
- Ctrl-D and Ctrl-R not allowed

NOT PREPAID & RP9A<>CHECK, MO: 1. Non-standard IW payment–check

2. Temporary mailing address 3. Cell phone use payment, \$10

PREPAID: 4. Additional or new payment–check

7. Other-specify (RP9DSPEC. Please specify other special handling needed. But, go back to temporary address to record address where payment should be sent. (String 500))

SIGNAL for RP7B=Yes & RP9D<>Cell Payment: INTERVIEW WAS COMPLETED USING CELL PHONE and CELL PHONE PAYMENT HAS BEEN OFFERED. [Standard and non-standard payments](#): ENTER [3] to select cell phone payment.

RP9DAMT Rule. Type of Special Handling

Non-Standard Payment Amount; Additional/ New Payment Needed (RP9D=1, 4, 5)	All Others	→ GO TO RP9DADDR RULE
↓		

Special Handling - Non-Standard Amount or Additional/New Payment

RP9DAMT. [F1]-Help

[PREPAID: IWER: This interview was PREPAID \$[CVRPAY.AMTPREPAID] but R reported the prepayment was not received or a different/additional payment is needed]

How much is the Respondent payment for this interview?

- The standard payment amount for this interview is \$[CVRPAY.PAYMENT]
- Non-standard payment amounts can be \$[CVRPAY.PAYMENT] to \$[PAYMENTx2]
- The maximum amount for the child care OR meal reimbursement payment is \$40.00
- DO NOT INCLUDE amount for cell phone payment here - a separate check must be issued for cell phone payment. Go back to RP9d and select "3 - Cell phone payment"
- [PREPAID: Other payment amounts (e.g., in addition to prepaid amount) can be \$1.00 to \$[PAYMENTx2]]
- Ctrl-D and Ctrl-R not allowed

[NOT PREPAID: \$[CVRPAY.PAYMENT] – [PAYMENTx2] / PREPAID: \$1.00 – [PAYMENTx2]]
--

RP9DADDR Rule. Whether Temporary Mailing Address Selected

Temp Address (RP9D=2)	All Others	→ GO TO RP8
↓		

Special Handling - Temporary Mailing Address**CVRPAY.RP9DADDR**

ADDRTYPE. Which Address (assigned)

8. Temporary Mailing

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

What is that name and address?

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr"

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

Is there an "in care of" for this address?

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

End RP9DADDR

CHECK for no payment selected (RP4A<>Declined & RP9A<>Check, MO, Cash & RP9D<>Non-standard, Additional/New Payment): You must select an interview payment type at RP9A or RP9D.

Thank You & Components Intro

RP8. As part of our quality control procedures, another interviewer from The University of Michigan may call you back to ask a few questions about this interview and to answer any questions you may have about the interview process.

[CURRCDSKIDS<>0: Due to the COVID19 pandemic, we suspended in home activities. Although we have not resumed in-person contact, we would like you to be able to participate in these important parts of the study.

Time Diaries

- Ask the PCG to find the Time Diaries that were mailed to (him/her) for each Child.
- Explain day of week and target dates. Answer any questions the PCG has.
- If PCG offers no resistance, negotiate target dates for the Time Diaries.
- Go to Time Diary Block for Children Age 0-17.
- If Time Diary pre-contact mailing with Time Diaries and Phys measure equipment have not been received, confirm address and request additional pre-contact mailing.

School & Birth Record Linkage Forms

You will receive consent forms to link to School and Birth Records for you and your children.

- Go to Linkage Block for PCG & Children Age 0-17.
- If PCG refuses for self, open PCG's detail link and enter (5) PCG linkage refused.
- If PCG refuses for a specific child, open Child's detail link and enter (5) PCG Refuses Birth (or School) Record Linkage for this Child.
- If PCG refuses all linkage consents for all children, SELECT the first child listed w/ "Birth Record and School Linkages", and then ENTER (6) at both the School Linkage and CHBirthLink screens.
- Age of Majority - will we not present to AOM child directly, but will let PCG give them the Linkage forms]
- ENTER [1] to continue

Locator 1

RP10A. [F1]-Help

Interviewer Checkpoint

- Did you or any other interviewer offer a Locator Fee to get this interview?

→ GO TO RP12



CVRPAY.RP10B

ADDRTYPE. Which Address (assigned)

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Enter name and mailing address for Locator #1

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- IF R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- IF R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

SIGNAL for Locator 1: IWER: Make sure that Helper/Locator's name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP10B

CVRPAY.L1PHONE

ADDRTYPE. Which Address; Assigned

WTRCELL. Does [RP10B.NAMF] [RP10B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO WTRHOME

↓

CELLPH. Cell Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

→ GO TO WTRHOME

↓

CELLFOR. Cell Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

WTRHOME. Does [RP10B.NAMF] [RP10B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP10GG

↓

HOMEPH. Home Phone - Area Code and Telephone Number

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP10GG

↓

HOMEFOR. Home Phone - Foreign Number

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End L1PHONE

RP10G. [\[F1\]-Help](#)

What is (his/her) relationship to Respondent?

1. Mother	2. Father	3. Son	4. Daughter	5. Sister	6. Brother
7. Aunt	8. Uncle	9. Grandmother	10. Grandfather	11. Friend	12. Father-in-law
13. Mother-in-law	14. Cousin	97. Other-Specify (RP10GSPEC. Specify. (String 50))			

RP10H. [\[F1\]-Help](#)

How much did you offer Locator #1?

10. Ten dollars (\$10)	15. Fifteen dollars (\$15)	20. Twenty dollars (\$20) - with TL approval
------------------------	----------------------------	--

RP10I. [\[F1\]-Help](#)

Can Locator #1 be paid by check or did (he/she) request a money order?

1. Check	2. Money Order	3. Cash	4. Declined Payment	DK/RF
GO TO RP11A		↓	GO TO RP11A	

RP10J. When was Locator #1 paid?

- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

__ / __ / [CYEAR/CYEAR+1]

Locator 2RP11A. [\[F1\]-Help](#)

Interviewer Checkpoint

- Was there a second Locator Fee offered for this interview?

1. Yes	5. No	→ GO TO RPEND
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↓

CVRPAY.RP11B

ADDRTYPE. Which Address; Assigned

7. Locator 2

TITLE. Title -- e.g. "Mr", "Mrs", "Ms", "Miss", "Dr"

Enter name and mailing address for Locator #2

- If no title, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 6

NAMF. First Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

NAMM. Middle Name

- Ask for Middle Name but do not probe DK or RF
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

NAML. Last Name

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 20

SUFFIX. Suffix -- e.g. "Sr", "Jr

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 20

INCO. [F1]-Help

In Care Of

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

ADDR1. Address 1

- If R says the mailing address contains both a street address and PO Box: ENTER street address here (Address 1) and ENTER PO Box in Address 2
- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

APTSTE. Apt/Suite

- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 10

ADDR2. Address 2

- If R says the mailing address contains both a street address and PO Box: ENTER PO Box here (Address 2)
- If none, PRESS [Enter] to continue
- Ctrl-D and Ctrl-R not allowed; For DK/RF, PRESS [Enter] to continue

String 40

CITY. City

- Ctrl-D and Ctrl-R not allowed; For DK/RF type [DK] or [RF]

String 40

STATE. State

- Start typing the name of the State to bring up the look-up list
- If foreign country, ENTER [FOR] to select "Foreign Country"

String 30

ZIP. Zip Code

- If foreign country, ENTER all [0]'s
- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER all [0]'s

String 10

COUNTRY (STATE=Foreign Country). Country

- Start typing the name of the Foreign Country to bring up the look-up list

String 30

SIGNAL for Locator 2: IWER: Make sure that Helper/Locator's name and address are complete. Payments will NOT be made to incomplete names or addresses. If any field is Missing/DK/RF, SUSPEND the interview until you have the correct information.

End RP11B

CVRPAY.L2PHONE

ADDRTYPE. Which Address; Assigned

WTRCELL. Does [RP11B.NAMF] [RP11B.NAML] have a cell phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO WTRHOME

↓

CELLPH. [Cell Phone - Area Code and Telephone Number](#)

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

→ GO TO WTRHOME

↓

CELLFOR. [Cell Phone - Foreign Number](#)

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrCell

WTRHOME. Does [RP11B.NAMF] [RP11B.NAML] have a home phone?

- Ctrl-D and Ctrl-R not allowed; For DK/RF ENTER [5]

→ GO TO RP11G

↓

HOMEPH. [Home Phone - Area Code and Telephone Number](#)

What is the area code and phone number?

- If foreign phone, PRESS [ENTER] to go to foreign phone field
- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

→ GO TO RP11G

↓

HOMEFOR. [Home Phone - Foreign Number](#)

(What is the area code and phone number?)

- Ctrl-D and Ctrl-R not allowed; For DK/RF, GO BACK and ENTER [5] at WtrHome

End L2PHONE

RP11G. [\[F1\]-Help](#)

What is (his/her) relationship to Respondent?

<input type="text" value="1. Mother"/>	<input type="text" value="2. Father"/>	<input type="text" value="3. Son"/>	<input type="text" value="4. Daughter"/>	<input type="text" value="5. Sister"/>	<input type="text" value="6. Brother"/>
<input type="text" value="7. Aunt"/>	<input type="text" value="8. Uncle"/>	<input type="text" value="9. Grandmother"/>	<input type="text" value="10. Grandfather"/>	<input type="text" value="11. Friend"/>	<input type="text" value="12. Father-in-law"/>
<input type="text" value="13. Mother-in-law"/>	<input type="text" value="14. Cousin"/>	<input type="text" value="97. Other-Specify (RP11GSPEC. Specify. (String 50))"/>			

RP11H. [\[F1\]-Help](#)

How much did you offer Locator #2?

<input type="text" value="10. Ten dollars (\$10)"/>	<input type="text" value="15. Fifteen dollars (\$15)"/>	<input type="text" value="20. Twenty dollars (\$20) - with TL approval"/>
---	---	---

RP11I. [F1]-Help

Can Locator #2 be paid by check or did (he/she) request a money order?

1. Check	2. Money Order	3. Cash	4. Declined payment	DK/RF
GO TO RPEND		↓	GO TO RPEND	

RP11J. When was Locator #2 paid?

- ENTER MM/DD/[CYEAR/CYEAR+1], with or without slashes

__ / __ / [CYEAR/CYEAR+1]

RPEND. End Date of Section (assigned)

MM/DD/YYYY

RPSEC_END. You have reached the end of the Rpay section.

- Enter [1] to continue

1. Continue	→ GO TO IW_END
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IWPAYWHO. Who Receives Interview Payment (assigned)

1. PCG / R	2. Other payee	3. Declined	4. Prepaid
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IWPAYAMT. Amount of Interview Payment (assigned)

0.00	RP4PP=1 (CVRPAY.WTRPREPAID=1); RP4A=4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
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[CVRPAY.PAYMENT] (+10.00)	RP9A=1, 2 (CVRPAY.WTRPREPAID=5)
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[RP9C] (+[RP9C2])	RP9A=5 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
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[RP9DAMT] (+10.00)	RP9A=7 & RP9D=1, 4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
--------------------	--

IWPAYMODE. Mode of Interview Payment (assigned)

1. Check	RP9A=1 OR RP9D=1, 4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
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2. Money order	RP9A=2 (CVRPAY.WTRPREPAID=5)
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4. Declined	RP4A=4 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
-------------	--

5. Cash	RP9A=5 (CVRPAY.WTRPREPAID=1 & RP4PP=2, 5; or, CVRPAY.WTRPREPAID=5)
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7. Prepaid	RP4PP=1 (CVRPAY.WTRPREPAID=1)
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End RPAY

Interview End

TOC

IW_END. End Date of Interview (assigned)

SEC_END. Interviewer checkpoint:

You have reached the end of the COVID-19 interview.

Next, go to the Measurement block.

- ENTER [1] to continue

→ RETURN TO BLOCKSTATUSOVERALL

End COVID19

COVID19PARALLELSTATUS. Status of Parallel Block "Fall 2020 COVID-19 Interview"

<input type="text" value="3. Not Started"/>	<i>Interview not started</i>
<input type="text" value="4. Started"/>	<i>Interview in progress</i>
<input type="text" value="9. Unable to Administer"/>	<i>RECORDIW_CONSENT=2 or VOLSTMT=2</i>
<input type="text" value="15. Done"/>	<i>Interview complete</i>
<input type="text" value="17. Refused"/>	<i>VOLSTMT=5</i>