

Child-Parent Center (CPC) Program Evaluation Parent Interview

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Notes for Reading the Parent Interview

- This interview is in Computer Assisted Telephone Interview (CATI) format.
- In CATI, words in capital letters are not read aloud; they are included only for the interviewer's use.
- Where [CHILD] is written, the computer program will insert the first name of the child whose parent/guardian is being interviewed.
- The interview contains a few skip patterns based on parent/guardian responses, but most questions are asked of every respondent.

Section S: SCREENING & INTRODUCTION

INSTRUCTIONS TO INTERVIEWER:

- SPEAK SLOWLY AND CLEARLY.
- IF THE RESPONDENT HESITATES BEFORE ANSWERING A QUESTION, CONSIDER THE POSSIBILITY THAT HE/SHE HAD DIFFICULTY UNDERSTANDING THE QUESTION OR SOME PART OF THE QUESTION. VOLUNTEER TO REPEAT THE QUESTION, SAYING: "I'd be happy to repeat the question if you like. Would you like me to repeat it?"
- IF THE RESPONDENT STILL SEEMS HESITANT, SAY, "Can I help make something a little more clear?"
- READ ALL RESPONSE OPTIONS EXCEPT "DON'T KNOW" OR "REFUSED," OR WHEN QUESTION SPECIFICALLY STATES "DO NOT READ LIST"

TERMINATION SCRIPT A: Thank you very much for your time.

RECORD REASON FOR TERMINATION AND ANY PARTICIPANT COMMENTS.

IF LANGUAGE BARRIER AND IF THE INTERVIEWER CAN IDENTIFY THE LANGUAGE SPOKEN IN THE HOME, FLAG TO RETURN CALL IN CORRECT LANGUAGE.

Intro:

Hello, I'd like to speak with [PARENT].

[INTERVIEWER NOTE: IF [PARENT] IS NOT HOME, LEAVE A MESSAGE AND SCHEDULE A CALLBACK. OTHERWISE, CONTINUE.]

TERMINATION SCRIPT B: IF [PARENT/GUARDIAN WHO KNOWS THE MOST ABOUT CHILD] IS NOT HOME, ASK: When would be a good day/time to reach [PARENT]?

Hello [PARENT], **we are calling on behalf of the Midwest CPC Expansion Project**. We have been asked to speak to parents of children who attend [SCHOOL NAME]. I'm calling because your child/children, [CHILD]/[CHILDREN] attends/attend [SCHOOL NAME]'s preschool program and you signed a form agreeing to participate in an interview over the phone.

This will take approximately 30 minutes, depending on your answers. We will send you a \$20 gift card as a token of our appreciation.

This call may be monitored for quality control purposes.

Is this a good time? Great! Let's get started.

[INTERVIEWER NOTE: IF NOT A GOOD TIME ASK: When would be a good time for me to call you back?]

Intro for alternate contacts:

Hello, **we are calling on behalf of the Midwest CPC Expansion Project**. We are trying to reach [PARENT] and [PARENT] gave your name and phone number as a way for us to reach him/her. We have been asked to speak to the parent of [CHILD] because he/she attended [SCHOOL NAME]. [PARENT] signed a form agreeing to participate in an interview over the phone, but the phone number is not working, or we've been unable to reach the family using their phone number(s). Do you know the best way to reach [PARENT]? You can feel free to inform them that, to thank them for their time, they will receive a \$20 gift card. Thank you for your time and assistance with this important study

S1. Are you the parent/guardian (or adult) in this household who knows the most about [CHILD]? (RECORD ONLY ONE RESPONSE.)

GO TO S2	1 Yes
GO TO TERMINATION	2 No
SCRIPT B:	98 DK
	99 Refused

****Author Note: Ask S2 if S1=1, otherwise skip to L1.****

S2. What is your relationship to [CHILD]? (DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)

1 Biological mother
2 Biological father
3 Adoptive mother
4 Adoptive father
5 Foster parent – Female
6 Foster parent – Male
7 Step-parent – Female
8 Step-parent – Male
9 Other female relative guardian (e.g., aunt, grandma, female cousin)
10 Other male relative guardian (e.g., uncle, grandpa, male cousin)
11 Other female non-relative guardian
12 Other male non-relative guardian
(DO NOT READ)
98 DK
98 Refused, but respondent is female
99 Refused, but respondent is male

Section L: LANGUAGE

NHES 99 PA6, KEP (modified)

L1. What language do [CHILD]'s family members speak most often to him/her at home? (DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)

[INTERVIEWER NOTE: If respondent mentions two or more languages, probe to find out if family members speak them EQUALLY to the child or if one is spoken most often and code accordingly.]

1 Arabic
2 Cambodian (Khmer)
3 Cantonese
4 English
5 Filipino Language (Tagalog)
6 Hmong
7 Karen
8 Korean
9 Mandarin
10 Russian
11 Somali
12 Spanish
13 Vietnamese
14 Other (Please specify language)
15 English and Spanish EQUALLY
16 English and other specified language EQUALLY (Please specify one other language)
17 Multiple other specified languages EQUALLY (Please specify two other languages)
98 DK
99 Refused

L1.a Is this the same language that [CHILD 2] speaks?/Is this the same language that [CHILD 2] and [CHILD 3] speak?
(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)

GO TO SECTION H	1 Yes
SKIP TO L1	2 No
	98 DK
	99 Refused

Section H: HOME ACTIVITIES

Transition Screen: Next, I'd like to ask you some questions about your home and how you and [CHILD] spend time together at home.

HOME SF #2 LM

H1. About how many children's books does [CHILD] have of his/her own? **(INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine.") (RECORD BOOKS. NO RANGES.)**

books _____
998 DK
999 Refused

ECLS-B preschool parent interview (modified)

H2. On average, about how many hours of television does [CHILD] watch at home, per day? **(INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine.") (RECORD HOURS. IF RESPONDENT GIVES HALF HOUR INCREMENTS RECORD AS .5. NO RANGES.)**

hours _____
98 DK
99 Refused

Section CH: CHILD HEALTH, DISABILITY AND DEVELOPMENTAL DELAY

Transition Screen: Now, I want to ask about [CHILD's] health and development.

Healthy Start (modified)

CH1. Does [CHILD] have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medicare or **(INTERVIEWER NOTE: IN MINNESOTA: Minnesota Care or Medical Assistance; IN ILLINOIS: I-CHIP (Illinois Comprehensive Health Insurance Plan) or All Kids], or through something else? (RECORD ONLY ONE RESPONSE.)**

GO TO CH1A	1 Yes
SKIP TO CH2	2 No
	98 DK
	99 Refused

****Author Note: Ask CH1a if CH1=1, otherwise skip to CH2.**

Healthy Start (modified)

CH1a. What is the name of [CHILD]'s insurance plan? **(READ IF NECESSARY. RECORD ONLY ONE RESPONSE.)**

1 Minnesota Care or Medical Assistance; I-CHIP [Illinois Comprehensive Health Insurance Plan] or All Kids
2 Private insurer / HMO
3 Other (PLEASE SPECIFY _____)
(DO NOT READ)
98 DK
99 Refused

NHIS CAU.020 (Modified), KEP

CH2. Is there a place, other than an emergency room, where [CHILD] **usually** goes when [he/she] is sick or you need advice about [his/her] health? **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

1 Yes
2 No
98 DK
99 Refused

NSECH A1Q04 (G4), Modified to match PEDS

CH3. Is there a doctor or other healthcare provider that you **usually** take [CHILD] to for well-child care? **[INTERVIEWER NOTE: IF NEEDED SAY: "A healthcare provider is a doctor, nurse, nurse practitioner, physician assistant, or another person who sees [CHILD] for health care." PROBE: THIS SHOULD BE A PERSON, NOT A PLACE.] (DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

1 Yes
2 No
98 DK
99 Refused

NHIS, ECLS-K, FACES (K), K6, KEP C6

CH4. Overall, would you say [CHILD]'s health is **(READ ITEM)**...? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
(DO NOT READ)
98 DK
99 Refused

CH5. In the past year, did [CHILD] have an illness or health condition that limited HIS/HER ability to do the same activities as other children HIS/HER age? **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

GO TO CH5a	1 Yes
SKIP TO CH6	2 No
	98 DK
	99 Refused

CH5a. What is [CHILD]'s illness or health condition? **(RECORD ILLNESS/HEALTH CONDITION.)**

RECORD ILLNESS OR CONDITION _____
(DO NOT READ)
98 DK
99 Refused

CH6. Has a doctor or other health professional ever told you that [CHILD] was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age. **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

[INTERVIEWER NOTE: IF THE RESPONDENT DOES NOT SEEM TO UNDERSTAND THE QUESTION SAY: "Usually if a child has a problem like this, the doctor will tell you that. If you haven't heard anything like that from your doctor, let's just go on to the next question."]

[INTERVIEWER NOTE: IF RESPONDENT SAYS CHILD HAS A SPEECH DELAY OR SPEECH DIFFICULTIES OR PROBLEMS, CODE AS YES.]

1 Yes
2 No
98 DK
99 Refused

CH7. How much did [CHILD] weigh when [he/she] was born? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD WEIGHT IN POUNDS & OUNCES OR KILOS & GRAMS. NO RANGES.)**

SKIP TO CH8	Lb. ____ Oz _____
	OR
	Kg _____ gr _____
	(DO NOT READ)
GO TO CH7a	98 DK
	99 Refused

****Author Note: Ask CH7a if CH7=DK or Refused, otherwise skip to CH8.****

CH7a. Did [CHILD] weigh 5lbs 8oz or less at birth? **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

1 Yes
2 No
98 DK
99 Refused

National Survey of Children's Health 2011 (cdc.gov)

CH8. About how much does [CHILD] weigh now? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD WEIGHT IN POUNDS OR KILOS. NO RANGES.)**

Lb. _____
OR
Kg _____
(DO NOT READ)
98 DK
99 Refused

NSCH 2011 (cdc.gov)

CH9. About how tall is [CHILD] now? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(PLEASE RECORD HEIGHT IN FEET & INCHES OR METERS & CENTIMETERS. NO RANGES.)**

Feet ____ Inches _____
OR
Meters ____ Centimeters _____
(DO NOT READ)
98 DK
99 Refused

****Author Note: Limit input for feet to 5, for inches to 12, for meters to 2, for centimeters to 99.****

Section PS: PARENTAL SUPPORT AND HEALTH

ECLS-B FH 010 (9mo), NHIS

****Author note: If female caretaker (S2=1, 3, 5, 7, 9, 11, 98) present "your." Otherwise, present "(child's) mother or mother figure."****

PS1. Overall, would you say [YOUR/THE CHILD'S MOTHER OR MOTHER FIGURE'S/THE CHILDREN'S MOTHER OR MOTHER FIGURE'S] health is **(READ ITEM)...**? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
(DO NOT READ)
6 Deceased
98 DK
99 Refused

****Author note: If male caretaker (S2=2, 4, 6, 8, 10, 12, 99) present “your.” Otherwise, present “(child’s) father or father figure.”****

ECLS-B FH 010 (9mo), NHIS

PS2. Overall, would you say [YOUR/THE CHILD’S FATHER OR FATHER FIGURE’S/THE CHILDREN’S FATHER OR FATHER FIGURE’S] health is **(READ ITEM)...? (READ LIST. RECORD ONLY ONE RESPONSE.)**

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
(DO NOT READ)	
6	Deceased
98	DK
99	Refused

NHIS 1994 Series 10 B2 (modified)

PS3. In the past year, did you have an illness or health condition that limited your ability to do the same activities as other adults? **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

GO TO PS3a	1 Yes
SKIP TO PS4	2 No
	98 DK
	99 Refused

****Author Note: Ask PS3a if PS3=Yes, otherwise skip to PS4.****

PS3a. What is your illness or health condition? **(RECORD ILLNESS/HEALTH CONDITION.)**

RECORD ILLNESS OR CONDITION _____
(DO NOT READ)
98 DK
99 Refused

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

CLS Age 32 (modified)

PS4. How much control do you feel you have over **(READ ITEM)**...? Would you say you have no control at all, very little control, some control, or a lot of control? **(RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	No control at all	Very little control	Some control	A lot of control	(DO NOT READ) DK	(DO NOT READ) REF
Your life overall	0	1	2	3	98	99
Your health	0	1	2	3	98	99
Your work situation	0	1	2	3	98	99
Your financial situation	0	1	2	3	98	99
Your family life	0	1	2	3	98	99
How your children do in school	0	1	2	3	98	99

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

CLS Age 24 survey

PS5. The next set of questions asks about how you feel. During the last month, have you felt (READ ITEM)...?

	YES	NO	DK	REF	
a. Depressed	1	2	98	99	IF YES, ASK PS5A-a
b. Hopeless	1	2	98	99	IF YES, ASK PS5A-b
c. Lonely	1	2	98	99	IF YES, ASK PS5A-c
d. Very sad	1	2	98	99	IF YES, ASK PS5A-d
e. Anxious	1	2	98	99	IF YES, ASK PS5A-e

****Author Note: DISPLAY STATEMENTS IN SAME ORDER AS IN PS5. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

****Author Note: Ask PS5aa-ae if PS5a-e=Yes, otherwise skip to PS6.****

CLS Age 24 survey

PS5a. How often have you felt (READ ITEM) during the last month? Would you say almost every day, a few times a week, about once a week, two or three times a month, or about once a month? **(READ STATEMENTS. RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	Almost Every Day	A Few Times a Week	About Once a Week	Two or Three Times a Month	About Once a Month	(DO NOT READ) DK	(DO NOT READ) REF
a. Depressed	5	4	3	2	1	98	99
b. Hopeless	5	4	3	2	1	98	99
c. Lonely	5	4	3	2	1	98	99
d. Very sad	5	4	3	2	1	98	99
e. Anxious	5	4	3	2	1	98	99

*INTERVIEWER NOTE: IF ANSWER IS A CODE 3, 4, OR 5 TO ANY ITEMS IN PS5a, READ THEM THE MENTAL HEALTH REFERRAL PHONE NUMBER: CRISIS CONNECTION 1-800-273-TALK (8255) [THIS IS A LIFELINE NETWORK, WHICH AUTO-DIRECTS CALLS TO A CRISIS CENTER NEAREST TO THE CALLER'S LOCATION]

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

Sarason short form

PS6. Do you have someone (READ ITEM)...? **(RECORD ONLY ONE RESPONSE.)**

	YES	NO	(DO NOT READ) DK	(DO NOT READ) REF
a. You can really count on to distract you from your worries when you feel under stress	1	2	98	99
b. You really count on to help you feel more relaxed when you are under pressure or tense	1	2	98	99
c. Who accepts you totally, including both your worst and your best points	1	2	98	99
d. You can really count on to care about you, regardless of what is happening to you	1	2	98	99
e. You can really count on to help you feel better when you are feeling generally down in the dumps	1	2	98	99
f. You can count on to console you when you are very upset	1	2	98	99
g. You can count on to help out when there's an emergency with your children	1	2	98	99
h. You can count on to babysit the children	1	2	98	99

PS7. Nowadays, a person has to live pretty much for today and let tomorrow take care of itself. Would you say you...?
(READ LIST. RECORD ONLY ONE RESPONSE.)

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
(DO NOT READ)
98 DK
99 Refused

Section CS: COMMUNITY SUPPORT

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

A-D = PH DCN w3 2000-02, Brooks-Gunn, Raudenbusch, Sampson. E = CLS (modified). F = Wilder baseline 2007 (modified)

CS1. I am going to read some statements about your neighborhood. For each of these statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree. How about (READ ITEM)...? **(READ STATEMENTS. RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	Strongly agree	Agree	Disagree	Strongly disagree	(DO NOT READ) DK	(DO NOT READ) REF
a. This is a close-knit neighborhood	4	3	2	1	98	99
b. People around here are willing to help their neighbors	4	3	2	1	98	99
c. People in this neighborhood do not share the same values	4	3	2	1	98	99
d. People in this neighborhood can be trusted	4	3	2	1	98	99
e. This neighborhood is a safe place for me and my children	4	3	2	1	98	99
f. There are enough resources in my neighborhood for families with children	4	3	2	1	98	99

Section CC: CHILD CARE

CC1. Which type of child care or early education did [CHILD] spend the MOST TIME in last year? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

GO TO CC2	0 Child care center
	1 Head Start program
	2 Preschool or prekindergarten program in a public school
	3 Private preschool or nursery school
	4 Family child care home
	5 Relative, friend, or neighbor care outside your home
SKIP TO NEXT SECTION P (PARENT INVOLVEMENT IN EDUCATION)	9 No care outside the home
	(DO NOT READ)
	98 DK
	99 Refused

CC2. Last year, in a typical day, how many hours each day did [CHILD] usually spend at this program? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD ONLY ONE RESPONSE.)**

SKIP TO CC3	1 1 hour
	2 2 hours
	3 3 hours
	4 4 hours
	5 5 hours
	6 6 hours
	7 7 hours or more
GO TO CC2a	(DO NOT READ)
	98 DK
	99 Refused

CC2a. About how many hours per week did [CHILD] usually spend at this program? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD HOURS. NO RANGES.)**

hours per week _____
(DO NOT READ)
98 DK
99 Refused

CC3. Last year, in a typical week, how many days each week did [CHILD] attend this program? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(READ LIST IF NECESSARY. RECORD ONLY ONE RESPONSE.)**

1 1 day
2 2 days
3 3 days
4 4 days
5 5 days
(DO NOT READ)
98 DK
99 Refused

CC4. How many months did [CHILD] attend this program last year? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(READ LIST IF NECESSARY. RECORD ONLY ONE RESPONSE.)**

1 Less than 3 months
2 3-5 months
3 6-8 months
4 9 months to a full year
(DO NOT READ)
98 DK
99 Refused

Section P: PARENT INVOLVEMENT IN EDUCATION

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

F, G = Conduct Problems Prevention Research Group (CPPRG 1991). K = Epstein 2002. OTHERS = UNKNOWN (CLS?)

P1. The following statements are about attitudes toward education and schools. Please tell us your level of agreement with each one. Would you say you strongly agree, agree, disagree or strongly disagree that (READ ITEM)...? **(RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	Strongly Agree	Agree	Disagree	Strongly Disagree	(DO NOT READ) DK	(DO NOT READ) REF
a. Education is important for getting a good job	4	3	2	1	98	99
b. Education is important for building good character	4	3	2	1	98	99
c. Education is important for developing basic skills	4	3	2	1	98	99
d. I like my child's school or center	4	3	2	1	98	99
e. I am satisfied with my child's education	4	3	2	1	98	99
f. My child's school or center is a good place for him/her	4	3	2	1	98	99
g. I feel welcome in my child's school or center	4	3	2	1	98	99
h. I feel welcome in my child's class	4	3	2	1	98	99
i. My child's teacher is responsive to questions I have	4	3	2	1	98	99
j. I can discuss my child's progress with the teacher	4	3	2	1	98	99
k. My child's school or center gives me ideas for activities to do at home with my child	4	3	2	1	98	99
l. My child's school or center does a good job of informing me about my child's progress	4	3	2	1	98	99

NEED SOURCE

P2. How far in school do you think [CHILD] will get? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

0	Grade 8
1	Some high school
2	Complete high school
3	Some college
4	Complete a 2-year college degree
5	Complete a 4-year college degree
6	Some graduate work
7	Complete a graduate degree
98	DK
99	Refused

NEED SOURCE

P3. What grades do you expect [CHILD] to earn in high school? **[INTERVIEWER NOTE: IF NECESSARY, SAY: “Just your best estimate is fine.”] (READ IF NECESSARY. RECORD ONLY ONE RESPONSE.)**

6	Mostly As
5	As and Bs
4	Mostly Bs
3	Bs and Cs
2	Mostly Cs
1	Cs and Ds
0	Ds or worse
98	DK
99	Refused

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

Fantuzzo (b, l, m). CLS (d, h, j). Rayane (d, l, k). UNKNOWN (a, c, e, f, g)

P4. So far this year, have you (READ ITEM)...? **(RECORD ONLY ONE RESPONSE.)**

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
a. Discussed your child’s progress with the teacher	1	2	98	99
b. Volunteered in the classroom	1	2	98	99
c. Helped the teacher with assignments or activities	1	2	98	99
d. Participated in a parent program activity at the school or center	1	2	98	99
e. Received newsletters or information about school activities	1	2	98	99
f. Gone on field trips	1	2	98	99
g. Attended school events	1	2	98	99
h. Attended special events for parents	1	2	98	99
i. Discussed school activities with other parents in the school or center	1	2	98	99
j. Attended parent-teacher conferences	1	2	98	99
k. Attended meetings of the parent-teacher association or another group	1	2	98	99
l. Planned school trips	1	2	98	99
m. Planned classroom activities	1	2	98	99

Rayane (who is this? Ask Erin or Momo?)

P5. So far this year, have you attended any meetings or workshops at the school? **(DO NOT READ LIST. RECORD ONLY ONE RESPONSE.)**

GO TO P5a	1 Yes
SKIP TO P6	2 No
	98 DK
	99 Refused

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

P5a. Did these meetings or workshops focus on (READ ITEM)...? **(RECORD ONLY ONE RESPONSE.)**

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
a. Employment and job training	1	2	98	99
b. Parenting	1	2	98	99
c. Adult education	1	2	98	99
d. Child development	1	2	98	99
e. Financial skills	1	2	98	99
f. Health and physical well being	1	2	98	99
g. Other (Please specify _____)	1	2	98	99

P6. So far this year, how often have you participated in school or center activities? **Would you say (READ ITEM)...? (READ LIST.) (RECORD ONLY ONE RESPONSE.)**

More than once a week	5
Once a week	4
Two or three times per month	3
Once a month	2
Less than once a month	1
Never	0
(DO NOT READ)	
DK	98
REF	99

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

P7. How much do you plan to participate in activities at the school for the rest of the school year (2012-2013)? How about (READ ITEM)...? Would you say you will do so more than once a week, once a week, two or three times per month, once a month, or less than once a month? **(RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	More than once a week	Once a week	Two or three times per month	Once a month	Less than once a month	(DO NOT READ) Never	(DO NOT READ) DK	(DO NOT READ) REF
a. Meeting with teachers	5	4	3	2	1	0	98	99
b. Volunteering in the school (e.g. child's classroom)	5	4	3	2	1	0	98	99
c. Attending school events	5	4	3	2	1	0	98	99
d. Attending workshops to further my career, and vocational interests	5	4	3	2	1	0	98	99
e. Attending workshops to further my education	5	4	3	2	1	0	98	99
f. Attending workshops on financial skills	5	4	3	2	1	0	98	99
g. Attending workshops on health, nutrition, and physical well-being	5	4	3	2	1	0	98	99
h. Attending workshops on child development	5	4	3	2	1	0	98	99
i. Receiving home visits	5	4	3	2	1	0	98	99

P8. Since the beginning of this school year, how many days has [CHILD] missed school? If your child's school was affected by the teacher's strike in Chicago this past September, do not include these absences as part of the total number of days your child missed school. **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD # OF DAYS. NO RANGES)**

days _____
(DO NOT READ)
998 DK
999 Refused

****Author Note: Limit input to 365.****

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

A, B = ECLS-B, Others = unknown. Get source

P9. How often do you engage in the following activities at home with your child/children? How about (READ ITEM)...? Would you say you do so every day, 5-6 days a week, 3-4 days a week, 2 days a week or once a week? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	Every day	5-6 days a week	3-4 days a week	2 days a week	Once a week	(DO NOT READ) Never	(DO NOT READ) DK	(DO NOT READ) REF
a. Read to your child/children	5	4	3	2	1	0	98	99
b. Tell stories to your child/children	5	4	3	2	1	0	98	99
c. Work on number or math activities with your child/children	5	4	3	2	1	0	98	99
d. Write or draw with your child/children	5	4	3	2	1	0	98	99
e. Cook with your child/children	5	4	3	2	1	0	98	99
f. Watch educational programs on TV with your child/children	5	4	3	2	1	0	98	99
g. Play educational games on a computer or electronic device with your child/children	5	4	3	2	1	0	98	99

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

P10. How often do you engage in the following activities with [CHILD]? How about (READ ITEM)...? Would you say you do so more than once a week, once a week, two or three times per month, once a month or less than once a month? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(READ STATEMENTS. RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)**

	More than once a week	Once a week	2 or 3 times per month	Once a month	Less than once a month	(DO NOT READ) Never	(DO NOT READ) DK	(DO NOT READ) REF
a. Go to the library with [CHILD]	5	4	3	2	1	0	98	99
b. Go to a community center with [CHILD]	5	4	3	2	1	0	98	99
c. Go to a museum, zoo, or aquarium with [CHILD]	5	4	3	2	1	0	98	99
d. Go to a playground or park with [CHILD]	5	4	3	2	1	0	98	99
e. Discuss school progress with [CHILD]	5	4	3	2	1	0	98	99
f. Praise [CHILD] for improving in school	5	4	3	2	1	0	98	99
g. Encourage [CHILD] to do well in school	5	4	3	2	1	0	98	99

NEED SOURCE

P11. In a typical day, how much time overall do you participate in learning activities with [CHILD] at home (for example reading to, playing games, or going on outings)? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

01 Less than half an hour
02 Half an hour to an hour
03 1 to 2 hours
04 2 to 3 hours
05 3 to 4 hours
06 4 or more
(DO NOT READ)
98 DK
99 Refused

A, C = MELF. B = CLS.

P12. Before [CHILD]/[CHILDREN] started preschool, had you ever (READ ITEM)...? **(RECORD ONLY ONE RESPONSE.)**

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
a. Participated in parent education programs or classes	1	2	98	99
b. Participated in a home visiting program	1	2	98	99
c. Participated in adult education or literacy classes, including English as a Second Language	1	2	98	99

[INTERVIEWER NOTE: IF NECESSARY, SAY: “A home visiting program is where someone would come to your house every week or every few weeks and talk to you about how your child was developing or your family’s needs and supports.]

ECLS-B preschool parent interview

P13. In your house, are there rules or routines about (READ ITEM)...? **(RECORD ONLY ONE RESPONSE.)**

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
a. What kinds of food [CHILD]/[CHILDREN] eats/eat	1	2	98	99
b. What time [CHILD]/[CHILDREN] goes to bed/go to bed	1	2	98	99
c. What chores [CHILD]/[CHILDREN] does/do	1	2	98	99

P14. How often do you (READ ITEM)...? [INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]
(READ STATEMENTS. RECORD ONLY ONE RESPONSE. REPEAT SCALE AS NECESSARY.)

	More than once a week	Once a week	Two or three times per month	Once a month	Less than once a month	(DO NOT READ) Never	(DO NOT READ) DK	(DO NOT READ) REF
a. Read the newspaper (online or in print)	5	4	3	2	1	0	98	99
b. Use the internet in your home	5	4	3	2	1	0	98	99
c. Use the internet somewhere else	5	4	3	2	1	0	98	99

****Author Note: SCRAMBLE STATEMENTS. SHOW EACH STATEMENT ON A SEPARATE SCREEN.****

CLS

P15. Are you a member of any of the following groups or organizations? **(RECORD ONLY ONE RESPONSE.)**

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
Local school council	1	2	98	99
PTA or other school group	1	2	98	99
Community organization (Please specify _____)	1	2	98	99
A church or religious group	1	2	98	99
A political organization	1	2	98	99
Neighborhood groups	1	2	98	99
Other (Please specify _____)	1	2	98	99

DEMOGRAPHICS

D. We are almost finished. I have a few last questions about [CHILD]/[CHILDREN] and your household.

D1. Please tell me if the following people normally live in the same household with you. (RECORD ONLY ONE RESPONSE PER ITEM.)

	Yes	No	(DO NOT READ) DK	(DO NOT READ) REF
a. A spouse or partner	1	2	98	99
b. One or more children age 5 or younger, including [CHILD]/[CHILDREN]	1	2	98	99
c. One or more children age 6 or older	1	2	98	99
d. Other relatives	1	2	98	99
e. Non-relatives	1	2	98	99

D2. How many [ENTER RESPONSE FROM D1] live in your household? (RECORD # OF PEOPLE PER GROUP. NO RANGES.)

	#	DK	REF
b. Children age 5 or younger, including [CHILD]/[CHILDREN]	#	98	99
c. Children age 6 or older	#	98	99
d. Other relatives	#	98	99
e. Non-relatives	#	98	99

****Author Note: Ask D3 if the sum of D2b AND/OR D2c is > or = to 2 and not 98 or 99, otherwise skip to D4.****

****Author Note: Answer to D3 must be < or = to the sum of D2b and D2c.****

D3. How many of the children are [CHILD]'s siblings? (RECORD # OF KIDS. NO RANGES.)

(DO NOT READ)
98 DK
99 Refused

****Author note: If respondent is child's biological mother (S2=01), present "your." All others, present "child's mother."****

D4. What is YOUR/[CHILD's] mother's birth date/[CHILDREN]'s mother's birth date? (RECORD MONTH, DAY, YEAR—e.g., 05-06-1978.)

__ Month
__ Date
__ Year
(DO NOT READ)
98 DK
99 Refused

****Author note: If respondent is child’s biological father (S2=02), present “your.” All others, present “child’s father.”****

D5. What is YOUR/[CHILD’S] father’s birth date/[CHILDREN]’S father’s birth date? (RECORD MONTH, DAY, YEAR— e.g., 05-06-1978.)

__ Month
__ Date
__ Year
(DO NOT READ)
98 DK
99 REF

D6. How would you describe [CHILD’S] racial or ethnic group? [INTERVIEWER NOTE: DO NOT READ LIST, BUT PROBE IF NECESSARY (i.e., If respondent answers “Asian,” PROBE FOR WHICH specific Asian COUNTRY/REGION. RECORD ALL ANSWERS THAT APPLY.)]

Black/African American, non-Hispanic,	1
White/Caucasian, non-Hispanic,	2
Asian – Asian Indian	3
Asian – Cambodian	4
Asian – Chinese	5
Asian – Filipino	6
Asian – Japanese	7
Asian – Korean	8
Asian – Vietnamese	9
Asian – Hmong	10
Asian – Karen	11
Asian – Burmese	12
Asian – Other	13
Pacific Islander/Native Hawaiian,	14
Alaska Native or American Indian,	15
Hispanic/Latino – Mexican, Mexican-American, Chicano	16
Hispanic/Latino – Puerto Rican	17
Hispanic/Latino – Central American	18
Hispanic/Latino – Other or unspecified	19
African – Eritrean	20
African – Ethiopian	21
African – Somalian	22
African – Sudanese	23
Other (Please specify _____)	24
(DO NOT READ)	
DK	98
REFUSED	99

****Author note: If female caretaker (S2=1,3, 5, 7, 9, 11, 98) present “your.” Otherwise, present “(child’s) mother or mother figure.”****

D7. What is the highest grade or year of school [YOU/THE CHILD’S MOTHER OR MOTHER FIGURE/THE CHILDREN’S MOTHER OR MOTHER FIGURE] have/has ever completed? [INTERVIEWER NOTE: READ IF NECESSARY. RECORD ONLY ONE RESPONSE.]

NEVER ATTENDED/KINDERGARTEN ONLY	1
1 st GRADE	2
2 nd GRADE	3
3 rd GRADE	4
4 th GRADE	5
5 th GRADE	6
6 th GRADE	7
7 th GRADE	8
8 th GRADE	9
9 th GRADE	10
10 th GRADE	11
11 th GRADE	12
12 th GRADE BUT NO DIPLOMA	13
HIGH SCHOOL DIPLOMA/EQUIVALENT	14
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	15
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	16
SOME COLLEGE BUT NO DEGREE	17
ASSOCIATE’S DEGREE (AA, AS)	18
BACHELOR’S DEGREE (BA, BS)	19
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	20
MASTER’S DEGREE (MA, MS)	21
DOCTORATE DEGREE (PHD, EDD)	22
PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	23
(DO NOT READ)	
DON’T KNOW	98
REFUSED	99

****Author note: If male caretaker (S2=2, 4, 6, 8, 10, 12, 99) present “your.” Otherwise, present “(child’s) father or father figure.”****

NHES 99 PU5 (modified)

D8. What is the highest grade or year of school [YOU/THE CHILD’S FATHER OR FATHER FIGURE FIGURE/THE CHILDREN’S FATHER OF FATHER FIGURE] have/has ever completed? [INTERVIEWER NOTE: READ IF NECESSARY. RECORD ONLY ONE RESPONSE.]

NEVER ATTENDED/KINDERGARTEN ONLY	1
1 st GRADE	2
2 nd GRADE	3
3 rd GRADE	4
4 th GRADE	5
5 th GRADE	6
6 th GRADE	7
7 th GRADE	8
8 th GRADE	9
9 th GRADE	10
10 th GRADE	11
11 th GRADE	12
12 th GRADE BUT NO DIPLOMA	13
HIGH SCHOOL DIPLOMA/EQUIVALENT	14
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	15
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	16
SOME COLLEGE BUT NO DEGREE	17
ASSOCIATE’S DEGREE (AA, AS)	18
BACHELOR’S DEGREE (BA, BS)	19
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	20
MASTER’S DEGREE (MA, MS)	21
DOCTORATE DEGREE (PHD, EDD)	22
PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	23
(DO NOT READ)	
DON’T KNOW	98
REFUSED	99

D9. What is your current marital status? (READ LIST. RECORD ONLY ONE RESPONSE.)

Single, never married	1
Single, living with a partner	2
Married, living with spouse	3
Married, separated	4
Divorced OR Widowed	5
(DO NOT READ)	
DK	98
REFUSED	99

****Author note: If female caretaker (S2=1,3, 5, 7, 9, 11, 98) present “your.” Otherwise, present “(child’s) mother or mother figure.”****

MDCC C3 interview

D10. What is [YOUR/THE CHILD’S MOTHER OR MOTHER FIGURE’S/THE CHILDREN’S MOTHER OR MOTHER FIGURE’S] employment status? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

Employed Full-time	1
Employed Part-time	2
Unemployed/Not working	3
(DO NOT READ)	
DK	98
REFUSED	99

****Author note: If male caretaker (S2=2, 4, 6, 8, 10, 12, 99) present “your.” Otherwise, present “(child’s) father or father figure.”****

D11. What is [YOUR/THE CHILD’S FATHER OR FATHER FIGURE’S/THE CHILDREN’S FATHER OR FATHER FIGURE’S] employment status? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

Employed Full-time	1
Employed Part-time	2
Unemployed/Not working	3
(DO NOT READ)	
DK	98
REFUSED	99

D12. What was your total family income for 2011? Please include all types of income including salaries and other earnings, interest, retirement, public assistance, and so on for all family members in your household. **(INTERVIEWER NOTE: IF NECESSARY, SAY: “Just your best estimate is fine.”) (INPUT EITHER YEARLY INCOME OR MONTHLY INCOME. VERIFY THAT IT IS YEARLY OR MONTHLY INCOME. RECORD AMOUNT. NO RANGES.)**

GO TO D13	\$ __,____ per year	1
	\$ __,____ per month	2
GO TO D12a	DK	98
	REFUSED	99

****Author Note: Ask D12a if D12=DK OR REF, otherwise skip to D13.****

D12a. We don't need to know the exact amount, but which of the following categories best describes your total family income for the year 2011? Was it (READ CATEGORIES)...? **(IF UNSURE, PROBE FOR BEST ESTIMATE)**
[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."] **(RECORD ONLY ONE ANSWER.)**

YEARLY CATEGORIES

Under \$15,000,	1
\$15,000 to under \$20,000,	2
\$20,000 to under \$25,000,	3
\$25,000 to under \$30,000,	4
\$30,000 to under \$35,000,	5
\$35,000 to under \$40,000,	6
\$40,000 to under \$50,000,	7
\$50,000 or more	8
(DO NOT READ)	
DK	98
REFUSED	99

[INTERVIEWER NOTE: READ MONTHLY CATEGORIES ONLY IF RESPONDENT DOES NOT KNOW YEARLY RANGE.]

MONTHLY CATEGORIES

Less than \$1,250	9
\$1,250 to less than \$1,667	10
\$1,667 to less than \$2,083	11
\$2,083 to less than \$2,500	12
\$2,500 to less than \$2,916	13
\$2,916 to less than \$3,333	14
\$3,333 to less than \$4,166	15
\$4,166 or more	16
(DO NOT READ)	
DK	98
REFUSED	99

****Author Note: SCRAMBLE ITEMS. SHOW EACH ITEM ON A SEPARATE SCREEN.****

D13. Do you currently receive any of the following benefits? How about (READ ITEM) ...? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

	YES	NO	(DO NOT READ) DK	(DO NOT READ) REF
a. Medicaid or Medicare	1	2	98	99
b. Food Stamps	1	2	98	99
c. WIC	1	2	98	99
d. Free or reduced price school lunches for your children	1	2	98	99
e. Public Housing	1	2	98	99
f. Section 8 Housing Voucher	1	2	98	99
g. Social Security payments	1	2	98	99
h. Disability (SSI) for yourself	1	2	98	99
i. Disability (SSI) for other family member	1	2	98	99
j. Child care assistance or subsidy	1	2	98	99
k. Unemployment insurance	1	2	98	99

D13a. And do you currently receive any other forms of assistance? **(INTERVIEWER NOTE: Probe for church, food bank, etc.)**

1 Yes (Please specify _____)
2 No
98 DK
99 Refused

D14. What is the zip code where you currently live? **(RECORD ZIP CODE.)**

RECORD Zip Code: _____	#
(DO NOT READ)	
DK	98
REFUSED	99

D15. How many times have you moved in the past 12 months? **[INTERVIEWER NOTE: IF NECESSARY, SAY: "Just your best estimate is fine."]** **(RECORD # OF TIMES MOVED IN PAST 12 MONTHS.)**

#of times moved _____	#
(DO NOT READ)	
DK	98
REFUSED	99

D16. Which of these statements about food best describes your household in the last 6 months? **(READ LIST. RECORD ONLY ONE RESPONSE.)**

1 We have enough to eat and the kind of foods we want
2 We have enough to eat but not always the kinds of food we want
3 Sometimes we don't have enough to eat
4 Often we don't have enough to eat
(DO NOT READ)
98 DK
99 REFUSED

****INTERVIEWER NOTE: IF ANY ANSWER CODE IS 3 OR 4, REFER TO XXX-XXX-XXXX (EMERGENCY FOOD SHELVES)****

CHICAGO AND EVANSTON: Greater Chicago Food Depository, (773) 247-3663

NORMAL: Peoria Area Food bank, (309) 671-3906

VIRGINIA AND SAINT PAUL: EMERGENCY FOOD SHELF, 763-450-3860

D17. Are you from an immigrant or refugee group? We only care about how you identify yourself. We are not interested in the legal or documented status of your immigration. **You do not have to answer this questions if you do not want to. (RECORD ONLY ONE RESPONSE.)**

YES	1
NO	2
(DO NOT READ)	
DK	98
REFUSED	99

D18. Is there anything else you'd like to tell us? **(RECORD VERBATIM. PROBE FOR CLARIFICATION.)**

CLOSING

Thank you very much! We've now completed the interview. We only need to know an address where you'd like us to send a \$20 gift card as a token of our appreciation for your time today.

NAME: _____ ADDRESS: _____

We'd also like to have the name and phone number of one or two people who will know how to get in touch with you in case you move or we are unable to reach you at this number in the future.

****Interviewer note: If respondent does not know or refuses, hit enter to skip through this section.****

Name #1: _____ Relationship to parent: _____

Phone number: _____

Name #2: _____ Relationship to parent: _____

Phone number: _____

Thank you very much again for your help!

Some additional specifications for administering and coding questions and responses.

Section L – LANGUAGE

L1. This question refers to the language that most family members use most often in the child's home.

Section CH - CHILD HEALTH, DISABILITY, AND DEVELOPMENTAL DELAY

CH2. The place where the child goes when he or she is sick. The “emergency room” does not count as a place for regular medical care.

CH3. This means the child is seen by the same person most times he/she goes in for a check-up or if he/she is sick. This is a person who knows the child and knows about his/her health.

CH4. If asked, say “BY OVERALL HEALTH, WE MEAN THE GENERAL HEALTH STATUS THAT YOU WOULD EXPECT FOR A CHILD OF THIS AGE.” We want to know about the child's usual health, his/her health most of the time.

CH5. If the respondent asks “what do you mean by limited,” say, “less able to take part in activities like other children the same age.”

CH5a. Limitations are activities or functioning that the child cannot do as well as other children the same age.

CH7. If response is in fractions of pounds (e.g., 6½ pounds), convert fractions of pounds to ounces (1/4 pound = 4 oz, ½ pound = 8 oz, ¾ pound = 12 oz).

Section D - DEMOGRAPHICS

D1. A person is considered to be living in the household if they have spent at least 5 nights a week there most weeks over the last 6 months.

D6. This question asks the respondent to list all racial or ethnic groups that apply to the child. If the respondent is having trouble choosing a category or knowing what to include if the child is multi-racial, tell them they should answer as the way they would if they were completing a census form or other official demographic survey, by listing all races that the child represents. If respondent not sure, say “whatever races you consider your child to be.”

D7,8. By high school diploma, it is meant that a person completed the 12th grade and graduation from high school. The GED is the General Equivalency Diploma, which can be earned by individuals who dropped out of high school or those who were educated in another country.

We want to know the highest grade finished. If respondent says “college” or “finished college,” probe whether a degree was awarded (i.e., bachelor's degree, associate's degree, etc.). code the highest level of education completed.

D12. The household income should be gross income (before taxes were deducted) for all of the previous year or the average monthly income (also before taxes were deducted) during that same period. This total should include income from all family members living in the household and should include income from all sources, for example, pensions, trusts, investments, income subsidies, welfare payments, SSI, and tips, as well as wages and salaries.

- D12a.** The household income should be gross income (before taxes were deducted) for all of the previous year or the average monthly income (also before taxes were deducted) during that same period. This total should include income from all family members living in the household and should include income from all sources, for example, pensions, trusts, investments, income subsidies, welfare payments, SSI, and tips, as well as wages and salaries.
- D13.** Women, Infants, and Children “WIC” is a government assistance program that provides support to low income women who are pregnant, or who have an infant or child age 5 and under who meet certain eligibility requirements. The support comes in the form of food or vouchers to purchase specific food items that are nutritionally relevant to pregnant or nursing mothers, infants, and children (e.g., milk, cheese, bread, cereal, baby formula).